### 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)

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,

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury

Inspection A For the 2023 calendar year, or tax year beginning and ending B Check if applicable C Name of organization D Employer identification number Address VITAE FOUNDATION Name |change Doing business as 43-1138252 Initial Number and street (or P.O. box If mail is not delivered to street address) E Telephone number Room/suite Final return/ P.O. BOX 791 573-634-4316 4,721, City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amended JEFFERSON CITY, MO 65102 H(a) Is this a group return Applica-F Name and address of principal officer: BRANDY MEEKS for subordinates? .... Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.VITAEFOUNDATION.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Other L Year of formation; 1974 M State of legal domicile; MO Part | Summary Briefly describe the organization's mission or most significant activities; WE ENCOURAGE A CULTURE OF LIFE Governance THROUGH RESEARCH BASED MESSAGING AND MASS MEDIA. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 8 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 31 6 Total number of volunteers (estimate if necessary) 114 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 3,667,526. 4,240,506. 0. 9 Program service revenue (Part VIII, line 2g) 0. 26,477. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,834. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -295,463. -273,194.3,398,540 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 3,998,146. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 31,427, 68,331 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,861,000. 1,936,097. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,305,232.1,555,181. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,447,608. 3,309,660. 19 Revenue less expenses, Subtract line 18 from line 12 -49,068. 688,486. 5 Beginning of Current Year End of Year 2,119,823. 2,846,669. 20 Total assets (Part X, line 16) 368,076. 21 Total liabilities (Part X, line 26) <u>261,432.</u> Net assets or fund balances. Subtract line 21 from line 20 751,747. 2,585,237 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Drough Mede Signature of difficer Sign BRANDY MEEKS, PRESIDENT Here Type or print name and title Date Print/Type preparer's name Pregarer's şignature self-employed P00048898 Paid KATHLEEN A. GRAESSLE Preparer Firm's name WILLIAMS-KEEPERS LLCFirm's EIN 43-1126847 **Use Only** Firm's address 3220 WEST EDGEWOOD, SUITE JEFFERSON CITY, MO 65109 Phone no. (573)635-6196

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

| Part III   Statement of Program Service Accomplishments   |             | m 990 (2023) VITAE FOUNDATION 43-1138252   | Page 2                                 |
|---|-------------|--|--|
| 1 Biolity describe the organization's mission: WE ENCOURAGE A CULTURE OF LIFE THROUGH RESEARCH BASED MESSAGING AND MASS MEDIA.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 500 of 500-E27  H "vas." describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  — "Yes (X): H"vas." describe these changes on Schedule O. Did the organization recease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(6) and 5016(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any for cease horganize services and severse, if any for cease horganize services are serviced to report the amount of grants and allocations to others, the total expenses, and reverse, if any for cease horganize services are serviced to report the amount of grants and allocations to others, the total expenses, and reverse, if any for cease horganize services are serviced to report the amount of grants and allocations to others, the total expenses, and reverse, if any for each of the three largest program services, as measured by expenses.  Section 5016(6) and 5016(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse in the services of the   | Pa          | art III   Statement of Program Service Accomplishments   |  |
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| WE ENCOURAGE A CULTURE OF LIFE THROUGH RESEARCH BASED MESSAGING AND MASS MEDIA.  Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-627  If 'Yea,' describe these one werelose on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If 'Yea,' describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as a measured by expenses. Section SOTIGIQS and SOTIGIQA organizations are excluded to report the service and ellocations to others, the total expenses, and revenue, if say, for seach program services reported.  Section SOTIGIQS and SOTIGIQA organizations are excluded to report the service of grants and ellocations to others, the total expenses, and revenue, if say, for seach program services reported.  VITAR SUILDS A CULTURE OF LIPE THROUGH TYS COOPERATIVE PEPORTS WITH OTHER PRO-LIPE ORGANIZATIONS AND STAFF INTERACTION WITH INDIVIDUALS, COMPANIES, AND INSTITUTIONS. COOPERATIVE PEPORTS WITH INDIVIDUALS, COMPANIES, AND INSTITUTIONS. COOPERATIVE PEPORTS INCLUDE SHARING RESEARCH FINDINGS WITH PRO-LIPE PEERS AND SUBSIDIZING DIGITAL OUTREACH AND PROGRAM ACTIVITIES REACH A PROJECT THAT INDIVIDUALS, COMPANIES, AND INSTITUTIONS THAT INDIVIDUALS, COMPANIES, AND ONLINE COLLECTION OF RESOURCES. VITAE'S BUCKTONIAL THAT INDIVIDUALS SURVEY THE CHARLES AND THE PRO-LIPE PEERS AND SUBSIDIZING DIGITAL OUTREACH AND PROGRAM ACTIVITIES REACH A BROAT SERVICE OF THE COLLECTION OF RESOURCES. VITAE'S SUPPROBLEMENT AND THE PRO-LIPE PEERS REACH AND THE PRO-LIPE KNOWLEDGE BASE OF A WORLDWIDE POPULATION.  THE VITAE'S SUPPROBLEMENT AND THE PRO-LIPE PEERS REACH BROATED BY VITAE'S RESEARCH THE VITAE'S SUPPROBLEMENT AND THE PRO-LIPE RESOURCES SUPPROBLEMENT AND THE PRO-LIPE SPEAKERS AND MARKETING  | 1           |  | <u> </u>                               |
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| PRO-LIFE PEERS THROUGH ITS NATIONAL TRAINING INITIATIVE.  46 (Code:)(Expenses \$\frac{322,548.}{222,548.} \text{ including grants of \$\frac{368.}{222} \text{ including grants of \$\frac{368.}{222}  introduce attendees to its MISSION; SHARE INFORMATION ABOUT ITS PROGRAMS AND SUCCESSES; AND MOTIVATE THEM TO GET INVOLVED. DRAWING ON THE EXPERTISE OF WELL-KNOWN PRO-LIFE SPEAKERS AND PERSONAL TESTIMONIES, THESE EVENTS ENCOURAGE SUPPORT THROUGH TIME, TALENT, AND FINANCIAL RESOURCES, AS WELL AS TO ADVOCATE FOR VITAE WITHIN THE COMMUNITY. AS A 501(C)(3), VITAE RELIES ON DONATIONS TO PROVIDE THE NECESSARY FUNDING FOR ITS WORK. IN MODERN COMMUNICATION, DOMINATED BY THE INTERNET, EFFECTIVE MESSAGES MUST BE RESEARCH BASED, PROFESSIONALLY DESIGNED, AND CONNECT THE SPECIFIC MEDIUM WITH THE INTENDED AUDIENCE.  |             | VITAE SHARES RESEARCH FINDINGS AND SUCCESSFUL MESSAGING STRATEGIES TO  |  |
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| MISSION; SHARE INFORMATION ABOUT ITS PROGRAMS AND SUCCESSES; AND MOTIVATE THEM TO GET INVOLVED. DRAWING ON THE EXPERTISE OF WELL-KNOWN PRO-LIFE SPEAKERS AND PERSONAL TESTIMONIES, THESE EVENTS ENCOURAGE SUPPORT THROUGH TIME, TALENT, AND FINANCIAL RESOURCES, AS WELL AS TO ADVOCATE FOR VITAE WITHIN THE COMMUNITY. AS A 501(C)(3), VITAE RELIES ON DONATIONS TO PROVIDE THE NECESSARY FUNDING FOR ITS WORK. IN MODERN COMMUNICATION, DOMINATED BY THE INTERNET, EFFECTIVE MESSAGES MUST BE RESEARCH BASED, PROFESSIONALLY DESIGNED, AND CONNECT THE SPECIFIC MEDIUM WITH THE INTENDED AUDIENCE.  3d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Flevenue \$ )  | 10          | VITAE USES COMMUNITAY EDUCATIONAL EVENTS TO THE DITTO ATTENDED TO THE  |  |
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| COMMUNICATION, DOMINATED BY THE INTERNET, EFFECTIVE MESSAGES MUST BE RESEARCH BASED, PROFESSIONALLY DESIGNED, AND CONNECT THE SPECIFIC MEDIUM WITH THE INTENDED AUDIENCE.  3d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  |             |  |  |
| RESEARCH BASED, PROFESSIONALLY DESIGNED, AND CONNECT THE SPECIFIC MEDIUM WITH THE INTENDED AUDIENCE.  3d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )   |             | ON DONATIONS TO PROVIDE THE NECESSARY FUNDING FOR ITS WORK. IN MODER   | N                                      |
| MEDIUM WITH THE INTENDED AUDIENCE.  Id Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |             | COMMUNICATION, DOMINATED BY THE INTERNET, EFFECTIVE MESSAGES MUST BE   |  |
| MEDIUM WITH THE INTENDED AUDIENCE.  Id Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  |             | <u> </u>   | ·····                                  |
| 3d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )   |             |  | ······································ |
| (Expenses \$ including grants of \$ ) (Revenue \$ )   |             |  |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )   |             |  |  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )   | <br>; , , i | Other program equippes (Decaribe on Schedule (1)   | ·····                                  |
| (Expenses \$ including grants of \$ ) (Revenue \$ )   | †U          |  |  |
|   |             |  |  |

#### 43-1138252 Page 3 Part IV | Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ..... Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 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 X 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 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 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 ..... X 9 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI ...... 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII Х 11b o Did the organization report an amount for investments program related in Part X, line 13, that is 6% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c 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 167 / "Yes," complete Schedule D, Part IX Х 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e 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 ........... Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If \*Yes," complete Schedule G, Part I. See instructions Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." Х complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ...... 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 17 If "Yes." complete Schedule I. Parts I and II

20b

Form 990 (2023)

VITAE FOUNDATION Form 990 (2023) VITAE FOUNDATION
Part IV Checklist of Required Schedules (continued)

| h    |   |           | Yes                                     | No             |
|------|---|-----------|---|----------------|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                 |           |   |                |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22        |   | X              |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |           |   |                |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, * complete               |           |   |                |
|      | Schedule J  | 23        | <u> </u>                                | X              |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the       | 1         |   | ]              |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete            | 1         |   | l              |
|      | Schedule K. If "No," go to line 25a   | 24a       | ļ                                       | X              |
|      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                             | 24b       |   | <u> </u>       |
| C    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease          |           | 1                                       | l              |
|      | any tax-exempt bonds?   | 24c       |   |                |
|      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                       | 24d       | ļ                                       | <del> </del>   |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                  | 1         |   |                |
|      | transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I                                 | 25a       |   | X              |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and    | İ         |   |                |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete         | 1         |   |                |
|      | Schedule L, Part I  | 25b       |   | X              |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current               |           | ]                                       |                |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                       |           | ĺ                                       | ٠,,            |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                            | 26        | ├                                       | X              |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |           |   |                |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |           |   |                |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III      | 27        | 450                                     | X              |
| 28   | Was the organization a party to a business transaction with one of the following parties? (See the Schadule L, Part IV,       |           |   |                |
|      | instructions for applicable filing thresholds, conditions, and exceptions):   | 100.00    | 21(12)()                                | \$10.00        |
| a    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If              |           |   | х              |
|      | "Yes," complete Schedule L, Part IV   | 28a       | Х                                       | 1-             |
|      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                               | 28b       | A                                       | <del> </del>   |
| C    | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #                       | 200       |   | Х              |
|      | "Yes," complete Schedule L, Part IV   | 28c<br>29 | Х                                       | <del>  ^</del> |
| 29   | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M                       | 29        |   |                |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   | 30        |   | Х              |
| ~4   | contributions? If "Yes," complete Schedule M  | 31        |   | X              |
| 31   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete               | 31        |   | - 11           |
| 32   | , ,   | 32        |   | х              |
| 00   | Schedule N, Part II   | - V.      | <b></b>                                 | <u> </u>       |
| 33   | sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part 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     | 00        |   |                |
| 34   |   | 34        |   | Х              |
| 25.2 | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?                       | 35a       |   | X              |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity     |           |   |                |
| D    | 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?    | -         | *************************************** |                |
| 00   | If "Yes," complete Schedule R, Part V, line 2   | 36        |   | Х              |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization              |           |   |                |
| ν,   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                  | 37        |   | Х              |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                |           |   |                |
|      | - · · · · · · · · · · · · · · · · · · ·   | 38        | Х                                       |                |
| Par  | Note: All Form 990 filers are required to complete Schedule O  t.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  | <u> </u>  |   |                |
|      |   |           | Yes                                     | No             |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |           |   |                |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |           |   |                |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming            |           | ¥25.5                                   |                |
|      | frambling winnings to prize winners?  | 10        | Х                                       |                |

Form 990 (2023) VITAE FOUNDATION

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

|        | , jedninasoj   |   | • | TV           | 1         |
|--------|--|---|---|--------------|-----------|
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  | -                                       |   | Yes          | No        |
| -u     | filed for the calendar year ending with or within the year covered by this return  | 2a 3                                    | 1                                       |              |           |
| h      | If at least one is reported on line 2a, did the organization file all required federal employment tax return   |   | 2b                                      | Х            | <b>†</b>  |
| 3a     | The state of the s |   | 3a                                      | 1            | X         |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C  |   | 3b                                      |              |           |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other at   |   |   |              |           |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial ac  |   | 4a                                      |              | x         |
| h      | If "Yes," enter the name of the foreign country  | 7                                       | 3333                                    | MAG.         | 11161     |
|        | See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac  | counts (FBAR),                          |   | 多            | 1000      |
| 5a     |  |   | 5a                                      |              | X         |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact   | •                                       | Бb                                      |              | X         |
| c      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |   | δο                                      |              |           |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |   |   | 1            |           |
|        | any contributions that were not tax deductible as charitable contributions?  |   | 6a                                      | <u> </u>     | X         |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribution   | ns or gifts                             |   |              | ĺ         |
|        | were not tax deductible?   | **************************              | 6b                                      | <u> </u>     | ļ.,,,,,   |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |   | A S Chin                                |              | district. |
| a      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv   | ices provided to the payor?             | 7a                                      | X            |           |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | *****                                   | 7b                                      | X            |           |
| Ć      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | s required                              |   |              |           |
|        | to file Form 8282?   |   | 7c                                      | ļ.,          | X         |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                                      | Pain.                                   |              | 4:594     |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con  | ntract?                                 | 7e                                      | ļ            | Х         |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract  |   | 71                                      | ļ            | Х         |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form   |   | <u>7g</u>                               | <del> </del> |           |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |   | 7h                                      | 3135335      | 20.125.1  |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by   | by the                                  | 1000                                    | (808)        | 643       |
|        |  |   | 8                                       | 554-04       | 27.72     |
| 9      | Sponsoring organizations maintaining donor advised funds.  |   | -                                       | 1 3 4 5      | 47.00     |
| a      |  |   | 9a                                      | -            | <u> </u>  |
| b      |  | *************************************** | 9b                                      | 1000         | 3,500.0   |
| 10     | Section 501(c)(7) organizations. Enter:  | 40                                      |   |              |           |
|        |  | 10a  <br>10b                            | -                                       |              |           |
|        | innaiman.  | 100                                     |   |              |           |
| 11     | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  | 11a                                     |   |              |           |
| a<br>b | Gross income from other sources. (Do not net amounts due or paid to other sources against  | 110                                     |   | 100000       |           |
| D      | amounts due or received from them.)  | 116                                     |   |              |           |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1   |   | 12a                                     |              |           |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |   |   |              | 交易        |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |   | 7                                       |              | 等等        |
|        | 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.  |   |   | V            |           |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   |   |   |              |           |
|        |  | 13b                                     |   | N 15         | 10 N. S.  |
| C      | Enter the amount of reserves on hand   | 13c                                     | 13513                                   | ¥.0          |           |
|        | Did the organization receive any payments for indoor tanning services during the tax year?   | *************************************** | 14a                                     |              | X         |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule  |   | 14b                                     |              |           |
| 5      | is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.   | tion or                                 |   |              |           |
|        | excess parachute payment(s) during the year?   |   | 15                                      | 1            | X         |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.   |   | 報酬                                      | 3,43         | 1883      |
| 6      | is the organization an educational institution subject to the section 4968 excise tax on net investment in   | ncome?                                  | 16                                      |              | X         |
|        | If "Yes," complete Form 4720, Schedule O.  |   | Algar                                   | 110000       | Stig      |
|        | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active  |   |   |              |           |
|        | that would result in the Imposition of an excise tax under section 4951, 4952 or 4953?   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 17                                      |              | 7,550     |
|        | If "Yes." complete Form 6069.  |   |   | 14 (1.35     |           |

Form 990 (2023) VITAE FOUNDATION 43-1130/20/2 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| -    | Check if Schedule O contains a response or note to any line in this Part VI  |  |          | X                                       |
|------|--|--|----------|---|
| Sec  | ction A. Governing Body and Management   |  |          | *************************************** |
|      |  |  | Yes      | No                                      |
| la   | Enter the number of voting members of the governing body at the end of the tax year 1a 1   | 3 👑                                    |          |   |
|      | If there are material differences in voting rights among members of the governing body, or if the governing                                  | 180                                    | TO V     | 100                                     |
|      | 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                     | 13.33                                  |          | 3 13.5                                  |
|      | officer, director, trustee, or key employee?   | 2                                      |          | X                                       |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision                        |  |          |   |
|      | of officers, directors, trustees, or key employees to a management company or other person?  | 3                                      |          | X                                       |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                             | 4                                      |          | Х                                       |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?                                   | 5                                      |          | Х                                       |
| 6    | Did the organization have members or stockholders?   | 6                                      |          | X                                       |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                               |  |          |   |
|      | more members of the governing body?  | 7a                                     | Х        |   |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                           | ,                                      |          |   |
|      | persons other than the governing body?   | 7b                                     |          | Х                                       |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:            | 24.53                                  | 3.44     | Sec.                                    |
| а    | The governing body?  | 8a                                     | Х        |   |
|      | Each committee with authority to act on behalf of the governing body?  | 8b                                     | Х        |   |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                         |  |          |   |
|      | organization's mailing address? If "Yes," provide the names and addresses on Schedule O.   | 9                                      |          | Х                                       |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                             | , -                                    | •        |   |
|      | (This section is requisite internation; about pointies not required by the internal horoide code.)   | ······································ | Yes      | No                                      |
| 10a  | Did the organization have local chapters, branches, or affiliates?   | 10a                                    |          | X                                       |
|      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,                   | 1                                      |          |   |
| -    | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b                                    |          |   |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                  | 11a                                    | X        |   |
| b    | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |  |          |   |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a                                    | Х        |   |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?          | 12b                                    | Х        |   |
| c    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                           |  |          |   |
| •    | on Schedule O how this was done  | 120                                    | х        |   |
| 13   | Did the organization have a written whistleblower policy?  | 13                                     | X        |   |
| 14   | Did the organization have a written document retention and destruction policy?   | 14                                     | Х        |   |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent                           | 1000                                   |          | ## 12; h                                |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |  |          | 1000                                    |
| а    | The organization's CEO, Executive Director, or top management official   | 15a                                    | Х        |   |
|      | Other officers or key employees of the organization  | 15b                                    | X        |   |
| u    | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   | -:55                                   | 7.       | J. A.                                   |
| 10-  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                        |  | 33       |   |
| IVa  |  | 16a                                    |          | X                                       |
| h    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation                 | IOa                                    | 234.53   | चीन                                     |
| D    | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                               |  |          |   |
|      |  | 16b                                    |          |   |
| Saci | exempt status with respect to such arrangements? ion C. Disclosure   | 100                                    | <u></u>  |   |
|      | List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA                                | TT.                                    | KS       | ΚΛ                                      |
|      |  |  |          |   |
|      | 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             | OHIY) (                                | ayalla0i | U                                       |
|      | for public inspection. Indicate how you made these available. Check all that apply.  |  |          |   |
| 40   | X Own website Another's website X Upon request Other (explain on Schedule O)   | E                                      | اما      |   |
|      | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and              | mano                                   | idi      |   |
|      | statements available to the public during the tax year.  |  |          |   |
|      | State the name, address, and telephone number of the person who possesses the organization's books and records  KYLE MENGES - (573) 634-4316 |  |          |   |
|      | 1731 SOUTHRIDGE DR. SUITE D. JEFFERSON CITY, MO 65109  |  |          |   |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether Individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization (A)   | (B)                                   |                                |  |         |               |                                 |              | (D)                             | (E)                          | (F)                      |
|--|---------------------------------------|--------------------------------|--|---------|---------------|---------------------------------|--------------|---------------------------------|------------------------------|--------------------------|
| Name and title   | Average                               | l                              | (C) Position (do not check more than one                         |         |               |                                 |              | Reportable                      | Reportable                   | Estimated                |
|  | hours per                             | box                            | box, unless person is both an<br>officer and a director/trustee) |         | an            | compensation                    | compensation | amount of                       |                              |                          |
|  | week                                  | -                              |  |         | ctor/trustee) |                                 | from         | from related                    | other                        |                          |
|  | (list any                             | rector                         |  |         |               |                                 |              | the                             | organizations                | compensation             |
|  | hours for                             | or d                           | 똷  |         |               | ated                            |              | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the<br>organization |
|  | related<br>organizations              | Usice                          | t des  |         | <br>왕         | Deut                            |              | 1099-NEC)                       | 10994150)                    | and related              |
|  | below                                 | leal tr                        | fona   |         | 쿒             | 76.5g                           | <u>,</u>     | 10551420)                       |                              | organizations            |
|  | line)                                 | Individual trustee or director | institutional trustee  | Orficer | Key employee  | Highest compensated<br>employee | Former       |                                 |                              |                          |
| (1) BRANDY MEEKS   | 51.50                                 |                                |  |         |               | -                               | 177          |                                 |                              |                          |
| PRESIDENT  |                                       | 1                              |  | Х       |               |                                 |              | 89,473.                         | 0.                           | 8,031.                   |
| (2) DEBORAH STOKES   | 32.00                                 |                                |  |         |               |                                 |              |                                 |                              |                          |
| SR STRATEGIC ADVISOR   |                                       |                                |  | Х       |               |                                 |              | 72,273.                         | 0.                           | 1,289.                   |
| (3) CRAIG HUSTING  | 0.50                                  |                                |  |         |               |                                 |              |                                 |                              |                          |
| DIRECTOR   |                                       | X                              | <u> </u>   |         | L             |                                 |              | 0.                              | 0.                           | 0.                       |
| (4) LARRY ROHRBACH   | 0.50                                  |                                |  |         | İ             |                                 |              |                                 |                              |                          |
| VICE CHAIRMAN  |                                       | Х                              |  | Х       |               |                                 |              | 0.                              | 0.                           | 0.                       |
| (5) JASON IMLAY  | 0.50                                  |                                |  |         |               |                                 |              |                                 | _                            | _                        |
| SECRETARY  |                                       | X                              |  | X       | <u> </u>      |                                 |              | 0.                              | 0.                           | 0.                       |
| (6) KYLE MENGES  | 0.50                                  |                                |  |         |               |                                 |              |                                 |                              |                          |
| TREASURER  |                                       | Х                              |  | Х       |               |                                 |              | 0.                              | 0.                           | 0.                       |
| (7) DR. JOHN BRUCHALSKI  | 0.50                                  |                                |  |         | ,             |                                 |              |                                 | ^                            |                          |
| DIRECTOR   |                                       | X                              |  |         |               |                                 |              | 0.                              | 0.                           | 0.                       |
| (8) MELISSA OHDEN  | 0.50                                  |                                |  |         |               |                                 |              |                                 | 0                            | ^                        |
| DIRECTOR   |                                       | Х                              |  |         |               |                                 |              | 0.                              | 0.                           | 0.                       |
| (9) JOHN SINCLAIR  | 0.50                                  |                                |  |         |               |                                 |              |                                 | ^                            | ^                        |
| DIRECTOR   | <del> </del>                          | X                              |  |         |               |                                 |              | 0.                              | 0.                           | 0.                       |
| (10) DOUG BAX  | 0.50                                  | .,                             |  | i       |               |                                 |              | 0.                              | 0.                           | 0.                       |
| CHARIMAN   |                                       | Х                              |  |         |               |                                 |              | 0.                              | V.                           | ٧.                       |
|  | <b></b>                               |                                |  |         |               |                                 |              |                                 |                              |                          |
|  | -                                     |                                |  |         |               |                                 |              |                                 |                              |                          |
|  |                                       |                                |  |         |               |                                 |              | ,                               |                              |                          |
|  |                                       | $\vdash$                       |  | $\neg$  |               |                                 |              |                                 |                              |                          |
|  |                                       | li                             |  |         |               |                                 |              |                                 |                              |                          |
|  |                                       |                                |  |         |               |                                 | •••••        |                                 |                              |                          |
|  | -                                     | •                              |  |         |               |                                 |              |                                 |                              |                          |
|  |                                       | H                              |  | $\neg$  |               |                                 |              |                                 |                              |                          |
|  | · · · · · · · · · · · · · · · · · · · |                                |  |         |               | ļ                               |              |                                 |                              |                          |
|  |                                       |                                |  | _       |               |                                 |              |                                 |                              |                          |
|  |                                       |                                |  | 1       | Ì             | ļ                               |              |                                 |                              |                          |
| Management of the second secon |                                       |                                | <u> </u>   |         |               | 1                               |              |                                 |                              |                          |
|  |                                       |                                |  |         |               |                                 |              |                                 |                              |                          |
|  |                                       |                                |  |         |               |                                 |              |                                 |                              | 000                      |

| Form 990 (2023) VITAE FOR   |   |                                       |                       |  |                              |        |   |  | 1138                                   | 252 Pag  |
|---|---|---------------------------------------|-----------------------|--|------------------------------|--------|---|--|--|--|
| Part VII   Section A. Officers, Directors, Trus   |   | loyee                                 | e, a                  |  | ighe                         | st C   | ompensated Employee                                 | s (continued)  |  |  |
| (A)<br>Name and title   | (B). Average hours per week (list any                   | officer and a director/truste         |                       |  |                              |        | (D) Reportable compensation from                    | (E)<br>Reportab<br>compensal<br>from relate  | lion<br>ed                             | (F)<br>Estimated<br>amount of<br>other                       |
|   | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director        | institutional trustee | Unicer<br>Key employee                 | Highest compensated emolovee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizatic<br>(W-2/1099-M<br>1099-NEC   | IISC/                                  | compensation from the organization and related organizations |
|   | ·   |                                       |                       |  |                              |        |   |  |  |  |
|   |   |                                       |                       |  |                              |        |   |  |  |  |
|   |   |                                       |                       |  | <u> </u>                     |        |   |  |  |  |
|   |   |                                       |                       |  |                              |        |   |  |  |  |
| ***   |   |                                       |                       |  |                              |        |   |  |  |  |
|   |   |                                       | _                     |  |                              |        |   |  |  |  |
|   |   | _                                     | _                     |  |                              |        | ·   | and the second s |  |  |
|   |   | _                                     | -                     |  |                              |        |   |  |  |  |
| 46.000  |   |                                       |                       |  |                              |        | 161 746   |  |  | 2 200  |
| to Subtotal continuation sheets to Part VII,  | Section A   |                                       |                       |  |                              | ,      | 161,746.<br>0.<br>161,746.                          |  | 0.                                     | 9,320  |
| d Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization   |   |                                       |                       |  |                              |        |   | 00 of reportabl  |  | 9,320  |
| Did the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list any former officer, compared to the organization list and t | lirector trustee  | kov                                   | emr                   | dove                                   | A OF                         | niah   | nost componented ample                              | was on   |  | Yes No   |
| line 1a? If "Yes," complete Schedule J for sur<br>4 For any individual listed on line 1a, is the sun  | ch individual .   |                                       |                       | ,                                      | *****                        |        |   |  | [                                      | 3 X  |
| and related organizations greater than \$150,65 Did any person listed on line 1a receive or ac  | 000? If *Yes, * c                                       | comp                                  | lete :                | Sche                                   | dule                         | J fo   | r such individual                                   |  | <u> </u>                               | 4 X  |
| rendered to the organization? // "Yes." comm<br>Section B. Independent Contractors  |   |                                       |                       |  |                              |        |   |  |  | 5 X  |
| 1 Complete this table for your five highest com   |   |                                       |                       |  |                              |        |   |  | ensatio                                | n from   |
| the organization. Report compensation for th  |   | r endi                                | ng w                  | vith o                                 | with                         | in t   | (B)   |  | <del></del>                            | (C)  |
| Name and business an GOOGLE ADWORDS, 101 HUNTIN   |   | E S                                   | TE                    |  |                              | ╁      | Description of ser                                  | vices  | Coi                                    | mpensation   |
| 7000, BOSTON, MA 02199  |   |                                       |                       |  | ·····                        | A      | DWORD CAMPAI  | GNS  |  | 397,541  |
|   |   | · · · · · · · · · · · · · · · · · · · |                       |  |                              | +      |   |  | ······································ |  |
|   | <del></del>   |                                       |                       | ······································ |                              | -      |   |  |  |  |
|   |   |                                       | _                     |  |                              | +      |   | ***************************************  |  |  |
| Total number of independent contractors (incl<br>\$100,000 of compensation from the organizate)   |   | Imited                                | l to t                | lhose                                  | liste                        | d at   | bove) who received more                             | than   |  |  |

43-1138252 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè excluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns Membership dues tb Fundraising events ..... 1c 1,644,941. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,595,565 similar amounts not included above 324,809, Noncash contributions included in lines 1a-1f 4,240,506, Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 36,653 other similar amounts) 36,653, Income from investment of tax-exempt bond proceeds Royaltles (i) Real (ii) Personal 6 a Gross rents ..... 6a b Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 312,931, assets other than inventory b Less: cost or other basis and sales expenses 309,287, 9,463. Other Revenue -9,463, 7c c Gain or (loss) -5,819 -5 819 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,644,941. of contributions reported on line 1c). See Part IV, line 18 127,924, 404,580 b Less: direct expenses -276,656 -276,656 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9ь Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous MISCELLANEOUS 900099 3,462 3,462, d All other revenue 3,462, e Total. Add lines 11a-11d

3,998,146

-242,360,

Total revenue. See Instructions

Form 990 (2023) VITAE FOUNDAT
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 respon<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses                   | (B) Program service expenses          | (C)<br>Management and<br>general expenses  | (D)<br>FundraisIng<br>expenses        |
|-----|--|---|---------------------------------------|--|---------------------------------------|
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 67,963.                                 |                                       |  |                                       |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22  | 368.                                    | 368.                                  |  |                                       |
| 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  |   |                                       | TOTAL STATE OF THE | 대한국(1994 2000 HTLL HENRY HIS IN 1997  |
| 5   | Compensation of current officers, directors,   | 171,065.                                | 141,771.                              | 19,522.  | 9 772                                 |
| •   | trustees, and key employees  | 1/1,000.                                | 141, / / 1.                           | 13,344   | 9,772                                 |
| 6   | persons (as defined under section 4958(f)(1)) and  |   |                                       | ,  |                                       |
|     | persons described in section 4958(c)(3)(B)   |   |                                       |  |                                       |
| 7   | Other salaries and wages   | 1,765,032.                              | 1,304,580.                            | 256,595.   | 203,857                               |
| 8   | Pension plan accruals and contributions (include   | ±,105,0521                              | 1,301,500.                            | 230,353.   | 203,037                               |
| •   | section 401(k) and 403(b) employer contributions)  |   |                                       |  |                                       |
| 9   | Other employee benefits  |   |                                       |  |                                       |
| 10  | Payroll taxes  |   |                                       |  |                                       |
| 11  | Fees for services (nonemployees):  | -1-7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |                                       |  | · · · · · · · · · · · · · · · · · · · |
|     | Management   |   |                                       | ,  |                                       |
|     | Legal  | 9,570.                                  | 7,082.                                | 1,340.   | 1,148                                 |
|     |  | 35,892.                                 | 26,560.                               | 5,025.   | 4,307                                 |
|     |  |   | 20,000.                               |  | 2,00,                                 |
|     | Professional fundraising services. See Part IV, line 17  |   | , to the terrelative Charles are seen |  |                                       |
|     | Investment management fees   | 4,762.                                  |                                       | 4,762.   |                                       |
|     | Other. (If line 11g amount exceeds 10% of line 25,   | -,                                      |                                       |  |                                       |
| -   | column (A), amount, list line 11g expenses on Sch O.)  | 2,710.                                  | 2,593.                                | 64.  | 53                                    |
|     | Advertising and promotion  |   |                                       |  |                                       |
|     | Office expenses  | 107,221.                                | 84,293.                               | 12,354.  | 10,574                                |
|     | Information technology   | 126,990.                                | 95,651.                               | 16,876.  | 14,463                                |
|     | Royalties  |   |                                       |  |                                       |
|     | Occupancy  | 71,073.                                 | 51,950.                               | 10,459.  | 8,664                                 |
|     | Travel   | 122,565.                                | 113,340.                              | 5,000.   | 4,225                                 |
|     | Payments of travel or entertainment expenses   |   |                                       |  |                                       |
|     | for any federal, state, or local public officials  |   |                                       |  |                                       |
|     | Conferences, conventions, and meetings   | 377,842.                                | 317,940.                              | 36,565.  | 23,337                                |
|     | Interest   |   |                                       |  |                                       |
| 21  | Payments to affillates   |   |                                       |  |                                       |
| 22  | Depreciation, depletion, and amortization  | 17,581.                                 | 12,826.                               | 3,843.   | 912                                   |
|     | Insurance  | 11,862.                                 | 8,188.                                | 2,322.   | 1,352                                 |
| 24  | Other expenses, Itemize expenses not covered   |   |                                       |  |                                       |
|     | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |   |                                       |  |                                       |
|     | DIGITAL MARKETING  | 378,691.                                | 378,691.                              | -  |                                       |
| b   | MEDIA EXPENSE  | 212,223.                                | 211,967.                              | 138.   | 118                                   |
| - : | RESEARCH AND POLLING   | 170,236.                                | 170,236.                              |  |                                       |
| d   | DONATED GOODS AND SERVI  | 58,242.                                 | 58,242.                               |  |                                       |
| e i | All other expenses   | -402,228.                               | -369,645.                             | 11,715.  | -44,298                               |
| 5   | Total functional expenses. Add lines 1 through 24e   | 3,309,660.                              | 2,684,596.                            | 386,580.   | 238,484                               |
| 6   | Joint costs. Complete this line only if the organization   |   |                                       |  |                                       |
| ı   | reported in column (B) joint costs from a combined   |   |                                       |  |                                       |
|     | educational campaign and fundraising solicitation.   |   | 1                                     |  |                                       |
|     | Check here X if following SOP 98-2 (ASC 958-720)   | 2,274,402.                              | 1,594,688                             | 287,514.   | 392,200                               |

Form 990 (2023)
Part X: Balance Sheet

|       |          | Check if Schedule O contains a response or not   | e to er                                 | v line In this Part X |                          |          |                           |
|-------|----------|--|---|-----------------------|--------------------------|----------|---------------------------|
|       |          | The second of th | u                                       | g mo it tho f that A  | (A)<br>Beginning of year |          | (B)<br>End of year        |
|       | 1        | Cash - non-interest-bearing  |   | 1                     |                          |          |                           |
|       | 2        | Savings and temporary cash investments   |   |                       | 480,912.                 | 2        | 1,407,667                 |
| 1     | 3        | Pledges and grants receivable, net   | 413,594.                                | 3 ,                   | 185,221                  |          |                           |
| -   - | 4        | Accounts receivable, net   |   | 4                     |                          |          |                           |
|       | 5        | Loans and other receivables from any current or  |   |                       |                          |          |                           |
|       |          | trustee, key employee, creator or founder, subst   |   | Vitte:                |                          |          |                           |
| -     |          | controlled entity or family member of any of thes  | se pers                                 | ons                   |                          | 5        |                           |
| 10    | 6        | Loans and other receivables from other disqualit   | randominaria de deserciona              | 1:120                 |                          |          |                           |
| 1     |          | under section 4958(f)(1)), and persons described   |   |                       |                          | 6        |                           |
| }   : | 7        | Notes and loans receivable, net  |   |                       |                          | 7        |                           |
|       | 8        | Inventories for sale or use  | •••••                                   |                       |                          | 8        |                           |
| ؛ [ ا | 9        | Prepaid expenses and deferred charges  |   | ······                | 20,490.                  | 9        | 6,797                     |
| 10    | 0a       | Land, buildings, and equipment: cost or other  |   |                       |                          |          |                           |
|       |          | basis. Complete Part VI of Schedule D  |   |                       |                          | 13.      | NACES AND ASSESSMENT      |
|       | b        | Less: accumulated depreciation   |   |                       | 34,966.                  | 10c      | 21,081.                   |
| 1     |          | Investments - publicly traded securities   |   |                       |                          | 11       |                           |
| 12    |          | Investments - other securities. See Part IV, line 1  |   |                       | 986,874.                 | 12       | 1,116,507.                |
| 13    | 3        | Investments - program-related. See Part IV, line 1   | *************************************** |                       | 13                       |          |                           |
| 14    | 4        | Intangible assets  |   | 14                    |                          |          |                           |
| 18    | 5        | Other assets. See Part IV, line 11   | (,,.,,.,.,.,.,.,.,.,.,.,.,              | 182,987.              | 15                       | 109,396. |                           |
| 16    | 6        | Total essets. Add lines 1 through 15 (must equa  | 2,119,823.                              | 16                    | 2,846,669.               |          |                           |
| 17    | 7        | Accounts payable and accrued expenses  | 268,704.                                | 17                    | 192,412.                 |          |                           |
| 18    | В        | Grants payable   |   | 18                    |                          |          |                           |
| 19    |          | Deferred revenue   |   | 19                    |                          |          |                           |
| 20    | )        | Tax-exempt bond liabilities  |   | **********            |                          | 20       |                           |
| 21    | 1        | Escrow or custodial account liability. Complete F  | art IV                                  | of Schedule D         |                          | 21       |                           |
| 22    | 2        | Loans and other payables to any current or former  | er offic                                | er, director,         |                          |          |                           |
| 22    |          | trustee, key employee, creator or founder, substa  | antial c                                | ontributor, or 35%    |                          |          | Nother name in the second |
|       |          | controlled entity or family member of any of these   | e perso                                 | ns                    |                          | 22       |                           |
| 23    | 3        | Secured mortgages and notes payable to unrelat   | ed thir                                 | d parties             |                          | 23       |                           |
| 24    | ļ        | Unsecured notes and loans payable to unrelated   | third p                                 | arties                |                          | 24       |                           |
| 25    | 5        | Other liabilities (including federal income tax, pay   | ables                                   | o related third       |                          |          |                           |
| 1     |          | parties, and other liabilities not included on lines   | 17-24).                                 | Complete Part X       |                          |          |                           |
|       |          | of Schedule D  |   | **************        | 99,372.                  | 25       | 69,020.                   |
| 26    | <u>`</u> | Total liabilities. Add lines 17 through 25   |   |                       | 368,076.                 | 26       | 261,432.                  |
|       | 4        | Organizations that follow FASB ASC 958, chec   | k here                                  | X                     |                          |          |                           |
|       | ;        | and complete lines 27, 28, 32, and 33.   |   |                       |                          | Mile     |                           |
| 27    |          |  |   |                       | 951,826.                 | 27       | 1,770,389.<br>814,848.    |
| 28    |          | Net assets with donor restrictions   |   |                       | 799,921.                 | 28       | 814,848.                  |
|       | (        | Organizations that do not follow FASB ASC 95   |   |                       |                          |          |                           |
|       |          | and complete lines 29 through 33.  |   |                       |                          |          |                           |
| 29    |          | Capital stock or trust principal, or current funds   |   | 29                    |                          |          |                           |
| 30    |          | Paid-in or capital surplus, or land, building, or equ  | , .                                     |                       | 30                       |          |                           |
| 31    | ł        | Retained earnings, endowment, accumulated inc  | ome, o                                  | rother funds          |                          | 31       |                           |
| 32    | . 7      | Total net assets or fund balances  |   |                       | 1,751,747.<br>2,119,823. | 32       | 2,585,237.<br>2,846,669.  |
| 1 32  |          |  |   |                       |                          |          |                           |

| 43 | -11 | 382 | 52 | Page | 12 |
|----|-----|-----|----|------|----|

|  |   | Carried . |      |
|--|---|-----------|------|
| 000 (0000)   | 1777117121                              | FUUNDA    | MTAI |
| Form 990 (2023)  | ATIME                                   | LOONDW    | TTO  |
| Fig. 4 VIII is a second of the | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |      |
|  |   |           |      |

| Pa | rt XI Reconciliation of Net Assets   |                  |                  |           |       |
|----|--|------------------|------------------|-----------|-------|
|    | Check if Schedule O contains a response or note to any line in this Part XI  |                  | **********       |           | X     |
|    |  |                  |                  |           |       |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1                | 3,99             |           |       |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2                | 3,30             | 9,6       | 60.   |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3                | 68               | 8,4       | 86.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                            | 4                | 1,75             |           |       |
| 5  | Net unrealized gains (losses) on investments   | 5                | 10               | 4,7       | 97.   |
| 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                | 4                | 0,2       | 07.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                   |                  |                  |           |       |
|    | column (B))  | 10               | 2,58             | 5,2       | 37.   |
| Pa | rt XIII Financial Statements and Reporting   |                  |                  |           |       |
|    | Check if Schedule O contains a response or note to any line in this Part XII   |                  | ,                | 10410     | X     |
|    |  |                  |                  | Yes       | No    |
| f  | 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.               | 3333             |           |       |
| 2a | 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 reviewed      | on a             | 333              | ***       | WK.   |
|    | separate basis, consolidated basis, or both:   |                  |                  |           |       |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |                  | \$\frac{1}{2}\$. | 3 4 1 1 6 |       |
| b  | Were the organization's financial statements audited by an independent accountant?                                   | *************    | 2b               | Х         |       |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate     | basis,           |                  |           |       |
|    | consolidated basis, or both:   |                  |                  |           |       |
|    | X Separate basis Consolidated basis Both consolidated and separate basis   |                  | 1000             | 1981      | 0144  |
| 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?                       | ************     | 2c               | Х         |       |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sche   | dule O.          | 3830             | 33130     | 2445  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the      |                  |                  | 1         |       |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  | **************** | За               |           | X     |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require |                  |                  | j         |       |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                             |                  | 3b               |           |       |
|    |  |                  | Form             | 990 (     | 2023) |

### 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

inspection

Name of the organization Employer identification number VITAE FOUNDATION 43-1138252 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety, See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (described on lines 1-10 (iv) is the organization listed (i) Name of supported (v) Amount of monetary (vi) Amount of other in your governing document? organization support (see instructions) support (see instructions) above (see instructions))

erana karan basa

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.)

| Sa. | ction A. Public Support  |                      |                     | ,                             |                   |                    | ······································ |  |  |  |
|-----|--|----------------------|---------------------|-------------------------------|-------------------|--------------------|--|--|--|--|
|     |  | 1 (10010             | 1 41000             | 1.0004                        | 1 1 0000          | ( ) 5555           | 1                                      |  |  |  |
|     | indar year (or fiscal year beginning in)   | (a) 2019             | (b) 2020            | (c) 2021                      | (d) 2022          | (e) 2023           | (f) Total                              |  |  |  |
| 1   | Gifts, grants, contributions, and  |                      |                     |                               |                   |                    |  |  |  |  |
|     | membership fees received. (Do not include any "unusual grants.")   | 2883384.             | 3766952.            | 3606797.                      | 3669709.          | 4240506            | 18167348.                              |  |  |  |
| _   | Tax revenues levied for the organ-   | 20033041             | 3/00934.            | 3000737.                      | 3003703.          | 4240300.           | 1010/2401                              |  |  |  |
| Z   | ization's benefit and either paid to   |                      |                     |                               |                   | 1                  |  |  |  |  |
|     | or expended on its behalf  |                      |                     | !                             |                   |                    |  |  |  |  |
| 2   | The value of services or facilities  |                      |                     |                               | <u> </u>          |                    |  |  |  |  |
| 3   | furnished by a governmental unit to  |                      |                     |                               |                   | :                  |  |  |  |  |
|     | the organization without charge  |                      |                     |                               |                   |                    |  |  |  |  |
|     |  | 2883384.             | 3766952.            | 3606797.                      | 3669709.          | 4240506            | 18167348.                              |  |  |  |
|     | Total. Add lines 1 through 3   | 2005504.             | 5700932.            | Salater selling               | 30037031          | 22405001           | 1020/3401                              |  |  |  |
| 5   | ,  |                      |                     |                               |                   |                    |  |  |  |  |
|     | 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,   |                      |                     |                               |                   |                    |  |  |  |  |
|     | national (A  |                      |                     |                               |                   |                    | 936,589.                               |  |  |  |
| а   | Public support. Subtract line 5 from line 4.   |                      | ingian samasan      |                               |                   |                    | 17230759.                              |  |  |  |
| Sec | ction B. Total Support   |                      | ".) to 1            |                               |                   |                    |  |  |  |  |
| _   | ndar year (or fiscal year beginning in)  | (a) 2019             | (b) 2020            | (c) 2021                      | (d) 2022          | (e) 2023           | (f) Total                              |  |  |  |
|     | Amounts from line 4  | 2883384.             | 3766952.            | 3606797.                      | 3669709.          |                    | 18167348.                              |  |  |  |
|     | Gross income from interest.  |                      |                     |                               |                   |                    |  |  |  |  |
| ٠   | dividends, payments received on  |                      |                     |                               |                   |                    |  |  |  |  |
|     | securities loans, rents, royalties,  |                      |                     |                               |                   |                    |  |  |  |  |
|     | and income from similar sources  | 755.                 | 1,449.              | 9,608.                        | 22,519.           | 30,834.            | 65,165.                                |  |  |  |
| 0   | Net income from unrelated business   |                      |                     |                               |                   |                    | <u> </u>                               |  |  |  |
| ·   | activities, whether or not the   |                      |                     |                               |                   |                    |  |  |  |  |
|     | business is regularly carried on   |                      |                     |                               |                   |                    |  |  |  |  |
| 10  | Other income, Do not include gain  |                      |                     |                               |                   |                    |  |  |  |  |
| , • | or loss from the sale of capital   |                      | İ                   |                               |                   |                    |  |  |  |  |
|     | assets (Explain in Part VI.)   | 6,939.               | 26,644.             | 1,367.                        | 6,292.            | 3,462.             | 44,704.                                |  |  |  |
| 11  | Total support. Add lines 7 through 10  | amanda essi dalila   |                     | 등을 본다 Ve et et edelek (16.1%) |                   |                    | 18277217.                              |  |  |  |
|     | Gross receipts from related activities,  | etc. (see instructio | ns)                 |                               |                   | 12                 | 654,494.                               |  |  |  |
|     | First 5 years. If the Form 990 is for th   | •                    |                     |                               |                   | 01(c)(3)           |  |  |  |  |
|     | organization, check this box and stop  |                      |                     |                               | <u> </u>          | ************       |  |  |  |  |
| Sec | tion C. Computation of Publi   | c Support Per        | centage             |                               |                   |                    |  |  |  |  |
|     | Public support percentage for 2023 (li   |                      |                     |                               |                   | 14                 | 94.27 %                                |  |  |  |
| 15  | Public support percentage from 2022  | Schedule A, Part I   | l, line 14          | **********************        | .,,               | 15                 | 95.15 %                                |  |  |  |
|     | 6a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and |                      |                     |                               |                   |                    |  |  |  |  |
|     | stop here. The organization qualifies as a publicly supported organization   |                      |                     |                               |                   |                    |  |  |  |  |
|     | b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box |                      |                     |                               |                   |                    |  |  |  |  |
|     | and stop here. The organization qualifies as a publicly supported organization   |                      |                     |                               |                   |                    |  |  |  |  |
|     | a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, |                      |                     |                               |                   |                    |  |  |  |  |
|     | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization    |                      |                     |                               |                   |                    |  |  |  |  |
|     | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization                                  |                      |                     |                               |                   |                    |  |  |  |  |
|     | 10% -facts-and-circumstances test  | _                    |                     |                               |                   |                    | 0% or                                  |  |  |  |
|     | more, and if the organization meets the  |                      |                     |                               |                   |                    | £1                                     |  |  |  |
|     | organization meets the facts-and-circu   |                      | -                   |                               |                   |                    |  |  |  |  |
| 8   | Private foundation, If the organization  | n did not check a b  | ox on line 13, 16a, | , 16b, 17a, or 17b,           | check this box an | d see instructions |  |  |  |  |

Schedule A (Form 990) 2023 VITAE FOUNDATION

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on fine 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 com                     | olete Part II.)                          |                       |   |                       |           |
|------|--|---------------------------------------|--|-----------------------|---|-----------------------|-----------|
| Se   | ction A. Public Support  |                                       |  |                       |   |                       |           |
| Cale | endar year (or fiscal year beginning in)   | (a) 2019                              | (b) 2020                                 | (c) 2021              | (d) 2022                                | (e) 2023              | (f) Total |
| 1    | Gifts, grants, contributions, and  |                                       |  |                       |   |                       |           |
|      | membership fees received. (Do not  |                                       |  |                       |   |                       |           |
|      | include any "unusual grants.")   |                                       |  |                       |   |                       |           |
| 2    | Gross receipts from admissions, merchandise sold or services 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 bus-   |                                       |  |                       |   |                       |           |
|      | iness under section 513  |                                       |  |                       |   |                       |           |
| 4    | Tax revenues levied for the organ-   |                                       |  |                       |   |                       |           |
|      | ization's benefit and either paid to or expended on its behalf   |                                       |  |                       |   |                       |           |
| 5    | The value of services or facilities  |                                       |  |                       |   |                       |           |
|      | furnished by a governmental unit to  |                                       |  |                       |   |                       |           |
|      | the organization without charge  |                                       | Í  |                       | İ                                       |                       |           |
| 6    | Total. Add lines 1 through 5   |                                       |  |                       |   |                       |           |
|      | Amounts included on lines 1, 2, and  |                                       |  |                       |   |                       |           |
|      | 3 received from disqualified persons   |                                       | ļ  |                       |   | ]                     |           |
| 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   |                                       | ·····                                    |                       |   |                       |           |
|      | Add Ilnes 7a and 7b  | No. 117. and the trains               | Asy all relays the factors               |                       |   |                       | W         |
|      | Public support, (Subjectine 7c from Ros 6.)  | The physical reserves                 | 1994 197 co. 6 (6.1974) (1.19. co. 6.19. |                       | A STANCES                               | danda se si suddici   |           |
|      | ction B. Total Support   |                                       |  |                       | 1                                       | T                     |           |
|      | ndar year (or fiscal year beginning in)  | (a) 2019                              | (b) 2020                                 | (c) 2021              | (d) 2022                                | (e) 2023              | (f) Total |
|      | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                      |                                       |  |                       |   |                       |           |
| b    | Unrelated business taxable income  |                                       | ,  |                       |   |                       |           |
|      | (less section 511 taxes) from businesses   |                                       |  |                       |   |                       |           |
|      | acquired after June 30, 1975   |                                       |  |                       |   |                       |           |
|      | Add lines 10a and 10b  |                                       |  |                       |   |                       |           |
| 11   | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                                     |                                       |  |                       |   |                       |           |
|      | 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.)   |                                       |  |                       |   |                       |           |
| 14   | First 5 years. If the Form 990 is for th   | e organization's fire                 | st, second, third, fo                    | ourth, or fifth tax y | ear as a section 50                     | 01(c)(3) organization | ),        |
|      | check this box and stop here   | *********                             |  |                       |   | -1-4                  |           |
| ec:  | tion C. Computation of Publi   | c Support Perd                        | centage                                  |                       |   |                       |           |
| 15   | Public support percentage for 2023 (li   | ne 8, column (f), di                  | vided by line 13, co                     | olumn (f))            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 15                    | %         |
|      | Public support percentage from 2022 tion D. Computation of Inves   |                                       |  |                       |   | 16                    | <u>%</u>  |
|      | Investment income percentage for 20  |                                       | ······································   | e 13. column (fl)     | <u> </u>                                | 17                    | %         |
|      | Investment income percentage from 2  |                                       |  |                       |   | 18                    | <u>%</u>  |
|      | 33 1/3% support tests - 2023. If the   |                                       |  |                       |   |                       |           |
|      | more than 33 1/3%, check this box an   |                                       |  |                       |   |                       |           |
|      | 33 1/3% support tests - 2022. If the   | · · · · · · · · · · · · · · · · · · · | -  |                       |   |                       | 1         |
|      | ine 18 is not more than 33 1/3%, chec  | -                                     |  |                       |   |                       |           |
|      | Private foundation. If the organization  |                                       |  | -                     |   |                       |           |
|      |  |                                       |  |                       |   |                       |           |

#### VITAE FOUNDATION



#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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| Sch | edule A (Form 990) 2023 VITAE FOUNDATION   | 43-113 <u>825</u> 2  | } Pa   | ge 5    |
|-----|--|--|--------|---------|
| Pa  | rt IV   Supporting Organizations (continued)   |  |        |         |
|     |  |  | Yes    | No      |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  | 333  | Ť.     |         |
| a   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   | 7755   | 4690   |         |
|     | 11c below, the governing body of a supported organization?   | 11a  |        |         |
| b   | A family member of a person described on line 11a above?   | 11b  |        |         |
| c   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   | 2500 id.   | 10.00  | HARRI   |
|     | detail în Part VI.   | 11c  |        |         |
| Sec | tion B. Type I Supporting Organizations  |  |        |         |
|     |  |  | Yes    | No      |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi 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 than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | icers,   |        |         |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported  |  |        |         |
| -   | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |  |        |         |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |  | 8.9    | 5.00    |
|     | supervised, or controlled the supporting organization.   | 2  |        |         |
| Sec | tion C. Type II Supporting Organizations   |  |        |         |
|     |  |  | Yes    | No      |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   | 3455   | 14.    |         |
| -   | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |  |        |         |
|     | or management of the supporting organization was vested in the same persons that controlled or managed   |  |        |         |
|     | the supported organization(s).   | 1  |        | d       |
| Sec | tion D. All Type III Supporting Organizations  |  |        |         |
|     |  |  | Yes    | No      |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   | ASSESSION S  |        | 9.94    |
| •   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |  |        |         |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |  |        |         |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1  |        |         |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | 33383 Y  |        | NO.     |
| ~   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   | 1888   | ¥.     |         |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2  |        |         |
| 3   | By reason of the relationship described on line 2, above, did the organization's supported organizations have a  | NASSE:   |        | A Sept. |
| •   | significant voice in the organization's investment policies and in directing the use of the organization's   |  |        |         |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |  | 13.VO. |         |
|     | supported organizations played in this regard.   | 3  |        |         |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations  |  |        |         |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru  | uctions).  |        |         |
| a   | The organization satisfied the Activities Test. Complete line 2 below.   |  |        |         |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |        |         |
| c   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity  | y (see instructions)   |        |         |
| 2   | Activities Test. Answer lines 2a and 2b below.   |  |        | No      |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   | A.W.W.   |        |         |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |  |        |         |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,   |  |        |         |
|     | how the organization was responsive to those supported organizations, and how the organization determined  |  |        |         |
|     | that these activities constituted substantially all of its activities.   | 2a   |        |         |
| b   | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,  |  | by i   |         |
|     | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |  |        |         |
|     | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   | The state of the s |        | 0.00    |
|     | these activities but for the organization's involvement.   | 2b   |        |         |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.   |  | \$4X \ |         |
|     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  | (基础)   |        | 000     |
| -   | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  | За   |        |         |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | tstall t   |        |         |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  | 3b   |        |         |

| 12_  | 1 | 1 | 3  | Ω | 2 | E | 2 | Page 6 |
|------|---|---|----|---|---|---|---|--------|
| 4.5- | Т | 1 | .5 | Ö | L | 2 | Z | Page 6 |

| chedule A (Form 990) 2023 | VITAE | FOUNDATION |
|---------------------------|-------|------------|

| Pa   | rt V:   Type III Non-Functionally Integrated 509(a)(3) Supporti               | ng Orga      | ınizations                     |                                |
|------|---|--------------|--------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify  | ng trust o   | n Nov. 20, 1970 ( explain in F | Part VI). See Instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu    |              |                                |                                |
| Sect | ion A - Adjusted Net Income   |              | (A) Prior Year                 | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1            |                                |                                |
| 2    | Recoveries of prior-year distributions  | 2            |                                |                                |
| 3    | Other gross income (see instructions)   | 3            |                                |                                |
| 4    | Add lines 1 through 3.  | 4            |                                |                                |
| 5    | Depreciation and depletion  | 5            |                                |                                |
| 6    | Portion of operating expenses paid or incurred for production or              |              |                                |                                |
|      | collection of gross income or for management, conservation, or                | ļ            |                                |                                |
| _    | 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            |                                |                                |
| Sect | ion B - Minimum Asset Amount  |              | (A) Prior Year                 | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                 | XX           |                                |                                |
|      | instructions for short tax year or assets held for part of year):             |              |                                |                                |
| a    | Average monthly value of securities   | 1a           |                                |                                |
| b    | Average monthly cash balances   | · 1b         |                                |                                |
|      | 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                                | 3.5 A        |                                |                                |
|      | (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            |                                |                                |
| Sect | on 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            | VERNING NEW YORK               |                                |
| 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            | and Marketter and the safe     |                                |
| 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-functiona | lly integrat | ed Type III supporting organi  | zation (see                    |

Schedule A (Form 990) 2023

instructions).

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See Instructions. 8 Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) Underdistributions (i) (iii) Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2023 Pre-2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. g talke allagatify (i 3 Excess distributions carryover, if any, to 2023 a From 2018 b From 2019 c From 2020 d From 2021 ्रेड्डिस प्रत्ये स्टब्स्टिस <del>स्टिस्टिस स्टिस्टिस</del> e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount I Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2023 distributable amount Valleting and Vander Charles c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

| Schedule A (Form 990) 2023 VITAE  | FOUNDATIO                                       | VV  | <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>  | 43-1138252  | Page 8   |
|---|---|---|--|---|--|
| Part VI   Supplemental Information. P<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4<br>line 1; Part IV, Section D, lines 2 and 3<br>Section D, lines 5, 6, and 8; and Part V | b, 4c, 5a, 6, 9a, 9b,<br>i; Part IV, Section E, | 9c, 11a, 11b, and 11c; Part<br>lines 1c, 2a, 2b, 3a, and 3b | IV, Section B, lines 1<br>; Part V, line 1; Part V | and 2; Part IV, Section<br>/, Section B, line 1e; Par | C,<br>t V,                                       |
| (See instructions.)   | <del></del>                                     | <u>,</u>  |  |   |  |
| SCHEDULE A, SECTION B, LIN  | IE 10   |   |  |   |  |
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#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number Name of the organization VITAE FOUNDATION 43-1138252 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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** X 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).

| Schedule B (Form 990) (2023)  | Page                           |
|---|--------------------------------|
| Name of organization  | Employer identification number |
| /ITAE FOUNDATION  | 43-1138252                     |
| Dort 1 Contributora ( |                                |

| ATLAE      | FOUNDATION   | 4.3                        | 3-1138252   |
|------------|--|----------------------------|---|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | I space is needed.         |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |
| 1          |  | \$ <u>251,400.</u>         | Person X Payroll  Noncash X (Complete Part II for noncash contributions.) |
| (a)<br>No. |  | (c) Total contributions    | (d)<br>Type of contribution   |
| 2          |  | \$                         | Person X Payroll  Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No  |  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |  | \$100,000.                 | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a<br>No.  |  | (c) Total contributions    | (d) Type of contribution  |
| 4          |  | \$130,000.                 | Person X Payroll  |
| (a)<br>No. | (b)<br>s, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |
| 5_         |  | \$ 203,500.                | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. |  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 6_         |  | \$100,000.                 | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| 22452 12-2 |  |                            | Schedule B (Form 990) (2023)  |

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Name of organization

Employer identification number

| VITAE  | FOUNDATION   | 43-1138252 |
|--------|--|------------|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |            |

| Laiti      | CONTINUE (COO MONECUCIO)          | T                          |   |
|------------|-----------------------------------|----------------------------|---|
| (a)<br>No. | (b) Name, ad.                     | (c) Total contributions    | (d) Type of contribution  |
| 7          |                                   | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)                          |
| (a)<br>No. |                                   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)                              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Total contributions    | (d) Type of contribution  |
| NO.        |                                   | \$                         | Person Payroll Noncash Complete Part II for noncash contributions.)                               |
| (a)        | (b)<br>Name, address, and ZIP + 4 | (c) Total contributions    | (d) Type of contribution  |
| No.        | Manie, address, and En 174        | \$                         | Person Payroll Noncash Complete Part II for noncash contributions.)                               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c) Total contributions    | (d)<br>Type of contribution   |
| 140.       |                                   | \$                         | Person Payroll Noncash Complete Part II for noncash contributions.)                               |
| (a)        | (b)<br>Name, address, and ZIP + 4 | (c) Total contributions    | (d) Type of contribution  |
| No.        |                                   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023) |

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Marine 7

| VITAE | FOUNDATION |
|-------|------------|
|       |            |

43-1138252

Employer identification number

| Part II                      | Noncash Property (see Instructions). Use duplicate copies of Part II if a | additional space is needed.               |                      |
|------------------------------|---|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              | SHARES OF PUBLICLY TRADED STOCK   |   | -                    |
| 1                            |   |   |                      |
|                              |   | \$ 200,000.                               | 12/11/23             |
| (a)<br>No.                   | 16.3  | (c)                                       | 4.0                  |
| from                         | (b) Description of noncash property given                                 | FMV (or estimate)<br>(See instructions.)  | (d)<br>Date received |
| Part I                       |   | (See instructions.)                       |                      |
|                              |   |   |                      |
|                              |   |   |                      |
|                              |   | \$  |                      |
| (a)                          |   | (c)                                       |                      |
| No.<br>from                  | (b)  Descrîption of noncash property given                                | FMV (or estimate)                         | (d)<br>Date received |
| Part I                       | Description of nonocast property given                                    | (See instructions.)                       | Date (coorded        |
|                              |   |   |                      |
|                              |   |   |                      |
|                              |   | \$  | •                    |
| (a)                          |   |   |                      |
| No.                          | (b)   | (c)<br>FMV (or estimate)                  | (d)                  |
| from<br>Part I               | Description of noncash property given                                     | (See instructions.)                       | Date received        |
|                              |   | <u></u>                                   |                      |
|                              |   |   |                      |
|                              |   | \$  |                      |
|                              |   |   |                      |
| (a)<br>No.                   | (b)   | (c)                                       | (d)                  |
| from                         | Description of noncash property given                                     | FMV (or estimate)<br>(See instructions.)  | Date received        |
| Part I                       |   |   |                      |
|                              |   |   |                      |
| _                            |   | _   |                      |
|                              |   | \$  |                      |
| (a)                          |   | (c)                                       |                      |
| No. from                     | (b) Description of noncash property given                                 | FMV (or estimate)                         | (d)<br>Date received |
| Part I                       |   | (See instructions.)                       |                      |
|                              |   |   |                      |
|                              |   |   |                      |
|                              |   | \$  |                      |

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- in the second

Name of organization

Employer identification number

| VITAE                     | FOUNDATION   |  | 43-1138252   |
|---------------------------|--|--|--|
| Part III                  | Exclusively religious, charitable, etc., contribution  | brough fel and the following line entr         | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations |
|                           | completing Part III, enter the total of exclusively religious, ch<br>Use duplicate copies of Part III if additional st | aritable, etc., contributions of \$1,000 or is | ess for the year. (Enter this info. once.)   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                | (d) Description of how gift is held  |
| ·····                     |  |  |  |
| -                         |  | (e) Transfer of gift                           | L  |
|                           | Transferee's name, address, an   | d ZIP + 4                                      | Relationship of transferor to transferee   |
|                           |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                | (d) Description of how gift is held  |
|                           |  |  |  |
| -                         |  | (e) Transfer of gift                           |  |
|                           |  |  |  |
| -                         | Transferee's name, address, and  | d ZIP + 4                                      | Relationship of transferor to transferee   |
|                           | ***************************************  |  |  |
|                           |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                | (d) Description of how gift is held  |
|                           |  |  |  |
| -                         |  |  |  |
|                           |  | (e) Transfer of gift                           |  |
|                           | Transferee's name, address, and  | d ZIP + 4                                      | Relationship of transferor to transferee   |
|                           |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                | (d) Description of how gift is held  |
| Part I                    |  |  |  |
|                           |  |  |  |
|                           |  | (e) Transfer of gift                           | 1  |
| -                         | Transferee's name, address, and  | 1 ZIP + 4                                      | Relationship of transferor to transferee   |
|                           |  |  |  |
| 1                         |  |  |  |

#### SCHEDULE C (Form 990)

## Political Campaign and Lobbying Activities

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

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

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(n)): 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:

|     | Section 501(c)(4), (5), or (6) organiza   | itions: Complete Part III.   | •   |   |          |  |
|-----|---|--|---|---|----------|--|
| Nar | me of organization  |  |   | 1   | Employ   | yer identification number  |
| [5] |   | OUNDATION  |   | \   |          | 43-1138252   |
| P   | art I-A Complete if the or  | ganization is exempt un  | der section 501(c   | or is a section 52                                      | orga     | anization.   |
| 2   | Provide a description of the organi<br>Political campaign activity expendi<br>Volunteer hours for political campa                                       | tures  |   | **************************                              |          |  |
| P,  | art I-B   Complete if the or  | ganization is exempt un  | der section 501(c   | (3).  | ·        |  |
| 1   | Enter the amount of any excise tax  | incurred by the organization ur                                      | nder section 4955   |   | . \$     | 0.   |
| 2   | Enter the amount of any excise tax  | incurred by organization mana  | gers under section 495  | 5   | \$_      | 0,   |
| 3   | If the organization incurred a section  | on 4955 tax, did it file Form 472                                    | 0 for this year?  |   | ,        | Yes No   |
| 48  | Was a correction made?  | *********************  | . / h== n=> d= d= b d= d= d= d= d= e= d= e= d= e= d= e= d= e= d= e= d= e= d= e= d= e= d= e= d= e= d= e= d= e= d |   |          | Yes No   |
| k   | of "Yes," describe in Part IV.  |  |   |   |          |  |
|     | **************************************  | ganization is exempt un  |   | ······································                  |          |  |
|     | Enter the amount directly expended  |  |   |   | ., \$_   |  |
| 2   | Enter the amount of the filing organ  |  | •   |   |          |  |
| _   | exempt function activities  |  |   |   | . \$     | Water to the state of the state |
| 3   | Total exempt function expenditures  |  |   |   |          |  |
|     | line 17b  | 4400 PA4 6 - 1112 A  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | *************************                               | \$ _     | <u> </u>   |
|     | Did the filing organization file Form   |  |   |   |          |  |
| 5   | Enter the names, addresses, and el<br>made payments. For each organiza<br>contributions received that were pro-<br>political action committee (PAC). If | tion listed, enter the amount pa<br>omptly and directly delivered to | id from the filing organ<br>a separate political org  | ization's funds. Also ente<br>panization, such as a sep | er the a | mount of political   |
|     | (a) Name  | (b) Address  | (c) EIN   | (d) Amount paid fro                                     |          | (e) Amount of political  |
|     | (a) Ivaino  | (n) variess  | (O) ENV   | filing organization! funds. If none, enter              | 's c     | contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0  |
|     |   |  |   |   |          |  |
|     |   |  |   |   |          |  |
|     |   |  |   |   |          | ·  |
|     |   |  |   |   | _        | ····   |
|     |   |  | ·····   |   | $\bot$   |  |
|     |   |  |   |   |          |  |
|     |   |  |   |   |          |  |

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

| Schedule C (Form 990) 2023                                | VITAE FOUNI                                 | DATION  | (minis)                                 | 43-1                                   | 138252 Page 2                  |
|---|---|---|---|--|--------------------------------|
| Part II-A   Complete if the or                            | ganization is exe                           | mpt under section   | 1501(c)(3) and file                     | ed Form 5768 (ele                      | ction under                    |
| section 501(h)).  | ····  |   |   |  |                                |
|   | -   | illated group (and list in  | Part IV each affiliated                 | group member's name                    | e, address, EIN,               |
| ·   | re of excess lobbying                       | •   |   |  | •                              |
| B Check if the filing organiz                             | ation checked box A a                       | nd "limited control" pro  | visions apply.                          | 1                                      | the Additional arrays          |
|   | its on Lobbying Expe<br>iditures" means amo | mditures<br>unts paid or incurred.]   |   | (a) Filing<br>organization's<br>totals | (b) Affiliated group<br>totals |
| 1a Total lobbying expenditures to inf                     | luence public opinion                       | (grassroots lobbying)   |   |  |                                |
| b Total lobbying expenditures to infi                     | , ,   |   |   |  |                                |
| c Total lobbying expenditures (add                        | ***   |   |   |  |                                |
| d Other exempt purpose expenditur                         | 'es   |   |   | 3,629,064.                             |                                |
| e Total exempt purpose expenditure                        | es (add lines 1c and 1c                     | 1)  |   | 3,629,064.                             |                                |
| f Lobbying nontaxable amount. Ent                         | er the amount from th                       | e following table in bot  | n columns.                              | 331,453.                               |                                |
| If the amount on line 1e, column (a)                      | or (b) is: The lol                          | obying nontaxable am  | ount is:                                |  |                                |
| not over \$500,000,                                       | 20% of                                      | the amount on line 1e.  |   |  |                                |
| over \$500,000 but not over \$1,00                        |   |   |   |  |                                |
| over \$1,000,000 but not over \$1,5                       |   |   |   |  |                                |
| over \$1,500,000 but not over \$17.                       | 000,000, \$225,0                            | 00 plus 5% of the exce  | ss over \$1,500,000.                    |  |                                |
| over \$17,000,000,  | \$1,000                                     | ,000,   |   |  |                                |
| g Grassroots nontaxable amount (er                        | nter 25% of line 11)                        |   |   | 82,863.                                |                                |
| h Subtract line 1g from line 1a. If zei                   | ro or less, enter -0-                       |   | *************************************** | 0.                                     |                                |
| i Subtract line 1f from line 1c. If zer                   | . ,,,,                                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                     |   | 0.                                     |                                |
| j if there is an amount other than ze                     | ero on either line 1h or                    | line 1i, did the organiza   | ition file Form 4720                    | -                                      |                                |
| reporting section 4911 tax for this                       |   |   |   |  | Yes No                         |
| (Some organizations t                                     | hat made a section 5                        | eraging Period Under<br>01(h) election do not l<br>ate instructions for lir | nave to complete all c                  | of the five columns be                 | low.                           |
|   | Lobbying Expe                               | nditures During 4-Yea   | r Averaging Period                      |  |                                |
| Calendar year<br>(or fiscal year beginning in)            | (a) 2020                                    | (b) 2021  | (c) 2022                                | (d) 2023                               | (e) Total                      |
| 2a Lobbying nontaxable amount                             | 284,381.                                    | 313,299.  | 347,532.                                | 331,453.                               | 1,276,665.                     |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e)) |   |   |   |  | 1,914,998.                     |
| c Total lobbying expenditures                             |   |   |   |  |                                |
| d Grassroots nontaxable amount                            | 71,095.                                     | 78,325.   | 86,883.                                 | 82,863.                                | 319,166.                       |
| a Granaranta anilina amaunt                               | E ISAN BARANDAN                             |   | - 经存款收益额股份的基础                           | POSIGRAPH SERVICE                      |                                |

Schedule C (Form 990) 2023

478,749.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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

| For e | ach "Yes" response on lines 1a through 1l below, provide in Part IV a detailed description                         | (                  | a)            | (1                                      | b)                                     |
|-------|--|--------------------|---------------|---|--|
| of th | e lobbying activity.   | Yes                | No            | Am                                      | ount                                   |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state, or                     | 1975               | 3000          | ASSLAVE                                 |  |
|       | local legislation, including any attempt to influence public opinion on a legislative matter                       |                    |               |   |  |
|       | or referendum, through the use of:   |                    |               |   |  |
| a     | Volunteers?  |                    |               |   |  |
|       | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                       |                    |               | AND THE                                 |  |
| C     | Media advertisements?  |                    |               |   |  |
| d     | Mailings to members, legislators, or the public?   |                    |               |   |  |
|       | Publications, or published or broadcast statements?  |                    |               |   |  |
| f     | Grants to other organizations for lobbying purposes?   |                    |               |   |  |
| g     |  |                    |               |   |  |
| ħ     | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                          |                    |               |   |  |
|       | Other activities?  |                    |               |   |  |
| i     | Total. Add lines 1c through 1i   | - * * • * •        | NAME:         |   |  |
| 2a    | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?                      |                    |               | types de                                |  |
| b     | If "Yes," enter the amount of any tax incurred under section 4912  | SKYR               |               |   |  |
|       | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                         | Silvery<br>Carrier |               |   |  |
|       | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                       |                    |               |   |  |
|       | t III-A Complete if the organization is exempt under section 501(c)(4), section                                    | n 501(c)(          | 5), or sec    | tion                                    |  |
|       | 501(c)(6).   |                    |               |   |  |
|       |  |                    |               | Yes                                     | 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 th             | e prior year       | 7 3           |   |  |
| Par   | t III-B Complete if the organization is exempt under section 501(c)(4), section                                    |                    |               |   |  |
|       | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   | 'No" OR            | (b) Part I    | II-A, line                              | 3, is                                  |
|       | 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              | al                 |               |   |  |
|       | expenses for which the section 527(f) tax was paid).   |                    | 13.5          |   |  |
| a     | Current year   | ,,,                | <u>2a</u>     |   | <del></del>                            |
| b     | Carryover from last year   |                    | 2b            |   | ······································ |
| C     | Total  |                    | 2c            |   |  |
| 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 exce              | ess                |               |   |  |
|       | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po-              | litical            | 7.3.555       |   |  |
|       | expenditures next year?  |                    | 4             |   |  |
|       | Taxable amount of lobbying and political expenditures. See instructions  |                    | 5             |   |  |
| Parl  | IV: Supplemental Information   |                    |               |   |  |
| rovio | te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | ist); Part II/     | A, lines 1 ar | nd 2 (see                               |  |
| nstru | ctions); and Part II·B, line 1. Also, complete this part for any additional information.                           |                    |               |   |  |
|       |  |                    |               |   |  |
|       |  |                    |               |   |  |
|       |  |                    |               |   |  |
|       | •  | şî î               |               |   |  |
|       |  |                    |               |   | *****                                  |
|       |  |                    |               |   |  |
|       |  |                    |               |   |  |
|       |  |                    |               |   |  |
|       |  |                    |               |   |  |
|       |  |                    |               |   |  |

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

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

OMB No. 1545-0047
2023
Open to Public

Open to Public Inspection

Name of the organization Employer identification number VITAE FOUNDATION 43-1138252 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 ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, 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 tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d 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 Assets included in Form 990, Part X

|          |   |                       |             |                   |                     | T. T. Man                              |                             |                      |               |                     |
|----------|---|-----------------------|-------------|-------------------|---------------------|--|-----------------------------|----------------------|---------------|---------------------|
| Schr     | edule D (Form 990) 2023 VITAE F   | OUNDATION             |             |                   | . +                 | <del>justită</del>                     |                             | 43-11                | .38252        | 2 Page 2            |
| Pa       | rt III   Organizations Maintaining C  |                       | t, Hist     | torical Tre       | asures, o           | or Othe                                | r Simil                     | ar Asset             | S (contin     |                     |
| 3        | Using the organization's acquisition, accessi                                       | on, and other record  | s. chec     | k anv of the f    | following the       | at make s                              | ignifican                   | t use of its         | 1001101       |                     |
| _        | collection items (check all that apply).  | <b>,</b>              | -,          | <b>,</b>          |                     |  |                             |                      |               |                     |
| а        |   | c                     | Г           | Loan or exc       | hange prog          | ram                                    |                             |                      |               |                     |
| b        |   | é                     |             | Other             |                     |  |                             |                      |               |                     |
| ç        | r <del></del>   | •                     |             |                   |                     |  |                             |                      |               |                     |
| 4        | Provide a description of the organization's co                                      | liections and explain | how t       | hev further th    | e organizati        | inn's exe                              | mnt num                     | ose in Pari          | XIII          |                     |
| 5        | During the year, did the organization solicit o                                     | •                     |             | •                 | •                   |  | , , ,                       | OOO IIII UII         | . 7(11)2      |                     |
| •        | to be sold to raise funds rather than to be ma                                      |                       |             |                   |                     |  |                             | Γ-                   | Yes           | ☐ No                |
| Pa       | rt V: Escrow and Custodial Arran  |                       |             |                   |                     |  |                             |                      |               |                     |
| ,        | reported an amount on Form 990, Par   |                       | 10 11 11 10 | organization      | 1 CHICATOROG        | 103 011                                | 7 01111 00                  | Of the care          | 110 0, 01     |                     |
| 1a       | Is the organization an agent, trustee, custodi                                      |                       | liany for   | contribution      | s or other a        | ssets not                              | Included                    | 1                    |               |                     |
|          | on Form 990, Part X?  |                       | -           |                   |                     |  |                             |                      | Yes           | ☐ No                |
| h        | If "Yes," explain the arrangement in Part XIII                                      |                       |             |                   |                     |  | 1 - 2 1 - 2 7 - 1 + 2 4 4 4 |                      |               |                     |
| u        | ii 163, explain the distriguition iii at Alli                                       | and complete the for  | owing       | tatio.            |                     |  |                             | <u> </u>             | Amount        |                     |
| _        | Peginning helenop   |                       |             |                   |                     |  | . 1c                        | <del> </del>         |               | ·····               |
| نا       | Beginning balance   |                       |             |                   |                     |  |                             |                      |               |                     |
| ū        | Additions during the year   |                       |             |                   |                     |  |                             | 1                    |               |                     |
| 4        | Distributions during the year   |                       |             |                   |                     |  | <u>1e</u>                   |                      |               |                     |
| I<br>On  | Ending balance  Did the organization include an amount on Fe                        |                       |             |                   |                     |  | ••                          | <del></del> -        | Yes           | □ No                |
|          | •   | •                     | •           |                   |                     |  | нгу г                       |                      | res           | INO                 |
|          | If "Yes," explain the arrangement in Part XIII.  rt V   Endowment Funds Complete if |                       |             |                   |                     |  | Λ                           |                      |               |                     |
|          | CT   LILED THIS OF WILLIAM COMPLETE II  | (a) Current year      |             | rior year         | (c) Two year        |  |                             | years back           | (e) Four      | years back          |
| 4        | Decisaries of year balance  | 275,475,              | (2)         | 319,169,          |                     | 2,401,                                 | (4) 111100                  | 241,959.             |               | 132,267.            |
|          | Beginning of year balance   | 213,310,              |             | 010,1004          | 20                  | B, 302,                                |                             | 60,000.              | <del> </del>  | 109,000.            |
| b        | Contributions   | 42,017.               |             | -43,694.          | 1                   | 6,768.                                 |                             | 442.                 | <del> </del>  | 692                 |
| C        | Net investment earnings, gains, and losses  | 42,017.               |             | -43,034.          |                     | 0,1001                                 |                             | 374,                 |               | 0.72.               |
| ď        | •   |                       |             |                   |                     |  |                             |                      |               |                     |
| e        | Other expenditures for facilities   |                       |             |                   |                     |  |                             |                      |               |                     |
| _        | and programs  |                       |             |                   |                     |  | :                           |                      |               |                     |
|          | Administrative expenses   | 317,492.              |             | 275,475,          | 31                  | 9,169,                                 |                             | 302,401.             | <b> </b>      | 241,959.            |
| _        | End of year balance   |                       | n           |                   |                     | 7,103,1                                |                             | JUL, 101.            | I             | 241,300.            |
| 2        | Provide the estimated percentage of the curr  |                       |             | g, column (a))    | nelo as:            |  |                             |                      |               |                     |
|          | Board designated or quasi-endowment   |                       | _%          |                   |                     |  |                             |                      |               |                     |
|          | Permanent endowment   | %                     |             |                   |                     |  |                             |                      |               |                     |
| ¢        |   | 6<br>dd a mael d 0000 |             |                   |                     |  |                             |                      |               |                     |
|          | The percentages on lines 2a, 2b, and 2c shou  |                       |             | مرم لوام يا سيم ا | 4 -4-1-1-1-1        |  |                             |                      |               |                     |
| за       | Are there endowment funds not in the posses   | sion of the organiza  | uon tna     | t are neid an     | a administe         | rea for th                             | 10                          |                      | Г             | Yes No              |
|          | organization by:  |                       |             |                   |                     |  |                             |                      | _ <del></del> | X                   |
|          | (i) Unrelated organizations?  |                       |             |                   |                     |  |                             |                      | 3a(i)         | $\frac{\lambda}{x}$ |
|          | (ii) Related organizations?   |                       |             |                   |                     |  | ***********                 |                      | 3a(ii)        | ^_                  |
| b        | If "Yes" on line 3a(ii), are the related organizat                                  |                       |             |                   |                     | •••••                                  | 101101717000                |                      | 3b            |                     |
| 4<br>Dan | Describe in Part XIII the intended uses of the tVIII Land, Buildings, and Equipme   |                       | vment f     | unds.             |                     |  |                             |                      |               |                     |
| rai      | t Vi Land, Buildings, and Equipme<br>Complete if the organization answered          |                       | Dort N      | i lina 11a Sa     | o Form 000          | Dort V                                 | lian 10                     |                      |               |                     |
|          | ···   |                       |             | <del></del>       |                     |  |                             | ,                    | 7.11 Pr - 22  |                     |
|          | Description of property   | (a) Cost or ot        |             | (b) Cost          |                     |  | ccumulat<br>oreciation      |                      | (d) Book      | value               |
|          |   | basis (Investm        | e1st)       | basis (d          | oui <del>o</del> i) | 1,000                                  | or coratiol                 | •<br>(%) (1) (4) (1) |               |                     |
|          | Land  | <b>I</b>              |             | 0.01              | 710                 | ************************************** | ) <b>C</b> A A              | 11                   | 1             | 207                 |
| b        | Buildings   |                       |             | ∠0:               | 5,718.              |  | 264,4                       | 11,                  |               | ,307.               |

21,081. Schedule D (Form 990) 2023

26,680.

46,454.

c Leasehold Improvements

d Equipment

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c., column (B)).

| Schedule D (Form 990) 2023 VITAE FOUND   | ATTON                                 | Emercia.  | 43-1138252 Page 3                     |
|--|---------------------------------------|---|---------------------------------------|
| Part VII Investments - Other Securities  | 11 1 2 0 2 1                          |   | 10 1100101 1200                       |
| Complete if the organization answered "Yes"  | on Form 990, Part IV, line            |   |                                       |
| (a) Description of security or category (including name of security)   | (b) Book value                        | (c) Method of valuation: Cost   | or end-of-year market value           |
| (1) Financial derivatives  |                                       |   |                                       |
| (2) Closely held equity interests  |                                       |   |                                       |
| (3) Other  | 1 116 508                             | END OF WEAD WAD   | TETTOTI TEN Y YAYT                    |
| (A) INVESTMENTS  | 1,116,507.                            | END-OF-YEAR MAR   | KET VALUE                             |
| (B)  |                                       |   |                                       |
| (C)<br>(D)   |                                       |   |                                       |
| (E)  |                                       |   |                                       |
| (F)  |                                       |   |                                       |
| (G)  |                                       |   |                                       |
| (H)  |                                       |   |                                       |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))    Part VIII   Investments - Program Related. | 1,116,507.                            |   |                                       |
| Complete if the organization answered "Yes"  | on Form 990, Part IV, line            |   |                                       |
| (a) Description of investment  | (b) Book value                        | (c) Method of valuation: Cost   | or end-of-year market value           |
| . (1)  |                                       |   |                                       |
| (2)  |                                       |   | <u></u>                               |
| (3)  |                                       |   |                                       |
| (4)  |                                       |   |                                       |
| (5)  |                                       |   |                                       |
| (6)  |                                       |   | · · · · · · · · · · · · · · · · · · · |
| (7)<br>(8)   |                                       |   |                                       |
| (9)  |                                       |   |                                       |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))   |                                       | es a Roman de la companya de la companya de la companya de la companya de la companya de la companya de la comp |                                       |
| Part IX Other Assets   |                                       |   |                                       |
| Complete if the organization answered "Yes" of   |                                       | 11d. See Form 990, Part X, line 15.   |                                       |
| (a) +  | Description                           |   | (b) Book value                        |
| (1)  |                                       |   |                                       |
| (2)  |                                       |   |                                       |
| (3)  |                                       |   |                                       |
| (4)  |                                       |   |                                       |
| (6)  |                                       |   |                                       |
| (7)  |                                       |   |                                       |
| (8)  |                                       |   |                                       |
| (9)  |                                       |   |                                       |
| Total. (Column (b) must equal Form 990. Part X. line 15, col.<br>Part X.   Other Liabilities                   | <i>(B)</i> )                          |   |                                       |
| Complete if the organization answered "Yes" of   | on Form 990, Part IV, line 1          | 1e or 11f. See Form 990, Part X, li   | ne 25.                                |
| (a) Description of liability   |                                       |   | (b) Book value                        |
| (1) Federal income taxes   |                                       |   |                                       |
| (2) OPERATING LEASE - LONG TER   | M                                     |   | 69,020.                               |
| (3)  |                                       |   |                                       |
| (4)  |                                       |   |                                       |
| (5)  |                                       |   |                                       |
| (6)  | · · · · · · · · · · · · · · · · · · · | <u></u>   | <u></u>                               |
| (7)  |                                       |   |                                       |
| (8)  |                                       | · · · · · · · · · · · · · · · · · · ·   |                                       |
| otal. (Column (b) must equal Form 990, Part X, line 25, col.   | (B))                                  | (pd (be) b) 14+ 50+ e+++++++++++++++++++++++++++++++++  | 69,020.                               |

Total. (Column (b) must equal Form 990, Part X. line 25, col. (B))

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

| Pa      | Reconciliation of Revenue per Audited Financial Statements \   | With F      | levenue per Re                          | turn                                  |                    |
|---------|--|-------------|---|---------------------------------------|--------------------|
|         | Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 12a.  |             |   |                                       | 4 FCC 000          |
| 1       |  | ********    | .,                                      | 1                                     | 4,566,230.         |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |             | 444                                     |                                       |                    |
| а       | <del>-</del>   | 2a          | 104,797.                                |                                       |                    |
| b       |  | <u>2b</u>   | 63,469.                                 |                                       |                    |
| ¢       | Recoveries of prior year grants  | <u>}c</u>   |   |                                       |                    |
| þ       |  | <u>}d</u>   | 404,580.                                |                                       |                    |
| e       | Add lines 2a through 2d  |             | *************************************** | 2e                                    | 572,846.           |
| 3       | Subtract line 2e from line 1   | ******      | *************************************** | 3                                     | 3,993,384.         |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |             |   |                                       |                    |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b   | la          | 4,762.                                  |                                       |                    |
| b       | Other (Describe in Part XIII.)   | lb          |   |                                       |                    |
| C       | Add lines 4a and 4b  |             |   | 4c                                    | 4,762.             |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |             |   | 5                                     | 3,998,146.         |
| Pa      | TXII   Reconciliation of Expenses per Audited Financial Statements   | With        | Expenses per R                          | eturr                                 |                    |
|         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a,  |             | ,                                       |                                       |                    |
| 1       | Total expenses and losses per audited financial statements   |             |   | 1                                     | 3,732,740.         |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |             | 1(1)                                    | 13.4                                  |                    |
| а       |  | al          | 63,469.                                 |                                       |                    |
|         |  | 26          |   |                                       |                    |
| G       |  | c           |   | 34.13                                 |                    |
| ď       |  | d           | 364,373.                                |                                       |                    |
|         | 1  |             | · · · · · · · · · · · · · · · · · · ·   | 2e                                    | 427,842.           |
|         | Add lines 2a through 2d  |             |   | 3                                     | 3,304,898.         |
| 3       | Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:   | **********  | ****************                        | 944                                   | <u> </u>           |
| 4       |  | _ 1         | 4,762.                                  |                                       |                    |
| a       | Investment expenses not included on Form 990, Part VIII, line 7b   | b l         | 2,7021                                  |                                       |                    |
| b       |  | <del></del> |   | ** ****                               | 4,762.             |
| -       | Add lines 4a and 4b  |             | · · · · · · · · · · · · · · · · · · ·   | 4c                                    | 3,309,660.         |
|         | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |             |   | 5                                     | 3,303,0001         |
|         | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line   | 00 1h n     | ad 2h: Dart V. lino 4:                  | Dart Y                                | line 2: Dart VI    |
|         | ·  |             |   | ran A                                 | , 1110 2, rait XI, |
| mes     | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional  | HHOHIE      | KIOI),                                  |                                       |                    |
|         |  |             |   |                                       |                    |
| מגם     | T V, LINE 4:   |             |   |                                       |                    |
| EWI     | I V, DIND Z:   |             |   | <u></u>                               |                    |
| THE     | ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED  | ጥር 1        | BE USED AS                              | A T                                   | ONG TERM           |
| 1111    | ORGANIBATION D BADOMMENT FORDE AND INTERNET  | 10 1        | DE COMP AND                             | ** **                                 | /VX10 1131111      |
| ተ አተና / | ESTMENT FUND.  |             |   |                                       |                    |
| TTAA    | DULIMINE I CHU.  |             |   |                                       |                    |
|         |  |             |   |                                       |                    |
|         |  |             |   |                                       |                    |
| D 7A TD | T XI, LINE 2D - OTHER ADJUSTMENTS:   |             |   |                                       |                    |
| LAI     | T AL, HIRD AD OTHER ADOOD HERE   |             | ······                                  |                                       |                    |
| a T r   | ECT EXPENSE OF SPECIAL EVENT   |             |   |                                       | 404,580.           |
| 711     | ECI EXEMOR OF DEECTAD BARMI  |             |   |                                       | 404/3001           |
|         |  |             |   |                                       |                    |
|         |  | ··········  |   |                                       |                    |
| RAC     | T XII, LINE 2D - OTHER ADJUSTMENTS:  |             |   |                                       |                    |
| 4741    | we are the property of the state of the stat |             |   |                                       |                    |
| TR      | ECT EXPENSE OF SPECIAL EVENT   |             |   |                                       | 404,580.           |
|         | www manufactured with your field which shall had I defect to   |             |   |                                       |                    |
| न.इट    | DGE WRITE-OFFS   |             |   |                                       | -40,207.           |
| قديم.   |  |             |   | · · · · · · · · · · · · · · · · · · · |                    |
| rO#     | AL TO SCHEDULE D, PART XII, LINE 2D  |             |   |                                       | 364,373.           |
|         |  |             |   |                                       |                    |

| Schedule D (Form 990) 2023 V<br>Part XIII   Supplemental Informa | ITAE FOUNDATION  | * *****                                 | 43~1138252 Page 5 |
|--|------------------|---|-------------------|
| Part XIII   Supplemental Informa                                 | tion (continued) |   |                   |
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#### SCHEDULE G (Form 990)

### Supplemental information Regarding Fundralsing or Gailling Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

VITAE FOUNDATION

Go to www.irs.gov/Formssuctions and the latest information.

Employer identification number

43-1138252

| Part I Fundraising Activities required to complete this par  | <ul> <li>Complete if the organization answert.</li> </ul>  | red "Y  | 'es" or  | n Form 990, Part IV,  | line 17. Form 990-E2   | filers are not  |
|--|--|---|--|---|--|---|
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b if "Yes," list the 10 highest paid indicompensated at least \$5,000 by the | e Solicita  f Solicita g Special  or oral agreement with any individual  lart VII) or entity in connection with providuals or entities (fundraisers) pursus  | tion of<br>tion of<br>fundra<br>(include<br>rofessi | non-g<br>gover<br>alsing<br>ling of<br>onal fo | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? | Yes  |   |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity  | (III)<br>funds<br>have c<br>or cor<br>contrib       | trol of  | (iv) Gross receipts<br>from activity  | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |  | Yes   | No   |   |  |   |
|  | · · · · · · · · · · · · · · · · · · ·  |   |  |   |  | <u> </u>  |
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| Total  | a is registered or licensed to solicit or  |   |  | or has been notified  | t is exempt from red   | istration   |
| or licensing.  | The registered of incorned to conjunct   |   |  | 0) 3140 0001 110111104  |  |   |
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|-----------------|-----|--|-------------------------|------------------|----------|----------------|------------|-------------------|----------|--------------------------------|
| -               |     |  | OUNDATION               |                  |          |                |            |                   |          | 1138252 Page 2                 |
| P               | art | II: Fundraising Events. Complete if the of fundraising event contributions and great properties.   |                         |                  |          |                |            |                   |          |                                |
|                 | Τ   | of full draising event contributions and gr  | (a) Event #1            | 1 990            | 7-2,     | (b) Event      |            | (c) Other events  |          | s greater triair \$5,000.      |
|                 |     |  | (a) Event #1            |                  |          | (D) EVOIR      | 112        | (c) Other events  |          | (d) Total events               |
|                 |     |  | DAMOTIEM                |                  | D 74     | NQUET          |            | 1                 | 0        | (add col. (a) through          |
|                 |     |  | BANQUET<br>(event type) |                  | DA       | (event typ     | ·0)        | (total number)    | <u>-</u> | col. (c))                      |
| Ġ               | ļ   |  | (even type)             |                  | +-       | (event typ     | ·e)        | (total Humber)    | —        |                                |
| Revenue         | ١.  | <b>A</b>   | 647,1                   | 26               |          | 198,           | 700        | 926,94            | ٥        | 1,772,865.                     |
| æ               | 1   | Gross receipts   | 04/,1                   | 40.              | +-       | 130,           | 130.       | 320,34            |          | 1,114,005.                     |
|                 | ١.  | Lance Contributions  | 622,5                   | 62               |          | 187,           | 800        | 834,48            | à        | 1,644,941.                     |
|                 | 2   | Less: Contributions  | 022,3                   | <i>3 &amp;</i> • | +        | 1011           | 030.       | 034,40            | <u></u>  | x,044,044,                     |
|                 | ,   | Gross income (line 1 minus line 2)   | 24,5                    | 54.              | 1        | 10.            | 900.       | 92,46             | ٥.       | 127,924.                       |
| ******          | 3   | Choos moonie talle i marca alle 2/   |                         | <u> </u>         | +        |                | 3000       |                   | <u> </u> |                                |
|                 | ۸   | Cash prizes  |                         |                  |          |                |            |                   |          |                                |
|                 |     | manufacture and the second sec |                         |                  | 1        |                |            |                   |          |                                |
|                 | 5   | Noncash prizes   | 5                       | 41.              |          | _              | 185.       | 6,46              | 1.       | 7,187.                         |
| ×               | ~   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                         |                  | 1        |                |            |                   |          | 4                              |
| 82              | ۾   | Rent/facility costs  | 49                      | 90.              |          | 10,            | 917.       | 60,33             | 8.       | 71,745.                        |
| Direct Expenses | ľ   | manufacture and the second   |                         |                  |          |                |            |                   |          |                                |
| #<br>#          | 7   | Food and beverages   | . 29,1                  | 18.              |          | 25,            | 414.       | 75,49             | 1.       | 130,053.                       |
| ire.            | •   |  |                         |                  | 1        |                |            |                   |          |                                |
| ч               | A   | Entertainment  | -                       |                  | 1        |                |            |                   |          |                                |
|                 |     | Other direct expenses  | 11,69                   | 59.              | 1        | 30,            | 192.       | 153,74            | 4.       | 195,595.                       |
|                 |     | Direct expense summary, Add lines 4 through  | 9 in column (d)         |                  |          |                |            |                   |          | 404,580.                       |
|                 |     | Net income summary, Subtract line 10 from li   |                         |                  |          |                |            |                   |          | -276,656.                      |
| Pa              |     | II Gaming. Complete if the organization  | enswered "Yes" on       | Form             | 1990     | Part IV, line  | e 19, or r | eported more than |          |                                |
| ··········      |     | \$15,000 on Form 990-EZ, line 6a.  |                         |                  |          |                |            |                   | 4        |                                |
| _,,,,,          |     |  | (a) Pings               |                  | 0        | ) Pull tabs/in | stant      | (c) Other gaming  |          | (d) Total gaming (add          |
| E.              |     |  | (a) Bingo               |                  | bing     | o/progressiv   | e bingo    | (c) Oner gaming   |          | col. (a) through col. (c))     |
| eve             |     |  |                         |                  |          |                | Ì          |                   |          |                                |
| œ               | 1   | Gross revenue  |                         |                  | <u></u>  |                |            |                   |          |                                |
|                 |     |  |                         |                  |          |                |            |                   |          |                                |
| ø               | 2   | Cash prizes  |                         |                  | <u> </u> |                |            |                   |          |                                |
| Expenses        |     |  |                         |                  |          |                |            |                   |          |                                |
| ë               | 3   | Noncash prizes   |                         |                  | <u> </u> |                |            |                   |          |                                |
| ú               |     |  |                         |                  |          |                | İ          |                   |          |                                |
| Oirect          | 4   | Rent/facility costs  | .,                      |                  | <u> </u> |                |            |                   |          |                                |
|                 |     |  |                         |                  |          |                |            |                   |          |                                |
|                 | 5   | Other direct expenses  |                         |                  | <b> </b> |                |            |                   |          |                                |
| ļ               |     |  | Yes                     | _ %              | 쁘        | Yes            | %          | Yes               | %        |                                |
| 1               | 6   | Volunteer labor  | No                      |                  | <u> </u> | No             |            | No No             |          | Physical activities and a con- |

7 Direct expense summary. Add lines 2 through 5 in column (d)

a is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_ Yes

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

| <br>     | <br> | <br> |
|----------|------|------|
| <br>     |      |      |
|          |      | <br> |
| Schedule |      | <br> |

b if "No," explain: \_\_\_

b if "Yes," explain:

| Sch | nedule G (Form 990) 2023                   | VITAE FO                               | UNDATION   | 43-1                         | 138252          | Page 3  |
|-----|--|--|--|------------------------------|-----------------|---------|
| 11  | Does the organization conduct gan          | ning activities w                      | th nonmembers?   |                              | Yes             | ☐ No    |
| 12  |  |  | of a trust, or a member of a partnership or other en   |                              |                 |         |
|     | to administer charitable gaming?           |  | ***************************************  | **********************       | Yes             | No No   |
| 13  |  | •                                      |  | ı                            | ,               |         |
|     |  |  | ***************************************  |                              | 13a             | %       |
|     |  |  |  |                              | 13b             | %       |
| 14  | Enter the name and address of the          | person who pre                         | pares the organization's gaming/special events boo   | oks and records:             |                 |         |
|     | Name                                       |  |  |                              |                 |         |
|     | Address                                    |  |  |                              | <u> </u>        |         |
| 15a | Does the organization have a contra        | act with a third ;                     | party from whom the organization receives gaming   | revenue?                     | Yes             | ☐ No    |
| k   | If "Yes," enter the amount of gamin        | g revenue recel                        | red by the organization \$   | _ and the amount             |                 |         |
|     | of gaming revenue retained by the t        | third party \$                         | speciments of the control of the con |                              |                 |         |
| Ċ   | : If "Yes," enter name and address or      | f the third party:                     |  |                              |                 |         |
|     | Name                                       | ······································ | i ·  |                              |                 |         |
|     | Address                                    |  |  |                              | · · ·           |         |
| 16  | Gaming manager information:                |  |  |                              |                 |         |
|     | Name                                       |  |  |                              |                 |         |
|     | Coming manager componentian &              |  |  |                              |                 |         |
|     | Gaming manager compensation                | \$                                     | <u> </u>   |                              |                 |         |
|     | Description of services provided           |  |  |                              |                 |         |
|     |  |  |  |                              |                 |         |
|     |  |  |  |                              |                 |         |
|     | Director/officer                           | Employee                               | Independent contractor   |                              |                 |         |
|     |  |  |  |                              |                 |         |
|     | Mandatory distributions:                   |  |  |                              |                 |         |
| a   | • ,  |  | charitable distributions from the gaming proceeds  |                              |                 |         |
| ı.  | Fatar the amount of distributions for      | wite a charit                          | te law to be distributed to other exempt organization  | ano ar annat in the          | Yes             | No      |
| U   | organization's own exempt activities       |  |  | ns or spent in the           |                 |         |
| Pal |  |  | the explanations required by Part I, line 2b, column   | ns (iii) and (v); and Part I | II, Ilnes 9, 9l | o, 10b, |
|     |  |  | rovide any additional information. See instructions.   |                              |                 |         |
|     |  |  |  |                              |                 |         |
|     |  |  |  |                              |                 |         |
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|     | 4W4-04-04-04-04-04-04-04-04-04-04-04-04-04 |  | , , , , , , , , , , , , , , , , , , ,  |                              |                 |         |
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|     |  |  |  |                              | <u>-</u>        |         |
|     |  |  |  |                              |                 |         |

| Schedule G (Form 990) VITAE FOUNDATION  Part IV   Supplemental Information (continued) | 43-1138252 Page 4   |
|--|---|
| Part IV   Supplemental Information (continued)   | **************************************  |
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

| Č | 707 | Open to | Inches |
|---|-----|---------|--------|
|   |     |         |        |
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OMS No. 1545-0047

Employer identification number Sidar ojidar tion

**ջ** □ 43-1138252 X Yes 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 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part I General Information on Grants and Assistance VITAE FOUNDATION criteria used to award the grants or assistance? Name of the organization PartII

| #ROLLTE COMMUNICATIONS  #ROLLTE COMMUNICATIONS  #ROLLTE COMMUNICATIONS  #ROLLTE COMMUNICATIONS  #ROLLTE COMMUNICATIONS  ##ROLLTE COMMUNICATIONS  # | 1 (a) Name and address of organization<br>or government  | (b) EIN            | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of<br>noncash assistance | (h) Purpose of grant<br>or assistance                     | frantaly |
|--|--|--------------------|------------------------------------|--------------------------|----------------------------------|---|--|---|----------|
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  | LIFE ON BELAY INC<br>2977 EWY X #133<br>O'FALLON, MO 63368   | 85-1650345         |                                    | .000,01                  | 0                                |   |  | PROLIFE COMMUNICATIONS                                    |          |
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  |  |                    |                                    |                          |                                  | 1,000   | 744                                      |   |          |
| Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table   |  |                    |                                    |                          |                                  |   | · ·                                      | Maryapan managaran da da da da da da da da da da da da da |          |
| Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table   |  |                    |                                    |                          |                                  |   |  |   | tames &  |
| Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table   | egyla og hanningstærende kallende skallende sk |                    |                                    |                          |                                  |   |  |   | 1        |
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  |  |                    |                                    |                          |                                  |   |  |   |          |
|  |  | ind government org | anizations listed in the           | 1                        |                                  |   |  |   | 1.       |

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

Schedule I (Form 990) 2023

Page 2 Schedule I (Form 990) 2023 (f) Description of noncash assistance 43-1138252 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. RESTRICTED GRANTS ARE MONITORED BY VITAE FOUNDATION, REPORTS ARE REQUIRED 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. (d) Amount of non-cash assistance THE GRANTS AT THE COMPLETION OF THE PROJECTS. (c) Amount of cash grant (b) Number of recipients VITAE FOUNDATION (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) 2023 FOR USE OF 332102 11-01-23 Part III

#### **SCHEDULE L**

(Form 990)

## Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2023

Open to Public Inspection

| Name of the organization         |                                    |  |  |  |                               |   | E           | mploye          | r iden   | tificat  | on nu  | mber   |
|----------------------------------|------------------------------------|--|--|--|-------------------------------|---|-------------|-----------------|--|--|--------|--|
|                                  | VITAE FOU                          | INDATION                                 |  |  |                               |   | 4           | 3-1:            | L382   | 152  |        |  |
| Part   Excess Be                 | nefit Transact                     | ions (section 5                          | 01(c)(3  | 3), sect   | ion 501(c)(4), and se         | ction 501(c)(29)                              | organiza    | tions o         | nly)   |  |        |  |
| Complete if th                   | e organization ans                 | wered "Yes" on                           | Form !   | 990, P   | art IV, line 25a or 25l       | o; or Form 990-E                              | z, Part \   | , line 4        | 0b.  |  |        |  |
| (a) Name of disqualified         | d norson (b)                       | Relationship bet                         |  |  | lified ,                      | c) Description of                             | transon     | tion            |  | (d)  | Corre  | cted?  |
| (a) Manie or disdognine          | ) beison                           | person and o                             | rganiz   | ation  |                               | c) Description of                             | Haribac     | GOH             |  | _ Y  | es     | No   |
| (1)                              |                                    |  |  |  |                               |   |             |                 |  |  |        |  |
| (2)                              |                                    |  |  |  |                               |   |             |                 |  |  |        |  |
| (3)                              |                                    |  |  |  |                               |   |             |                 |  |  |        |  |
| (4)                              |                                    | - 1 · 1· · · · · · · · · · · · · · · · · |  |  |                               |   |             |                 |  |  |        |  |
| (5)                              |                                    |  |  | ······································           |                               |   |             |                 |  |  | -      |  |
| (6)                              |                                    |  |  |  | ļ                             |   |             |                 |  |  |        |  |
| 2 Enter the amount of ta         | •                                  | _  | -  |  | •                             |   |             |                 |  |  |        |  |
|                                  |                                    |  |  |  |                               |   |             | ••••            | ·  |  |        |  |
| 3 Enter the amount of ta         | x, if any, on line 2,              | above, relmburs                          | ed by  | the or   | ganization                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       |             | \$              | ·  | ···  |        | <del></del>  |
| Dort II. Loons to or             | nd/or From In                      | orantad Dare                             | 2000   |  |                               |   |             | <del></del>     |  |  |        |  |
| L                                |                                    |  |  |  | D. 111 II. 00                 | E 000 D                                       | . t. 12 Cu  |                 | 1  |  |        |  |
| ·                                | ~                                  |  |  |  | , Part V, line 38a, or        | Form 990, Part I                              | v, line 2   | o; or it t      | ne org   | anızatı  | on     |  |
|                                  | nount on Form 990                  | ·  |  | 2.<br>pan to or                                  | (-) O                         |   |             |                 | Kh) Ac   | proved   | en 14  | /ritten  |
| (a) Name of<br>interested person | (b) Relationship with organization |  | fror   | m the  | (e) Original principal amount | (f) Balance du                                |             | g) In<br>fault? | by bo  | proved<br>pard or<br>nittee?                     | auree  | ment?  |
| midiana parawi                   | Trust Organization                 |  | -  | ization?   |                               | [   | Va          | No.             |  | 1  | -      | 1  |
|                                  |                                    |  | 10   | From   |                               |   | Ye          | s No            | 165  | No   | Yes    | No   |
| (1)                              | ·····                              |  | ╁  | -  |                               |   |             | <del></del>     | ┼──  | ┼──  |        |  |
| (2)                              |                                    |  | $\vdash$   | <del>                                     </del> |                               |   | -           |                 | 1  | <del> </del>                                     |        | <del> </del>   |
| (3)                              |                                    | <del> </del>                             | <del> </del>                                     | 1  |                               |   |             | +               | +  | <del> </del>                                     | -      | <del>                                     </del>   |
| <u>(4)</u>                       |                                    | <u> </u>                                 | <del>                                     </del> |  |                               | <u>, , , , , , , , , , , , , , , , , , , </u> |             |                 | t  | <b>†</b> —                                       | _      | $\vdash$   |
| (5)<br>(6)                       |                                    | <del> </del>                             | <del> </del>                                     |  |                               |   |             | <del> </del>    |  | <del>                                     </del> |        | <b> </b>   |
| (7)                              |                                    |  | <u> </u>   | 1  |                               |   |             |                 | <del>                                     </del> | <del> </del>                                     |        |  |
| (8)                              |                                    | <u> </u>                                 | 1  |  |                               |   |             |                 | <del>                                     </del> | <b> </b>   |        | <del> </del>   |
| (9)                              |                                    |  | 1  |  |                               |   |             |                 | <b>†</b>   | 1  |        |  |
| (10)                             |                                    |  | T  |  | .,                            |   |             |                 |  |  |        | ***************************************  |
| Total                            |                                    | <u></u>                                  |  | ····   | \$                            |   | 77.0        |                 | \$ 1.55 tag                                      |  | (60%)  | e de la companya de l |
| Part III Grants or A             | ssistance Ber                      | nefiting Inter                           | estec  | d Per  | sons                          |   |             |                 | , <u></u>  |  |        |  |
| Complete if the                  | organization ansv                  | vered "Yes" on F                         | orm 9  | 190, Pa  | rt IV, line 27.               | I   |             |                 |  |  |        |  |
| (a) Name of interested           |                                    | (b) Relationship                         |  |  | (c) Amount of                 | (d) T   | ype of      |                 | le   | ) Purp   | ose of | 1  |
| (4)                              | , r -11.                           | interested pers                          | on an  |  | assistance                    |   | tance       |                 |  | assista  |        |  |
|                                  |                                    | the organiza                             | tion   |  |                               | 1   |             | l               |  |  |        |  |
| (1)                              |                                    |  |  |  |                               |   |             |                 |  | ***************************************          |        |  |
| (2)                              |                                    |  |  |  |                               |   | <del></del> |                 |  |  |        |  |
| (3)                              |                                    |  |  |  |                               |   |             |                 |  |  |        |  |
| (4)                              |                                    |  |  |  |                               |   |             |                 |  |  |        |  |
| (6)                              |                                    |  |  |  |                               |   |             |                 |  |  |        |  |
| (6)                              |                                    |  |  |  |                               |   |             |                 |  |  |        |  |
| (7)                              |                                    |  |  |  |                               |   |             |                 |  |  |        |  |
| (2)                              |                                    |  |  |  |                               |   |             | T               |  |  |        |  |

(9) (10)

| (a) Name of inte   | erested person                        | (b) Relationship between interested person and the organization | (c) Amount of transaction              | (d) Description of transaction | (e) Sha<br>organiz<br>reven           | ation's                                |  |  |  |  |
|--|---------------------------------------|---|--|--------------------------------|---------------------------------------|--|--|--|--|--|
|  |                                       | _   |  |                                | Yes                                   | No                                     |  |  |  |  |
| (1)MICHAEL LAN   | DWEHR                                 | SON OF CARL LANDWEH   | 0.                                     | MICHAEL WOR                    |                                       | X                                      |  |  |  |  |
| (2)MATTHEW LAN   |                                       | SON OF CARL LANDWEH   | 0.                                     | MATTHEW WOR                    |                                       | Х                                      |  |  |  |  |
| (3)JOHN LANDWE   | HR                                    | BROTHER OF CARL LAN   | 0.                                     | JOHN IS A M                    |                                       | X                                      |  |  |  |  |
| (4)LORI STOKES   |                                       | LORI, SISTER-IN-LAW   |  | LORI WAS A                     |                                       | Х                                      |  |  |  |  |
| (5)DOUG BAX  | · · · · · · · · · · · · · · · · · · · | CURRENTLY ONE OF TH   |  | DOUG IS AN                     |                                       | Х                                      |  |  |  |  |
| (6)MATTHEW MEE   | KS                                    | HUSBAND TO BRANDY M   | 0.                                     | MATTHEW IS                     |                                       | Х                                      |  |  |  |  |
| (7)  |                                       |   |  |                                |                                       |  |  |  |  |  |
| (8)  |                                       |   |  |                                |                                       |  |  |  |  |  |
| <u>(9)</u><br>(10)   |                                       |   |  |                                |                                       |  |  |  |  |  |
|  | ental Information                     |   |  |                                |                                       |  |  |  |  |  |
| harmonia and the second  |                                       | nses to questions on Schedule L. See in                         | nstructions.                           |                                | <u>.</u>                              |  |  |  |  |  |
| SCH L. PART I  | V. BUSINESS T                         | RANSACTIONS INVOLVING   | G INTERESTE                            | D PERSONS:                     |                                       |  |  |  |  |  |
|  | ERSON: MICHAE                         | ***************************************                         | ************************************** |                                |                                       | ************************************** |  |  |  |  |
|  |                                       | NTERESTED PERSON AND  | ORGANTZATT                             | ON:                            |                                       | -                                      |  |  |  |  |
|  |                                       |   | V45V45444444444                        |                                |                                       |  |  |  |  |  |
| SON OF CARL LANDWEHR, EMPLOYEE OF VITAE.  (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O |                                       |   |  |                                |                                       |  |  |  |  |  |
| (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O   |                                       |   |  |                                |                                       |  |  |  |  |  |
| (D) DESCRIPTION OF TRANSACTION: MICHAEL WORKS FOR WELLS FARGO, WHICH                     |                                       |   |  |                                |                                       |  |  |  |  |  |
| ASSISTED IN STOCK DONATIONS.   |                                       |   |  |                                |                                       |  |  |  |  |  |
| (E) SHARING OF ORGANIZATION REVENUES? = NO   |                                       |   |  |                                |                                       |  |  |  |  |  |
| (A) NAME OF PERSON: MATTHEW LANDWEHR   |                                       |   |  |                                |                                       |  |  |  |  |  |
| (B) RELATIONS  | HIP BETWEEN IN                        | TERESTED PERSON AND   | ORGANIZATIO                            | ON:                            |                                       |  |  |  |  |  |
| SON OF CARL LA   | ANDWEHR, EMPLO                        | YEE OF VITAE.   | ······································ |                                | ·                                     |  |  |  |  |  |
| (C) AMOUNT OF  | TRANSACTION S                         | (D) DESCRIPTION O   |  |                                |                                       |  |  |  |  |  |
| (D) DESCRIPTION  | ON OF TRANSACT                        | ION: MATTHEW WORKS E  | OR THOMPSOI                            | N-COBURN, WE                   | IICH                                  |  |  |  |  |  |
| THE FIRM AND (   | OTHER ATTORNEY                        | S ASSISTED WITH LEGA  | L ADVICE.                              |                                |                                       |  |  |  |  |  |
| (E) SHARING OF   | F ORGANIZATION                        | REVENUES? = NO  | VIII                                   |                                |                                       |  |  |  |  |  |
|  |                                       |   |  |                                | <del></del>                           |  |  |  |  |  |
| (A) NAME OF PE   |                                       |   |  |                                | · · · · · · · · · · · · · · · · · · · | -                                      |  |  |  |  |
| (B) RELATIONSE   | HIP BETWEEN IN                        | TERESTED PERSON AND   | ORGANIZATIO                            | ON:                            |                                       | ***********                            |  |  |  |  |
| ROTHER OF CAF  | RL LANDWEHR, E                        | MPLOYEE OF VITAE  |  |                                |                                       | ببسيسيب                                |  |  |  |  |

| Part V Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions). |
|--|
| (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O   |
| (D) DESCRIPTION OF TRANSACTION: JOHN IS A MEMBER OF COOK, VETTER,  |
| DOERHOFF & LANDWEHR PC WHICH PROVIDED LEGAL COUNSEL TO VITAE FOUNDATION  |
| ON A FEE BASIS.  |
| (E) SHARING OF ORGANIZATION REVENUES? = NO   |
|  |
| (A) NAME OF PERSON: LORI STOKES  |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:   |
| LORI, SISTER-IN-LAW OF DEBBIE STOKES, PRESIDENT OF VITAE UNTIL SEPT 2022.  |
| (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O   |
| (D) DESCRIPTION OF TRANSACTION: LORI WAS A CO-OWNER OF ACCUDATA, WHICH   |
| PROVIDED VITAE WITH BACKGROUND AND CREDIT INFORMATION FOR NEW EMPLOYEES.   |
| (E) SHARING OF ORGANIZATION REVENUES? = NO   |
|  |
| (A) NAME OF PERSON: DOUG BAX   |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:   |
| CURRENTLY ONE OF THE VITAE FOUNDATION BOARD OF DIRECTORS AS OF NOVEMBER 2023   |
| (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O   |
| (D) DESCRIPTION OF TRANSACTION: DOUG IS AN EMPLOYEE AT LEARFIELD   |
| COMMUNICATIONS, WHICH PROVIDES RADIO ADVERTISING WITH THE MIZZOU SPORTS  |
| FOR VITAE FOUNDATION   |
| (E) SHARING OF ORGANIZATION REVENUES? = NO   |
|  |
| (A) NAME OF PERSON: MATTHEW MEEKS  |
| (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:   |
| HUSBAND TO BRANDY MEEKS, CURRENT PRESIDENT   |
| (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O   |
| (D) DESCRIPTION OF TRANSACTION: MATTHEW IS THE OWNER OF CORNERSTONE  |
|  |

332461 04-01-23

Schedule L (Form 990)

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Inspection 🤾

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer identification number 43-1138252 VITAE FOUNDATION

| Pai | rt 1   | Types of Property                             |  |   |  |   |   |         |             |
|-----|--------|---|--|---|--|---|---|---------|-------------|
|     |        |   | (a)<br>Check if<br>applicable          | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | etermin                                 |         | <b>s</b>    |
| 1   | Art -  | Works of art                                  |  |   |  |   |   |         |             |
| 2   |        | Historical treasures                          |  |   |  |   |   |         |             |
| 3   |        | Fractional interests                          |  |   |  |   |   |         |             |
| 4   |        | s and publications                            |  | ana an Mari   |  |   |   |         |             |
| 5   |        | ling and household goods                      |  | <u> </u>  | <del></del>  |   |   |         |             |
| 6   |        | and other vehicles                            | <b> </b>                               |   |  |   |   |         |             |
| 7   |        | s and planes                                  | <b></b>                                |   |  |   |   |         |             |
| 8   |        | ectual property                               |  |   |  |   |   |         |             |
| 9   |        | rities · Publicly traded                      | X                                      | 12  | 310,649.   | STOCK VALUE                             |   |         |             |
| 10  |        | rities - Closely held stock                   |  |   |  |   |   |         |             |
| 11  |        | ritles - Partnership, LLC, or                 |  |   |  |   |   | ····    |             |
| } I |        |   | İ                                      |   |  |   |   |         |             |
| 12  |        | interests                                     |  |   |  |   |   |         |             |
| 13  |        | fied conservation contribution -              |  |   |  |   |   |         |             |
| 10  |        | ric structures                                |  |   |  |   |   |         |             |
| 14  |        | fied conservation contribution - Other        |  |   |  |   |   |         |             |
| 15  |        | estate - Residential                          |  |   |  |   |   |         |             |
| 16  |        | estate - Commercial                           | ************************************** |   |  |   |   |         |             |
| 17  |        | estate - Other                                |  |   |  |   |   |         |             |
| 18  |        | ctibles                                       |  |   |  |   |   |         |             |
| 19  |        | inventory                                     |  |   |  |   |   |         |             |
| 20  |        | s and medical supplies                        |  |   |  |   |   |         |             |
| 21  |        | lermy   |  |   |  |   |   |         | <del></del> |
| 22  |        | rical artifacts                               |  |   |  |   |   |         |             |
| 23  |        | tific specimens                               |  |   |  |   |   |         |             |
| 24  |        | eological artifacts                           |  |   |  |   |   |         |             |
| 25  | Othe   |   |  |   | .,,.   |   | <del> </del>                            |         | ·····       |
| 26  | Othe   |   |  |   |  |   |   |         |             |
| 27  | Othe   |   |  |   |  |   |   |         |             |
| 28  | Othe   | · (   | <u> </u>                               |   |  |   |   |         |             |
| 29  | Numl   | per of Forms 8283 received by the organiz     | zation during                          | the tax year for co                                       | ontributions   |   |   |         |             |
|     | for w  | hich the organization completed Form 82       | 83, Part V, D                          | onee Acknowledge  | ement 29   |   |   |         |             |
|     |        |   |  |   |  |   |   | Yes     | No          |
| 30a | Durin  | g the year, did the organization receive by   | y contributio                          | n any property rep  | orted in Part I, lines 1 throug  | h 28, that it                           |   |         |             |
|     |        | hold for at least 3 years from the date of    |  |   |  |   | -                                       |         |             |
|     |        | pt purposes for the entire holding period?    | ?                                      |   | ********************************   | *************************************** | 30a                                     | jant da | X           |
| b   | If "Ye | s," describe the arrangement in Part II.      |  |   |  | 10                                      |   |         |             |
| 31  | Does   | the organization have a gift acceptance p     | policy that re                         | quires the review of                                      | if any nonstandard contribut   | ions?                                   | 31                                      | Х       |             |
| 32a |        | the organization hire or use third parties of |  |   |  |   | 00-                                     | х       | Ī           |
|     |        | butions?                                      |  |   |  | *************************************** | 32a                                     | ^       |             |
| b   | If "Ye | s," describe in Part II.                      |  |   | Constitute and annual falls of the   | alen el                                 |   |         |             |
| 33  |        | organization didn't report an amount in co    | olumn (c) for                          | a type of property  | tor which column (a) is chec   | iked,                                   |   |         | 1           |
|     | deeci  | ibe in Part II                                |  |   |  |   | لــــــــــــــــــــــــــــــــــــــ |         |             |

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

Schedule M (Form 990) 2023

| Schedule N<br>Part II | Supp<br>is repo                                  | leme<br>orting i | ental<br>n Part | Infori      | nation.<br>mn (b), the<br>informati | Provid<br>numbe | le the in                             | format                                 | lion re<br>ions, i                     | quired b<br>the numb | y Part I,<br>per of ite | lines 30t<br>ms recel | o, 32b, ar<br>ved, or a | nd 33, ar<br>combin | nd whet     | ner the both. A  | organiza                                | tion<br>plete |
|-----------------------|--|------------------|-----------------|-------------|-------------------------------------|-----------------|---------------------------------------|--|--|----------------------|-------------------------|-----------------------|-------------------------|---------------------|-------------|--|---|---------------|
| SCHEDU                | JLE M  | , L              | INE             | 32 <u>E</u> | 3:                                  |                 |                                       | ·····                                  | _                                      |                      | <u></u>                 |                       |                         |                     |             | ***  |   |               |
| A THIF                | RD PA  | RTY              | ST              | OCK         | BROK                                | ER I            | s us                                  | ED                                     | то                                     | SELL                 | DON                     | ATED                  | STOC                    | к.                  |             |  |   |               |
|                       |  |                  |                 |             |                                     | ·               |                                       |  |  |                      |                         |                       |                         |                     |             |  |   |               |
|                       |  |                  |                 |             |                                     |                 |                                       |  |  |                      |                         |                       |                         |                     |             |  |   |               |
|                       |  |                  |                 |             |                                     |                 |                                       |  |  |                      |                         |                       |                         |                     |             |  | <b></b>                                 |               |
|                       |  |                  |                 |             |                                     |                 |                                       |  |  |                      |                         |                       |                         |                     |             |  |   |               |
|                       | ,          |                  |                 |             |                                     |                 |                                       |  |  |                      |                         |                       |                         |                     |             |  |   | ,             |
|                       |  |                  |                 |             |                                     |                 |                                       |  |  | ,                    |                         |                       |                         |                     |             |  |   |               |
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| <u> </u>              |  |                  | <del></del>     |             |                                     |                 |                                       |  |  |                      |                         | ·                     |                         |                     |             |  |   |               |
|                       | <u> </u>   |                  |                 |             |                                     |                 |                                       |  |  | <u></u>              |                         |                       |                         | ·                   |             |  |   |               |
|                       |  |                  | <del></del>     | <del></del> |                                     | <del></del>     | ·                                     |  |  |                      |                         | <u> </u>              |                         |                     |             | dandal W.C.  |   |               |
|                       | ····   |                  |                 |             |                                     |                 |                                       |  |  |                      |                         | <u></u>               |                         |                     |             |  | *************************************** |               |
|                       |  |                  |                 |             |                                     |                 | nm                                    | ····                                   | · · · · · · · · · · · · · · · · · · ·  |                      |                         |                       |                         |                     |             |  |   | . <u></u>     |
|                       |  |                  |                 |             |                                     |                 |                                       |  | <del>,</del>                           |                      |                         |                       |                         |                     |             |  |   |               |
|                       |  |                  |                 |             |                                     |                 | · · · · · · · · · · · · · · · · · · · |  |  |                      |                         |                       |                         |                     | <del></del> |  |   |               |
|                       |  |                  |                 |             |                                     | :               |                                       | ····                                   | <del></del>                            |                      |                         |                       |                         |                     |             |  |   |               |
|                       |  |                  |                 |             |                                     |                 |                                       |  | ····-                                  |                      |                         |                       |                         | <u></u>             |             | · · · · · · · · · · · · · · · · · · ·  |   |               |
|                       |  |                  |                 |             | <del></del>                         |                 |                                       | · · · · · · · · · · · · · · · · · · ·  |  |                      |                         | , , <del></del>       |                         |                     |             |  |   | ,             |
|                       |  |                  |                 |             |                                     |                 |                                       |  |  |                      |                         |                       |                         |                     |             |  |   |               |
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|                       |  |                  |                 |             |                                     |                 |                                       |  |  |                      |                         |                       |                         |                     |             |  |   |               |
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|                       |  |                  |                 |             |                                     |                 |                                       |  |  |                      |                         |                       |                         |                     |             |  |   |               |
|                       | <u></u>  |                  |                 |             |                                     |                 |                                       | ······································ |  |                      |                         |                       |                         |                     |             |  |   |               |
| ···                   |  |                  |                 |             |                                     |                 |                                       |  |  |                      | <u> </u>                |                       |                         |                     |             | The Control of Control |   |               |
|                       | ···  |                  | ··········      |             |                                     |                 |                                       |  |  |                      |                         | -                     |                         |                     | 1           |  | ,                                       |               |

### **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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public : Inspection Employer identification number

| VITAE FOUNDATION  | 43-1138252        |
|---|-------------------|
| FORM 990, PART VI, SECTION A, LINE 7A:                                      |                   |
| BOARD MEMBERS ELECT OTHER BOARD MEMBERS.                                    |                   |
|   |                   |
| FORM 990, PART VI, SECTION B, LINE 11B:                                     |                   |
| AN ELECTRONIC DRAFT OF THE FORM 990 IS SENT TO THE BOARD                    | MEMBERS. THE      |
| TREASURER REVIEWS WITH THE STAFF.   |                   |
|   |                   |
| FORM 990, PART VI, SECTION B, LINE 12C:                                     |                   |
| BOARD MEMBERS ARE PROVIDED QUESTIONNAIRES / STATEMENTS TO                   | COMPLETE          |
| ANNUALLY. AS PART OF THE ANNUAL STATE REGISTRATION PROCES                   | S, OFFICERS AND   |
| STAFF MEMBERS ARE REVIEWED.   | į.                |
|   |                   |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |                   |
| AFTER REVIEW FROM THE EXECUTIVE COMMITTEE IN 2012 TERMS F                   | OR THE PRESIDENT  |
| POSITION AND COMPENSATION WERE RENEWED BY RESOLUTION.                       |                   |
|   |                   |
| ALL OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS DETE                   | RMINED BY         |
| COMPARING TO TRADE SOURCES, ANNUALLY, FOR INTERNAL REVIEW                   |                   |
|   |                   |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY                   | OF FORM 990:      |
| AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, |                   |
| ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WA,WV,WI,DC                                |                   |
|   |                   |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |                   |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA                   | ANCIAL STATEMENTS |
| ARE AWATTABLE TO THE DIBLIC BY A REQUEST IN WRITING.                        |                   |

2023 DEPRECIATION AND AMORTIZATION REPORT

| ORM 9        | FORM 990 PAGE 10                        |                  |              |      | l            |             |                             | 990              |                        |  |                           |   |                               |                           |                                       |   |
|--------------|---|------------------|--------------|------|--------------|-------------|-----------------------------|------------------|------------------------|--|---------------------------|---|-------------------------------|---------------------------|---------------------------------------|---|
| Asset<br>No. | Description                             | Date<br>Acquired | Method       | Lífe | <br>() 0 ∈ > | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction in<br>Basis  | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation                            | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |   |
|              | machinery & equipment                   |                  |              |      |              |             |                             |                  |                        |  |                           |   |                               |                           |                                       |   |
| 1            | BOUTENER                                | VARIOUS          | <b>18</b>    |      |              | , so        | 257,883                     |                  |                        |  | 257,883.                  | 257,883   |                               |                           | 257,883                               |   |
|              |   |                  |              |      | Т            | <u> </u>    |                             |                  |                        |  |                           |   |                               | <                         | 0 0                                   |   |
|              | MACHINERY & EQUIPMENT                   |                  |              |      | +            | _           | 257,883.                    |                  |                        |  | 257,883.                  | .538,752  |                               | 0.0                       | .500,152                              | ,                                       |
|              | PROGRAM SERVICES                        |                  |              |      | 1,54         |             |                             |                  |                        |  |                           |   |                               |                           |                                       |   |
|              |   |                  |              | 000  | 7            | 91          |                             |                  |                        |  |                           |   |                               |                           |                                       | ì                                       |
|              | * 990 PAGE 10 TOTAL PROGRAM<br>SERVICES |                  | Viti<br>Vivi |      | 7411         | 1,11        | 0                           |                  |                        |  | 0                         | 0   |                               | 0                         | 0                                     | ·                                       |
|              |   |                  |              |      |              | -           |                             |                  |                        |  | 0000                      | 0<br>0<br>0   |                               | c                         |                                       |   |
|              | DEPR                                    |                  |              |      | _            | +           | 257,883.                    |                  |                        |  | 257,883.                  | 257, 883  |                               | ,                         | 427,883.                              |   |
|              |   |                  |              |      |              | i til       |                             |                  |                        |  |                           |   |                               |                           |                                       | *************************************** |
|              |   |                  |              |      |              |             |                             |                  |                        |  |                           |   |                               |                           |                                       |   |
|              |   |                  |              |      | 4, 9         |             |                             |                  |                        | 100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 |                           |   |                               |                           |                                       |   |
|              |   |                  |              |      |              |             |                             |                  |                        |  |                           |   |                               |                           |                                       |   |
|              |   |                  |              |      |              |             |                             |                  |                        |  |                           |   |                               |                           |                                       | 7 1                                     |
|              |   |                  |              |      |              |             |                             |                  |                        |  |                           |   |                               |                           |                                       |   |
| N. T.        |   |                  |              |      | 3,33         | (\\ i)      |                             |                  |                        |  |                           |   |                               |                           |                                       | 75.77                                   |
|              |   |                  |              |      |              |             |                             |                  |                        |  |                           |   |                               |                           |                                       |   |
| NA<br>SEA    |   |                  |              | 越    | 5364         | įtis.       |                             |                  |                        |  |                           |   |                               |                           |                                       | 11. 12.                                 |
|              |   |                  |              |      |              |             |                             |                  |                        |  |                           |   |                               |                           |                                       |   |
|              |   |                  |              |      | ii ii        | #M          |                             |                  |                        |  |                           |   |                               |                           |                                       | 3,533                                   |
| 328111       | 328111 04-01-23                         |                  |              |      |              |             | (D) - Asset disposed        | pasods           |                        |  | * ITC, Salvage            | " ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone | mercial Revita                | lization Deduc            | tion, GO Zone                         | ø.                                      |

## 4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

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

Business or activity to which this form relates

990

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

| VITAE FOUNDATION   |                           |               |  | M 990 E                 |   |            | 43-1138252   |
|--|---------------------------|---------------|--|-------------------------|---|------------|--|
| Part I Election To Expense Gertain Proper  | ty Under Section 17       | 9 Note; If yo | u have any li                          | sted property,          | complete Part                           | V before y |  |
| 1 Maximum amount (see instructions)  |                           |               | ************************************** |                         |   | 11         | 1,160,000.   |
| 2 Total cost of section 179 property place                                       | ed in service (see i      | instructions) |  |                         | .,.,.,                                  | 2          |  |
| 3 Threshold cost of section 179 property   |                           |               |  |                         |   |            | 2,890,000.   |
| 4 Reduction in limitation. Subtract line 3                                       |                           |               |  |                         |   |            |  |
| 5 Dollar limitation for tax year. Subtract line 4 from line                      |                           |               |  |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 1 ====     |  |
| 6 (a) Description of pr  |                           |               | (b) Cost (busin                        |                         | (c) Elected                             |            |  |
|  |                           |               |  |                         |   |            |  |
|  |                           |               |  |                         |   |            |  |
|  |                           |               |  |                         |   |            |  |
|  |                           |               |  |                         |   |            |  |
| 7 Listed property. Enter the amount from   | line 29                   |               |  | 7                       |   |            |  |
| 8 Total elected cost of section 179 prope  |                           |               |  |                         |   | 8          |  |
| 9 Tentative deduction. Enter the smaller   |                           |               |  |                         |   |            |  |
| 10 Carryover of disallowed deduction from  |                           |               |  |                         |   |            |  |
| 11 Business income limitation. Enter the si                                      |                           |               |  |                         |   |            |  |
| 12 Section 179 expense deduction. Add li   |                           |               |  |                         |   |            |  |
| 13 Carryover of disallowed deduction to 2  |                           |               |  |                         | 121221012111111111111111111111111111111 | <u> </u>   | 7575年1月1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1   |
| Note: Don't use Part II or Part III below for                                    |                           |               |  | .,,,,,                  |   |            | <u> </u>   |
| Part II   Special Depreciation Allowa  |                           |               |  | e listed prope          | rtv.)                                   |            |  |
| 14 Special depreciation allowance for qual                                       |                           |               |  |                         |   |            | <u> </u>   |
| •  |                           |               |  |                         |   | . 14       |  |
| the tax year   |                           |               |  |                         |   |            |  |
| 15 Property subject to section 168(f)(1) ele                                     |                           |               |  |                         |   |            |  |
| 16 Other depreciation (including ACRS)  Part III   MACRS Depreciation (Don't     | include listed pro        |               |  |                         | *******************                     | ., 1 10    |  |
| Part III   MACRS Depreciation (Don't   | luctoria listen bio       |               | ction A                                |                         |   |            | Marini Ma |
|  |                           |               |  |                         |   | 17         |  |
| 17 MACRS deductions for assets placed in   |                           |               |  |                         |   | i His      |  |
| 18 If you are electing to group any assets placed in servi<br>Section B - Assets | Classed in Consider       | o During 201  | 22 Tay Vaar I                          | Islanthe Ger            | neral Denrecia                          | <u></u>    |  |
| Section b - Assets   | (b) Month and             | (c) Basis for | depreciation                           | 1                       | į                                       |            |  |
| (a) Classification of property   | year placed<br>in service | (business/in  | vestment use<br>instructions)          | (d) Recovery<br>period  | (e) Convention                          | (f) Method | (p) Depreciation deduction   |
| 19a 3-year property  | 3.33.33.33.33             |               |  |                         |   |            |  |
| b 5-year property  | Algerichte.               |               |  |                         |   |            |  |
| c 7-year property  | AGARIGAN.                 |               |  | <u> </u>                |   |            |  |
| d 10-year property   | a hijining bi mg          |               |  | ļ                       |   |            |  |
| e 15-year property   |                           |               |  |                         | <u>-</u> .                              |            |  |
| f 20-year property   |                           |               |  |                         |   |            |  |
| g 25-year property   | *. **                     |               |  | 25 yrs.                 |   | S/L        |  |
| h Maratal wantah andanashi   |                           |               |  | 27.5 yrs.               | MM_                                     | S/L        |  |
| h Residential rental property  |                           |               |  | 27.5 yrs.               | MM_                                     | S/L        |  |
| 5 34 2.1 .6t. 6 2 - m  |                           |               |  | 39 yrs.                 | MM                                      | S/L        |  |
| i Nonresidential real property   | /                         |               |  | <u> </u>                | MM                                      | S/L        |  |
| Section C - Assets P   | laced in Service          | During 2023   | Tax Year Us                            | ing the Alter           | native Depreci                          |            | tem  |
| 20a Class life   |                           |               |  |                         |   | S/L        |  |
| b 12-year  |                           |               |  | 12 yrs.                 |   | S/L        |  |
| c 30-year  | 1                         |               |  | 30 yrs.                 | MM                                      | S/L        |  |
| d 40-year  | /                         |               |  | 40 yrs.                 | MM                                      | S/L        |  |
| Part IV Summary (See instructions.)  |                           |               |  |                         |   |            | I  |
| 21 Listed property. Enter amount from line                                       | 28                        |               |  |                         | *************************               | . 21       |  |
| 22 Total. Add amounts from line 12, lines  | 14 through 17, line       | es 19 and 20  | In column (g)                          | , and line 21.          |   |            |  |
| Enter here and on the appropriate lines  | of your return. Pa        | rtnerships ar | nd S corporat                          | ions - s <u>ee inst</u> | <u>C</u>                                | 22         | 0.   |
| 23 For assets shown above and placed in  |                           |               |  |                         |   |            |  |
| portion of the basis attributable to secti                                       |                           |               |  | 23                      |   |            | AND ANALYTICAL SAFE  |

| Cama | 45G0 | (2023) |
|------|------|--------|
| Form | 4002 | 120231 |

| Listed Property (Include automobiles, certain other vehicles, certain acrost, and property used more trained to the control of the control    | -om                   | 4562 (2023)   | VITZ   | AE FOÚNI          | DATIC                | N             |           |   |             |   |              |           | 43-1                                 | .1382         | 252 F       | age 2          |
|--|-----------------------|---|--|-------------------|----------------------|---------------|-----------|---|-------------|---|--------------|-----------|--------------------------------------|---------------|-------------|----------------|
| Notes For any vehicle for which you are using the standard miles get and or decurring getals expenses, to complete the vehicles. 24b, columns (a) through (b) of Section A, all of Sections (a) and Section (a) Expenses (b).  Section A - Deprectation and Other Information (Caution: See the instructions for limits for passenger automobiles.)  10 yeu have wedness to support the business/resultant use claims?  10 yeu have wedness to support the business/resultant use claims?  10 yeu have wedness to support the business/resultant use claims?  10 yeu have wedness to property placed in service during the tax year and the vehicles first) service service.  10 yeu have well depreciation allowance for qualified tested property placed in service during the tax year and the vehicles first) service than 50% in a qualified business use:  10 yeu have well depreciation allowance for qualified business use:  11 yeu have been depreciated to the service of th |                       | + V   Listed Propert                                | y (Include au                                  | tomobiles, ce     | rtain othe           | er vehicle    | s, certa  | in aircra                               | ft, and     | property                                | used for     |           |                                      |               |             |                |
| Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passager automobines, 249 Do you have avidence to support the business/resement use alternated by the support the business/resement use alternated by the support the business/resement use alternated by the support of the business of the support of the suppor |                       | Makes For once                                      | iabiala far wh                                 | ich vou ere us    | sina the s           | standard      | mileag    | e rate or                               | deduc       | cting lease                             | expense      | , compi   | ete only                             | y 24a,        |             |                |
| 249. Do you have evidence to support the business/meant use claimed?  (a)  (b)  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (d  |                       | 24b, columns (                                      | a) Inrougn (c)<br>Depreciatio                  | n and Other       | ak or se<br>nformati | on (Caul      | tion: S   | ee the in                               | struct      | ions for lir                            | nits for pa  | assenge   | r autom                              | obiles.)      |             |                |
| Control   Cont   |                       |   |  |                   |                      |               |           |   | No          | 24b lf "Y                               | es," is the  | eviden    | ce writte                            | n? 🗌          | Yes 🗌       | No             |
| Type of property procestory placed investment of the Property  | (b) (c)               |   |  |                   | 1                    |               |           | 1                                       |             | T                                       |              |           | 1                                    |               |             |                |
| (isid whickes first) service is use percentage   criterio basis   criterio |                       | Date Business/                                      |  |                   |                      |               |           |   |             | Recovery Method/                        |              |           |                                      |               |             |                |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use:  26 Property used more than 50% in a qualified business use:  27 Property used S0% or less in a qualified business use:  28 Add amounts in column (1), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (1), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (1), line 26. Enter here and on line 7, page 1  29 Section 8 - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, parton, or other "more than 5% owner," or related person. If you provided vehicles to your employeas, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f)  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5  Total miles driven during the year. Add lines 30 through 32.  4 Was the vehicle available for personal use during off-duty hours?  30 Total miles driven during the year. Add lines 30 through 32.  4 Was the vehicle available for personal use during off-duty hours?  31 Enter here and on line 2 with personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles available for personal use of vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your emp | (Siet variotae firet) |   |  |                   | e oth                | er basis      |           |   |             | period Conver                           |              | Пион      | deduction                            |               | CO          | st             |
| used more than 50% in a qualified business use:    1   | 3F C                  | Pageint depreciation allo                           |  | palified listed t | oroperty i           | placed in     | service   | e during                                | the ta      | x year and                              | l            |           |                                      |               |             |                |
| Property used more than 50% in a qualified business use:   | 20 0                  | end more than 50% in                                | a qualified bu                                 | siness use        |                      |               | ********* | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |   |              | 25        | L                                    |               | A12.1844    |                |
| 1   96   1   | ne F                  | Property used more than                             | n 50% in a qu                                  | alified busine    | ss use:              |               |           |   |             |   |              |           |                                      |               |             |                |
| 27 Property used 50% or less in a qualified business use:  | 20                    | 1000,100  | I : : I  |                   |                      |               |           |   |             |   |              |           |                                      |               |             |                |
| Property used 50% or less in a qualified business use:   |                       |   | ; ;  | 9                 | 6                    |               |           |   |             |   | <u> </u>     |           |                                      | ,             |             |                |
| i j 96 S/L.  i j 96 S/L.  i j 96 S/L.  28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29  29 Add amounts in column (ii), lines 26. Enter here and on line 7, page 1 29  Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 556 owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (don't include commuting miles)  31 Total commuting miles driven during the year (and the part of the year (don't include commuting miles)  32 Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32  34 Was the vehicle available for personal use during off-dutly hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use of vehicles and the personal use?  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles to your employees of the vehicles, one of the vehicles of the vehicles to your employees, obtain information from your employees about the use of the vehicles, and relatin the information received?  40 Do you provide more than five vehicles to your employees, obtain information use?   |                       |   | : :  | 9                 | 6                    |               |           |   |             | <u> </u>                                |              |           |                                      |               |             |                |
| i j 96 S/L.  i j 96 S/L.  i j 96 S/L.  28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29  29 Add amounts in column (ii), lines 26. Enter here and on line 7, page 1 29  Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 556 owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (don't include commuting miles)  31 Total commuting miles driven during the year (and the part of the year (don't include commuting miles)  32 Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32  34 Was the vehicle available for personal use during off-dutly hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use of vehicles and the personal use?  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles to your employees of the vehicles, one of the vehicles of the vehicles to your employees, obtain information from your employees about the use of the vehicles, and relatin the information received?  40 Do you provide more than five vehicles to your employees, obtain information use?   | 97 F                  | Property used 50% or le                             | ss in a qualif                                 | ied business u    | ise:                 |               |           |   |             |   | <del>,</del> |           |                                      |               |             | 3.00 x 1       |
| 28 Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1  29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1  29 Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 556 owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f)  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 1 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 1 Vehicle 6 Veh | <u> </u>              | topoity acoustics                                   | 1 1  |                   |                      |               |           |   |             |   | S/L.         |           |                                      |               |             |                |
| Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f)  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 8 Vehicle 8 Vehicle 8 Vehicle 8 Vehicle 8 Vehicle 9 Vehic |                       |   |  | ç                 | %                    |               |           |   |             |   | S/L·         |           |                                      |               |             |                |
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| Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f) Vehicle 5  Vehicle 6 Vehicle 7  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5  Vehicle 5 Vehicle 6  Vehicle 6 Vehicle 6 Vehicle 6  Total other personal (noncommuting) miles driven during the year at a commuting miles at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles driven during the year at a commuting miles | 00 /                  | Add amounts in column                               | (h) lines 25                                   | through 27. E     | nter here            | and on        | ine 21,   | page 1                                  |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ***********  | 28        |                                      | <del>-1</del> | 1571.50     | :: 3.1.        |
| Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (don't include commuting miles)  31 Total commuting miles driven during the year at the personal (noncommuting) miles driven.  32 Total other personal (noncommuting) miles driven.  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  38 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles and relating the information received?  40 Do you provide more than five vehicles to your employees, obtain information use?   | 28 /                  | Add amounts in column                               | (n. line 26. E                                 | nter here and     | on line 7            | , page 1      | .,        |   | *******     |   | *********    | *****     |                                      | 29            |             |                |
| to your employees, first answer the questions in Section C to see if you meet an exception to completing this section of acceptance of the par (fon't include commuting miles driven during the year (fon't include commuting miles)  31 Total commuting miles driven during the year at the provide of the personal (noncommuting) miles driven.  32 Total other personal (noncommuting) miles driven during the year at the provide available for personal use driven.  33 Total miles driven during the year.  Add lines 30 through 32  4 Was the vehicle available for personal use during off-duty hours?  5 Was the vehicle available for personal use than 5% owner or related person?  5 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and relain the information received?  10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and relain the information received?  |                       |   |  | į.                | Saction F            | 3 - Inform    | nation    | on Use (                                | o! Ver      | ncies                                   |              |           |                                      |               |             |                |
| to your employees, first answer the questions in Section C to see if you meet an exception to completing this section of acceptance of the par (fon't include commuting miles driven during the year (fon't include commuting miles)  31 Total commuting miles driven during the year at the provide of the personal (noncommuting) miles driven.  32 Total other personal (noncommuting) miles driven during the year at the provide available for personal use driven.  33 Total miles driven during the year.  Add lines 30 through 32  4 Was the vehicle available for personal use during off-duty hours?  5 Was the vehicle available for personal use than 5% owner or related person?  5 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and relain the information received?  10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and relain the information received?  | Com                   | miete this section for VE                           | hicles used b                                  | ov a sole prop    | rietor, pa           | rtner, or     | other "   | more tha                                | ın 5%       | owner," o                               | r related    | person.   | If you pr                            | ovided v      | /ehicles    |                |
| Total business/investment miles driven during the year (don't include commuting miles)  1 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven.  3 Total miles driven during the year. Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Individual office of the vehicle available for personal use during off-duty hours?  3 Was the vehicle available for personal use during 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and rotain the information received?   | to vo                 | vir employees, first ans                            | wer the ques                                   | tions in Section  | on C to s            | ee if you     | meet a    | n except                                | ion to      | completir                               | ng this se   | ction fo  | r those v                            | ehicles.      |             |                |
| Total of the personal (noncommuting) miles driven during the year (don't include commuting miles)  Total commuting miles driven during the year.  Add lines 30 through 32.  Was the vehicle available for personal use during off-duty hours?  Was the vehicle available for personal use during off-duty hours?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   | io yc                 | al disployed was more                               |  |                   |                      |               |           |   | ·           |   |              |           |                                      |               |             |                |
| Total business/finvestment miles driven during the year (don't include commuting miles) and total commuting miles driven during the year and total commuting miles driven during the year and dines 30 through 32.  Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  To you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Do you provide more than five vehicles used by corporate officers, directors, or 1% or more owners  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |                       |   |  |                   | (4                   | 3)            | (b)       |   | İ           | (c)                                     | (0           | (d)       |                                      | -             |             | •              |
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| Total commuting miles driven during the year  Total other personal (noncommuting) miles driven  32 Total other personal (noncommuting) miles driven  33 Total miles driven during the year.  Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  4 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  |                       |   |  |                   |                      |               |           |   |             |   | 1            |           |                                      |               |             | <del></del>    |
| Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  |                       |   |  |                   |                      |               |           |   | <u> </u>    |   |              |           |                                      |               |             |                |
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| 33 Total miles driven during the year.  Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |                       |   |  |                   |                      |               |           |   |             |   |              |           |                                      | ·····         |             |                |
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| Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Bo you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |                       |   |  |                   |                      |               |           |   |             |   | ļ            |           |                                      | r             |             |                |
| during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  | 04                    | Aug illes oo ulloegii s.<br>Maa tha vahicle avallab | le for person                                  | al use            | Yes                  | No            | Yes       | No                                      | Ye          | s No                                    | Yes          | No        | Yes                                  | No            | Yes         | No             |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't  more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |                       |   |  |                   |                      |               |           | <u> </u>                                | ļ           |   |              |           |                                      |               | <u> </u>    |                |
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| more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   | ۸۰۰                   | war there allestians to                             | determine if                                   | vou meet an e     | xception             | to comp       | oleting : | Section E                               | 3 for v     | ehicles us                              | ed by em     | ployees   | who a                                | ren't         |             |                |
| <ul> <li>37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?</li> <li>38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners</li> <li>39 Do you treat all use of vehicles by employees as personal use?</li> <li>40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?</li> </ul>  |                       | the EAT ANIMARA OF TO                               | inted norcent                                  | œ                 |                      |               |           |   |             |   |              |           |                                      |               | T           | T 81-          |
| employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  | 27                    | Do you maintain a writt                             | en policy sta                                  | tement that p     | rohibits a           | ıli person    | al use    | of vehicle                              | es, inc     | luding cor                              | mmuting,     | by you    | r                                    |               | Yes         | No             |
| <ul> <li>38 Do you maintain a written policy statement that prohibits personal use of vehicles, except community, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners</li> <li>39 Do you treat all use of vehicles by employees as personal use?</li> <li>40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?</li> </ul>  |                       |   |  |                   |                      |               |           |   |             |   |              | ********* |                                      | •••••         |             | - <del> </del> |
| employees? See the instructions for vehicles used by corporate officers, directors, of 178 of fine officers.  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |                       |   | مؤه برمزامه سد                                 | tamant that n     | robibits r           | orsonal I     | use of \  | /enicles,                               | excet       | or commun                               | mig, by y    | Jul       |                                      |               |             | 1              |
| 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  |                       | t   | etructions for                                 | r vehicles used   | i by corp            | orate off     | icers, c  | mectors,                                | 01 17       | 0 01 111016                             | 01111010     |           |                                      |               | · }         |                |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  | an                    | En you troot all use of                             | vehicles by a                                  | motovees as t     | personal             | บรอ'          |           |   | ,           |   |              |           |                                      |               | ·           | 1              |
| the use of the vehicles, and retain the information received?  | 40                    | the year provide more th                            | aan five vehic                                 | tes to your en    | nployees             | , obtain i    | ntorma    | tion troit                              | ı you!      | embioles                                | 5 accur      |           |                                      |               | 1           |                |
| De verset the requirements concerning qualified automobile demonstration use?  |                       |   | and ratain th                                  | aa information    | receiver             | 17            |           |   |             |   |              |           |                                      | **********    | -           | <del> </del>   |
|  |                       | Daniel Tonat the regula                             | amonte conc                                    | emina aualifie    | ed autom             | iobile der    | monstra   | ation use                               | 17          |   |              |           |                                      |               | 1,331       |                |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.   | ** 1                  | Note: If your answer to                             | 37, 38, 39, 4                                  | 40, or 41 is "Y   | es," don             | t comple      | te Sec    | tion B for                              | rthe c      | overed ve                               | hicles.      |           |                                      |               |             |                |
|  | p,                    | art VI Amortization                                 | <del></del>                                    |                   |                      |               |           |   | -           |   |              | 10        | ,                                    |               | (1)         |                |
| (a) (b) (C) Code Ameritzation Ameritzation   | (a)                   |   |  | (b)               | .1                   | (C)           | (C)       |   | (d)<br>Code |   |              |           | (f)<br>Amortization<br>for this year |               |             |                |
| begins amount  |                       | Description of 42211                                |  |                   | begins               | btgins amount |           |   |             | section period or p                     |              |           | ercentage for                        |               | or ana year |                |
| 42 Amortization of costs that begins during your 2023 tax year:  | 42                    | Amortization of costs t                             | hat begins di                                  | uring your 202    | 3 tax yea            | ar:           |           |   |             |   | — Т          |           | T                                    |               |             |                |
|  |                       |   |  |                   | <u> </u>             | <u> </u>      |           |   | _           |   |              |           | <del></del>                          |               |             |                |
|  |                       |   |  |                   |                      | 1             |           |   |             |   |              |           | 1/2                                  |               |             |                |
| 43 Amortization of costs that began before your 2023 tax year 43   | 43                    | Amortization of costs t                             | hat began be                                   | efore your 202    | 3 tax yea            | ar            |           | .,,,.                                   |             |   |              | 1+        |                                      |               | . <u></u> , |                |
| 43 Amortization of costs that began bosto year.  44 Total, Add amounts in column (f), See the instructions for where to report.  | 44                    | Total, Add amounts in                               | column (f), S                                  | ee the Instruc    | tions for            | where to      | report    |   |             |   | .,           |           | 1 -1-4 1                             |               | Form AFG    | 32 (2023)      |