## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

, 2021, and ending

Open to Public Inspection , 20

В	Check	if applicable:	С	D Employ	er identif	ication number				
	A	ddress change	URBAN GREEN LAB, INC.	27-	10117	744				
	N	ame change	1310 CLINTON STREET, SUITE 205	E Teleph	one numb	er				
	In	itial return	NASHVILLE, TN 37203	(61	5) 44	12-7042				
	Fi	nal return/terminated								
	Α	mended return		<b>G</b> Gross r			140.			
	Α	pplication pending	TODD LAWRENCE	a) Is this a group retui		'c3	X No			
			SAME AS C ABOVE	<ul> <li>Are all subordinates If "No," attach a list</li> </ul>	included  See inst	? Yes Yes	No			
I	Tax-	exempt status:	X = 501(c)(3) $501(c) ( ) (insert no.) 4947(a)(1) or 527$							
J	We	bsite: ► WW		Group exemption n	umber 🟲					
K		n of organization:	X Corporation	2009 <b>M</b> :	State of le	gal domicile: TN				
Pa		Summar		TABLO MEO	G T O 1	TO MO ME				
	1		be the organization's mission or most significant activities: URBAN GREEN IES HOW TO LIVE SUSTAINABLY.	I LAB'S MIS	STON	IS TO TEA	ACH			
ce		COMMONII	TE2 HOW IO TIME 2021 WINARTI.							
Activities & Governance										
ver	2	Check this bo	x F if the organization discontinued its operations or disposed of more	than 25% of its	net ass	sets.				
G	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3		12			
s&	4		dependent voting members of the governing body (Part VI, line 1b)		4		12			
ıtie,	5		of individuals employed in calendar year 2021 (Part V, line 2a)		5		8			
ctiv	6 70		of volunteers (estimate if necessary)		6 7a		0			
A			business taxable income from Form 990-T, Part I, line 11		7a 7b		0.			
_		THE UTILITIES	business taxable meetile north offin 330 1,1 arc i, line 11	Prior Year	1	Current Ye				
_	8	Contributions	and grants (Part VIII, line 1h)	568,			,005.			
nue	9		ice revenue (Part VIII, line 2g)							
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	]	L70.		135.			
æ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	568,8		•	,140.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)	10,0	)00.	20,	,000.			
	14		to or for members (Part IX, column (A), line 4)							
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	331,3	316.	325,	<u>,992.</u>			
nse	16 a	a Professional fundraising fees (Part IX, column (A), line 11e)								
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ►							
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	198,2	261.	112,	,120.			
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	539,5		458,	,112.			
	19	Revenue less	expenses. Subtract line 18 from line 12	29,3	318.		,028.			
s or			<u>L</u>	Beginning of Currer		End of Ye				
ssets 3alanc	20		(Part X, line 16)	288,0			,092.			
Net Asse Fund Bal	21		<u> </u>	35,3		•	,316.			
			fund balances. Subtract line 21 from line 20	252,6	571.	579,	<u>,776.</u>			
	rt II	Signatur			11. 1					
comp	er pena olete. D	eclaration of prepa	clare that I have examined this return, including accompanying schedules and statements, and to the rer (other than officer) is based on all information of which preparer has any knowledge.	best of my knowledge	and belle	er, it is true, correct,	, and			
Sic	ın	Signatu	re of officer	Date						
Sig He	re			EXECUTIVE :	DIREC	CTOR				
		Type or	print name and title							
		Print/Type p	reparer's name Preparer's signature Date	Check	if F	PTIN				
Pai			D. WARREN, CPA STEVEN D. WARREN, CPA	self-employ	ed [	P00921930				
Pre	epar	er Firm's name								
Us	e Or	Ily Firm's addre	0000 2221012 11:2/ 00112 100	Firm's EIN		5360847				
			NASHVILLE, TN 37215	Phone no.	615-	320-5500	1			
May	/ the	IRS discuss th	is return with the preparer shown above? See instructions			X Yes	No			

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

4e Total program service expenses ► 316,413.

# Form 990 (2021) URBAN GREEN LAB, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2021) URBAN GREEN LAB, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		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 last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 8	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV.	28a		Х
ı	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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 Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1:	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	<b>a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
BAA	TEEA0104L 09/22/21	Form	990 (	2021

Form 990 (2021) URBAN GREEN LAB, INC.

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

			Yes	No			
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a						
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х			
ŀ	<b>1</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b					
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х			
ŀ	o If 'Yes,' enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5 :	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X			
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c					
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х			
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b					
7	Organizations that may receive deductible contributions under section 170(c).						
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and						
	services provided to the payor?	7 a		X			
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b					
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c	ļ	Х			
	Form 8282?	70		Λ			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X			
	a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899						
,	as required?	7 g	ļ				
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring						
	organization have excess business holdings at any time during the year?	8					
	Sponsoring organizations maintaining donor advised funds.						
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b					
	Section 501(c)(7) organizations. Enter:						
	a Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter:						
	a Gross income from members or shareholders						
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10					
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12a					
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13a					
•	Note: See the instructions for additional information the organization must report on Schedule O.	ısa					
ŀ	Enter the amount of reserves the organization is required to maintain by the states in						
(	which the organization is licensed to issue qualified health plans						
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
ŀ	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Х			
	excess parachute payment(s) during the year?						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		Х			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

SUITE 205 NASHVILLE TN 37203 (615)

442-7072

BRADLEY PINSON 1310 CLINTON STREET,

Form	990	(2021)	IIRRAM	GREEN	T.AR	TNC
01111	220	(2021)	UNDAN	CINEEN	TIAD.	TINC

27-1011744

Page 7

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

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

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

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

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

See the instructions for the order in which to list the p	CISOIIS GE	,ovc.								
Check this box if neither the organization nor any relat	ed organiz	ation	con	_		ed any	y cu	rrent officer, direct	or, or trustee.	
<b>(A)</b> Name and title	(B) Average	thar	n one	box,	ot che unles	eck moss pers	son	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b>
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	truste Key employee	•	Former	compensation from the organization (W-2/1099- MISC/1099-NEC)	compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) TODD LAWRENCE	40									
EXECUTIVE DIR.	0			X				62,178.	0.	7,067.
(2) ELISE KARPINSKI	2							_		_
PRESIDENT	0	Х		X				0.	0.	0.
(3) STEPHANIE GATES	2			37				0	0	0
VICE PRESIDENT	2	Х		X				0.	0.	0.
	$-\frac{2}{0}$	Х		Χ				0.	0.	0.
(5) BRADLEY PINSON	2	Λ		Λ				0.	0.	0.
TREASURER	$-\frac{2}{0}$	Х		Χ				0.	0.	0.
(6) RENEE BARKER	2	Λ		Λ				0.	0.	0.
BOARD MEMBER	0	Х						0.	0.	0.
(7) ED CALLAWAY	2							<u> </u>	<u> </u>	<u> </u>
BOARD MEMBER	0	Х						0.	0.	0.
(8) PETER CANDELARIA	2									
BOARD MEMBER	0	Х						0.	0.	0.
(9) EMILY DAVIS	2									
BOARD MEMBER	0	Х						0.	0.	0.
(10) ASHFORD HUGHES, SR.	2									_
BOARD MEMBER	0	X						0.	0.	0.
(11) KRISTIN NELSON	22									
BOARD MEMBER	0	Χ						0.	0.	0.
(12) JENNIFER NOVO	2									
BOARD MEMBER	0	Х						0.	0.	0.
(13) SABRINA POWELL	2									2
BOARD MEMBER	0	Х						0.	0.	0.
(14) NEELY TABOR	2	.,						_	0	•
BOARD MEMBER	0	Х						0.	0.	0.

Part VII   Section A. Officers, Directors, 110	· · · · · ·	۸ey	Em	•		es,	and	a Hignest Com	pensated Emp	oyees	<b>S</b> (conti	nued)
	(B)			(C	•							
(A)	Average hours	(do box	not c	check	more	than	one h an	<b>(D)</b> Reportable	<b>(E)</b> Reportable		(F)	
Name and title	per week	offi	cer ar	nd a d	direct	or/trus	tee)	compensation from	compensation from	(	ated amon	
	(list any hours	Indiv	Institutional trustee	Officer	Key	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the o	nsation rganizat	tion
	for related	Individual or director	ioitu	<u>G</u>	emp	est c	E.	,	•		d related anization	
	organiza - tions below	ndividual trustee or director	<u>합</u>		employee	omp						
	dotted line)	stee	ejsn,		0	ense						
	iiiic)		čů.			ited						
(15) MATT TAYLOR	2											
BOARD MEMBER	0	Х						0.	0.			0.
(16) ALEXA VOYTEK	2											
BOARD MEMBER	0	Χ						0.	0.			0.
(17) ANNA WEINROTH WARD	2											
BOARD MEMBER	0	Х						0.	0.			0.
(18)												
(19)												
(20)												
(20)												
(21)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 h Cuhtatal	<u> </u>	<u> </u>					<b>-</b>	60 170	0		7 (	267
1 b Subtotal c Total from continuation sheets to Part VII, Secti							<b>•</b>	62,178.	0.		1,0	067.
d Total (add lines 1b and 1c)							<b></b>	0. 62,178.	0.		7 (	<u>0.</u> 067.
Total number of individuals (including but not limited							ved			ensatio		<del>, , , , , , , , , , , , , , , , , , , </del>
from the organization • 0				-,				, ,				
· · · · · · · · · · · · · · · · · · ·											Yes	No
3 Did the organization list any <b>former</b> officer, direct	tor, truste	e, ke	ev er	mplo	ovee	e, or	high	nest compensated	employee			
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	aĺ		• • • •						. 3		X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	tion	and	oţh	er compensation	from			
the organization and related organizations greate such individual										. 4		Х
5 Did any person listed on line 1a receive or accru	e compen	satio	n fr	om :	anv	unre	late	ed organization or	individual			
for services rendered to the organization? If 'Yes	s,' comple	te S	chea	lule	J fo	r suc	ch p	erson		. 5		X
Section B. Independent Contractors	a aka akta ak		-l l		-1		11	4 5 d 41	¢100 000 -f			
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indestantion	epen the c	dent alen	t cor dar v	ntrad year	ctors endi	tna ng v	it received more th with or within the or	nan \$100,000 of ganization's tax year			
								(B)		(	C)	
(A) Name and business address  (B) Description of services Co									Compe	eńsatio	n	
2. Total number of independent contractors (including t	ud net lie-	+0 cl 1	o +h -	'	iota -	اماد	\(c\)	who received as	than			
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		ieu t	o tric	ise I	เรเยต	ı abo	ve)	who received more	uiali			
The proof of compensation nometic organization	U											

		Check if Schedule O contains a r	esponse or note to any	line in this Part VI	III		
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Membership dues	1a 1b 1c 1d 1e 127,008. 1f 704,997.				
ontri nd O	g	lines 1a-1f	1 g				
	h	Total. Add lines 1a-1f	Business Code	832,005.			
Program Service Revenue	2a b c d e						
rog		Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividence other similar amounts)	mpt bond proceeds ►	135.			135.
	6 a b c	Gross rents	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Tb					
		Gain or (loss)   <b>7c</b>     Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 8b				
Q.		Net income or (loss) from fundraising					
,		Gross income from gaming activities. See Part IV, line 19	9a				
		Less: direct expenses  Net income or (loss) from gaming a	9b				
	10 a	Gross sales of inventory, less returns and allowances	10a				
		: Net income or (loss) from sales of i	- 1				
25	1.		Business Code				
scellaneous Revenue	11 a b c d		-				
MISCE		All other revenue					
		Total revenue. See instructions		832.140.	0	0	135.

### 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 re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,000.	20,000.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,	,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	69,245.	59,324.	9,921.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	202,357.	173,365.	28,992.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,552.	6,493.	1,059.	
9	Other employee benefits	26,995.	20,043.	6,952.	
-	Payroll taxes	19,843.	17,142.	2,701.	
	Fees for services (nonemployees):	15,045.	17,142.	2,701.	
	a Management				
	<b>b</b> Legal				
	c Accounting	11,356.		11,356.	
	Lobbying	11,550.		11,550.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column	06.105	10.000	00.005	
	(A), amount, list line 11g expenses on Schedule O.)	36,125.	13,300.	22,825.	
	Advertising and promotion	2,781.	2,631.	150.	
	Office expenses	1,266.	129.	1,137.	
	Information technology	4,828.	2,322.	2,506.	
15	Royalties.	24.000		24.000	
16	Occupancy	34,898.		34,898.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,434.		4,434.	
23	Insurance	9,612.		9,612.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
á	SUPPLIES	1,674.	844.	830.	
	STAFF & BOARD APPRECIATION	1,248.	<u> </u>	1,248.	
	MEETINGS	1,212.	125.	1,087.	
	DUES & SUBSCRIPTIONS	913.	120.	913.	
	All other expenses	1,773.	695.	1,078.	
25	Total functional expenses. Add lines 1 through 24e	458,112.	316,413.	141,699.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line	in this Part X			
		•	-		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			232,608.	1	591,945.
	2	Savings and temporary cash investments			50,169.	2	50,304.
	3	Pledges and grants receivable, net				3	·
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribu	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons (a	s defined under		6	
	7	Notes and loans receivable, net		7			
S	8	Inventories for sale or use		_	843.	8	843.
Assets	9	Prepaid expenses and deferred charges			010.	9	010.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1	202,328.			
		Less: accumulated depreciation		202,328.	4,434.	10 c	
	11	Investments – publicly traded securities			,	11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		288,054.	16	643,092.
	17	Accounts payable and accrued expenses			503.	17	409.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 35	5%		22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		34,880.	25	62,907.
	26	Total liabilities. Add lines 17 through 25			35,383.	26	63,316.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	· <b>-</b>				
를	27	Net assets without donor restrictions				27	
m	28	Net assets with donor restrictions		<u></u>		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	X				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	ent fund			30	
(88	31	Retained earnings, endowment, accumulated income,	or other	funds	252,671.	31	579,776.
14 4	32	Total net assets or fund balances			252,671.	32	579,776.
ž	33	Total liabilities and net assets/fund balances	<u></u>	<u> </u>	288,054.	33	643,092.
ВΛ	۸		TFFA01111	00/22/21			Form <b>000</b> (2021)

	, ordered states and the				<u> </u>
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	32,1	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	58,1	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	74,0	)28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	52,6	571.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-	46,9	923.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	79,7	<u> 176.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a			
ŀ	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ate			
(	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?		2с		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/22/21		Form	9 <b>90</b> (	(2021)

### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number URBAN GREEN LAB, INC 27-1011744 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 10 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). 11 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 12 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. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

### 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	240,061.	430,645.	547,247.	201,262.	832,005.	2,251,220.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	240,061.	430,645.	547,247.	201,262.	832,005.	2,251,220.
6	Public support. Subtract line 5 from line 4						2,136,249.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	240,061.	430,645.	547,247.	201,262.	832,005.	2,251,220.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				91.	135.	226.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						2,251,446.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶□
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 1 (0)		1 1	
	Public support percentage for 20 Public support percentage from 2						94.88 % 76.85 %
	33-1/3% support test—2021. If the and stop here. The organization	ne organization di	d not check the bo	ox on line 13. and	d line 14 is 33-1/3	S% or more, check	this box
b	<b>33-1/3% support test—2020.</b> If th and <b>stop here.</b> The organization	e organization did	I not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a I-circumstances te	nd-circumstances est. The organizati	test, check this begin to the test, check this begin to the test.	oox and <b>stop here</b> publicly supporte	LExplain in Part dorganization.	VI how the ►

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

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

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

Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	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 <b>Part VI</b> , 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			
b	accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
_	organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	· · · · · · · · · · · · · · · · · · ·	<b>5</b> C		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	: 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 <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pai	rt IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	Yes	No
2	Did the that of the benear	the tax year.  The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations		l l	
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations			
1	D:4 th	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
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				
	orgai	ilzation's governing documents in enection the date of notification, to the extent not previously provided:			
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a 🗌 T	The organization satisfied the Activities Test. Complete line 2 below.			
ı	,	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(	: 🗍 т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ı	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
I		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	edule A (FOITH 990) 2021 URBAN GREEN LAB, INC.			11/44 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 6	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA Schedule A (Form 990) 2021 10 Line 8 amount divided by line 9 amount

Sch	edule A (Form 990) 2021 URBAN GREEN LAB, INC.	27-1013	1744	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cor	ntinued)		
Sec	tion D - Distributions		Current	Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8		
9	Distributable amount for 2021 from Section C. line 6	9		

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

BAA Schedule A (Form 990) 2021 Part VI

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

## Schedule B (Form 990)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

0001

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 2021

OMB No. 1545-0047

URBAN GREEN LAB, INC. 27-1011744 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 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 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).

URBAN GREEN LAB, INC.

27-1011744

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>337,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>_58,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 55,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$51,923.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$30,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
	TEC 4 0 7 0 0 1 1 0 10 0 10 1		

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 28,500. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 8 **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 9 **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization

URBAN GREEN LAB, INC.

1 1 Pa

27-1011744

Part II	Noncash Pi	roperty (	see instructions)	. Use duplicate	copies of	f Part II if	additional s	pace is needed.
---------	------------	-----------	-------------------	-----------------	-----------	--------------	--------------	-----------------

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
RΛΛ	TEEA0703L 10/06/21	Schodulo	B (Form 990) (2021)

BAA

Employer identification number

Name of organization URBAN GREEN LAB, 27-1011744 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)........... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

URBAN GREEN LAB, INC.

					011744	
Par	t   Organizations Maintaining Donor A	Advised Funds or Other:	Similar Fur	nds or Accounts.	•	
	Complete if the organization answer	red 'Yes' on Form 990, P	art IV, line	6.		
		(a) Donor advised fund	ds	(b) Funds an	d other acc	counts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
_						
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the ass janization's exclusive legal con	sets held in do itrol?	onor advised funds	Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of	and donor advisors in writing t	hat grant fund	ds can be used only		
	for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or	for any other	purpose conferring	Yes	No
Day					Ш	
Par	Conservation Easements. Complete if the organization answe	red 'Yes' on Form 990 P	Part IV line	7		
1	Purpose(s) of conservation easements held by th			7.		
•	Preservation of land for public use (for example,			on of a historically ir	nnortant la	nd area
	Protection of natural habitat	recreation of education)		on of a certified histo	•	
	Preservation of open space		Freservati	on or a certified filst	JIIC SII UCIU	16
2						41
2	Complete lines 2a through 2d if the organization held last day of the tax year.	a qualified conservation contribu	ition in the forr	n of a conservation ea	isement on	tne
				Held at t	he End of t	he Tax Year
a	Total number of conservation easements					
	Total acreage restricted by conservation easemer					
	: Number of conservation easements on a certified					
	Number of conservation easements included in (constructure listed in the National Register					
3	Number of conservation easements modified, transfe				the	
	tax year ►	•	-	-		
4	Number of states where property subject to conserva	tion easement is located ►				
5	Does the organization have a written policy regar and enforcement of the conservation easements				Yes	□No
6	Staff and volunteer hours devoted to monitoring, insp					<u> </u>
Ū	Total and volunteer floars devoted to file file file.	recting, narrating or violations, an	a critoreting col	noci vation cascinicitis	during the j	your
7	Amount of expenses incurred in monitoring, inspectin ►\$	ng, handling of violations, and en	forcing conserv	vation easements duri	ng the year	
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the requir	rements of se	ction 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in it he organization's financial stat	s revenue and ements that d	d expense statement lescribes the organiz	and balan ation's acc	ce sheet, and ounting for
Par	t III Organizations Maintaining Collecti	ons of Art. Historical Tre	easures. or	Other Similar A	ssets.	
1 41	Complete if the organization answe	red 'Yes' on Form 990, P	art IV, line	8.		
1 a	If the organization elected, as permitted under FA historical treasures, or other similar assets held f Part XIII the text of the footnote to its financial st	or public exhibition, education,	or research i	atement and balance n furtherance of pub	e sheet wor lic service,	rks of art, provide in
k	If the organization elected, as permitted under FA historical treasures, or other similar assets held for p following amounts relating to these items:	ublic exhibition, education, or res	search in furthe	erance of public service	e, provide th	of art, ne
	(i) Revenue included on Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X				·	
2	If the organization received or held works of art, histo amounts required to be reported under FASB ASI	orical treasures, or other similar a C 958 relating to these items:	assets for finan	icial gain, provide the	following	
_	Povenue included on Form 000 Part VIII line 1	-			Ċ	

▶\$

Part III   Organizations Maintai	ining Colle	ections of Art	., Historica	ai ireasures, or	Otner Similar Ass	ets (contin	uea)
3 Using the organization's acquisition, items (check all that apply):	, accession, a	nd other records,	check any o	f the following that ma	ake significant use of its	collection	
<b>a</b> Public exhibition		d [	Loan or ex	xchange program			
<b>b</b> Scholarly research		е	Other				
c Preservation for future generation	ations						
4 Provide a description of the organize Part XIII.		•	•	ŭ			
5 During the year, did the organization to be sold to raise funds rather the	nan to be ma	intained as part	of the organ	nization's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	amount on	Form 990, P	art X, line	e 21.	swered Yes on For	m 990, Pa	irt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other interr	nediary for o	contributions or othe	r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	and complete the	e following t	able:		<del></del>	
						Amount	
<b>c</b> Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year							
<b>f</b> Ending balance						_	
2a Did the organization include an a						Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here if th	e explanatio	on has been provided	d on Part XIII		
D	1 1			104 1 5	000 D 1 1 1 / 1	1.0	
Part V   Endowment Funds. C							
1 - Deginning of year belongs	(a) Current	year (b)	Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance							
<b>b</b> Contributions							
<b>c</b> Net investment earnings, gains,							
and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	e of the curre	ent year end bala	ance (line 1	g, column (a)) held a	as:		
a Board designated or quasi-endowme	ent ►	%					
<b>b</b> Permanent endowment ▶	8						
c Term endowment ►	%						
The percentages on lines 2a, 2b, ar	nd 2c should e	equal 100%.					
3a Are there endowment funds not in the	he possession	of the organizati	on that are h	eld and administered	for the		
organization by:						Yes	No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	_		•			3b	
4 Describe in Part XIII the intended			ndowment t	unas.			
Part VI Land, Buildings, and I Complete if the organization			on Form 9	90, Part IV, line	11a. See Form 990	0, Part X, I	ine 10.
Description of property		(a) Cost or othe	r basis (	b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
<b>1 a</b> Land		, , , , , , , ,	•	` ′			
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment				202,328.	202,328.		0.
<b>e</b> Other							<u>.</u>
Total. Add lines 1a through 1e. (Colum			Part X, colui	mn (B), line 10c.)			0.
BAA				· · · · · · · · · · · · · · · · · · ·		ıle D (Form 99	

Schedule D (Form 990) 2021

Part VII		Other Securities.		N/A	
				), Part IV, line 11b. See Form 9	
(a) Desc	ription of security or cate	gory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financ	ial derivatives				
	held equity interes	ts			
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
( <u>E)</u>					
(F)					
$\frac{(G)}{(H)}$ — — —					
(l)					
		90, Part X, column (B) line 12.) •		NT / 7	
Part VIII	Investments -   Complete if the	Program Related.	Yes' on Form 990	N/A ), Part IV, line 11c. See Form 9	990 Part X line 13
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end	
(1)			· · ·	•	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colun		90, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	a arganization analyses	N/A	), Part IV, line 11d. See Form 9	000 Dort V line 1F
	Complete ii tiik		scription	o, Part IV, line Tru. See Form s	(b) Book value
(1)		(a) DC	SCHPTION		(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
(10)					
	Jumn (h) must ogus	J Form 990 Part Y column (	D) lino 15 )		•
Part X	Other Liabilitie	•	<i>5)</i> III.le 13.)		
rartx	Complete if the ord	anization answered 'Yes' on F	orm 990. Part IV. line 1	le or 11f. See Form 990, Part X, line 25	).
1.			iption of liability		(b) Book value
(1) Fede	ral income taxes		·		, ,
	ROLL LIABILI	TIES			-413.
	LOAN				63,320.
(4)					
(5)					
(5) (6)					
(5) (6) (7)					
(5) (6) (7) (8)					
(5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9) (10)					
(5) (6) (7) (8) (9) (10) (11)	nn (b) must eaual Form 9	90, Part X, column (B) line 25.)		•	62.907.
(5) (6) (7) (8) (9) (10) (11) Total. (Column		90, Part X, column (B) line 25.) In Part XIII, provide the text of the fo		nancial statements that reports the organization's	62,907.

Part XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per R	Return. N/A
Complete if the organization answered 'Yes' on Form 990	0, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4b	7
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A		
Part XII Reconciliation of Expenses per Audited Financial State	ments With Expenses per	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990		Return. N/A
	0, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990	0, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	0, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	0, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	0, Part IV, line 12a 2a 2b	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments	0, Part IV, line 12a 2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements	0, Part IV, line 12a.  2a  2b  2c  2d	1
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)	2a 2b 2c 2d	2 e
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	2a 2b 2c 2d	2 e
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.	2a 2b 2c 2d	2 e
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	2e 3
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2a 2b 2c 2d 4a 4b	2e 3
Complete if the organization answered 'Yes' on Form 990  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	2e 3

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

BAA Schedule D (Form 990) 2021

### SCHEDULE 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.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

URBAN GREEN LAB, INC.

Employer identification number
27-1011744

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

FORM 990 WILL BE DISTRIBUTED VIA EMAIL TO THE BOARD OF DIRECTORS.

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

FIRST, DISCLOSE THE POSSIBLE CONFLICT OF INTEREST AT THE GOVERNANCE COMMITTEE

MEETING. THEY WILL THEN DETERMINE IF IT IS TRULY A CONFLICT OF INTEREST AND WILL

EXPLORE HOW THEY CAN CHANGE THE AGREEMENT TO DISSOLVE THE CONFLICT OF INTEREST.

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

THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.