ObjectId: 202212449349300701 - Submission: 2022-09-01

TIN: 82-2859964

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Inspection

IIILCIIIai	I/C ACI	iue Seivice						
A F	or th	ie 2021 c	alendar year, or tax year beginning 01-01-2021 $$, and endi	ng 12-3	1-2021			
B Che	ck if a	applicable:	C Name of organization WE BLOOM INC			D Employer	identif	ication number
_		change	WE BEGOTT INC			82-28599	64	
∪ Na O Ini		nange	Doing business as					
_		rn/terminated	- 1					
_		d return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	iite	E Telephone r	number	
ОАр	plicati	ion pending	525 S MERIDIAN STREET STE 1E6			(206) 940	-5234	
			City or town, state or province, country, and ZIP or foreign postal code					
			INDIANAPOLIS, IN 46225			G Gross recei	pts \$ 9	03,995
			F Name and address of principal officer:		H(a) Is this	s a group retu	rn for	
			BETH KRIETL EDS LHMC RYT 525 S MERIDIAN STREET STE 1E6		subor	dinates?		☐Yes <a>V No
			INDIANAPOLIS, IN 46225			I subordinates	;	☐ Yes ☐No
I Tax	(-exer	mpt status:	✓ 501(c)(3)	527	includ If "No	ieur o," attach a list	. See i	
1 W	ehsit	te: WW	VW.WEBLOOM.ORG			exemption n		
						·		
K Forn	n of o	rganization	Corporation Trust Association Other		L Year of forma	ation: 2017 M	1 State	of legal domicile: IN
		gamzaciom						
Pa	art I	Sum	mary					
			scribe the organization's mission or most significant activities: M, INC.'S MISSION IS TO EMPOWER COMMUNITIES THROUGH TRA	ATNITNIC	EDUCATION C	CONCLUTING	20114	DODATION
œ			E SHARING AND TECHNOLOGY.	AIMING,	EDUCATION, C	ONSULITING, (JULLA	BURATION,
e e								
Ĕ								
Š	,	Chack th	is box ▶□					
G			of voting members of the governing body (Part VI, line 1a)				3	10
×8	4	Number o	of independent voting members of the governing body (Part VI, lin	e 1b) .		•	4	10
Activities & Governance	5	Total nun	nber of individuals employed in calendar year 2021 (Part V, line 2a	1)		_	5	21
Ř	6		nber of volunteers (estimate if necessary)	-			6	38
Ä	7a		elated business revenue from Part VIII, column (C), line 12				7a	0
			lated business taxable income from Form 990-T, Part I, line 11 .		7b			
						or Year		Current Year
	8	Contribut	tions and grants (Part VIII, line 1h)			799,62	4	903,995
Revenue			service revenue (Part VIII, line 2q)	•		16,66	-	0
Ş		•	ent income (Part VIII, column (A), lines 3, 4, and 7d)			10,00	'	0
ď			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•			-	0
				. 12\		816,29	1	903,995
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line			010,23	_	
			nd similar amounts paid (Part IX, column (A), lines 1–3)	ı			-	0
			paid to or for members (Part IX, column (A), line 4)			205.60	+	0
Expenses			other compensation, employee benefits (Part IX, column (A), lines	-		305,69	1	577,556
SE .			onal fundraising fees (Part IX, column (A), line 11e)	•				0
8			raising expenses (Part IX, column (D), line 25) 3,851					
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	•		264,35	+	388,290
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			570,04		965,846
	19	Revenue	less expenses. Subtract line 18 from line 12	•		246,24	2	-61,851
Net Assets or Fund Balances					Beginning	of Current Yea	r	End of Year
ets		Tabal	ata (Dad V. Bas 16)			202.62		F04.031
Ass			ets (Part X, line 16)	•		393,02	_	504,921
let			ilities (Part X, line 26)			7,29	_	140,442
- LL	22	Net asset	ts or fund balances. Subtract line 21 from line 20		1	385,73	U	364,479

Part II Signature Block

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

					2022-08-29	
Sigr	י ון ו	gnature of officer			Date	
Her	AL	DAM DEJUTE TREASURER pe or print name and title				
	y -7	Print/Type preparer's name	Preparer's signature	Date		PTIN
Pai	d		, ,	2022-09-01	Check if self-employed	P00358753
Pre	parer	Firm's name CRACE BEAM CPAS	LLC	•	Firm's EIN ▶ 26-	-2182951
Use	Only	Firm's address ▶ 9763 WESTPOINT D	RIVE		Phone no. (317)	991-3322
		INDIANAPOLIS, IN	46256			
May	the IRS disc	cuss this return with the preparer sh	nown above? (see instructions)			✓ Yes □ No
For I	Paperwork	Reduction Act Notice, see the s	eparate instructions.	Cat.	No. 11282Y	Form 990 (202
			Page 2 —			
Form	990 (2021))				Page
Pa	rt III St	atement of Program Service	Accomplishments			<u> </u>
		eck if Schedule O contains a respon	se or note to any line in this Pa	rt III	<u></u>	🗆
1		scribe the organization's mission:	MUNITURE TUROUGUETRA INTAIC	EDUCATION CONC	UTING COLLAR	ODATION DECOURCE
		.'S MISSION IS TO EMPOWER COMI ECHNOLOGY.	MUNITIES THROUGH TRAINING	, EDUCATION, CONSU	JLIING, COLLABO	ORATION, RESOURCE
_						
2		ganization undertake any significan Form 990 or 990-EZ?		ear which were not li	sted on	☐ Yes ✓ No
	•	escribe these new services on Sche				∪ Yes ► No
3	•	ganization cease conducting, or ma		conducts, any progra	am	
						🗌 Yes 💟 No
	•	escribe these changes on Schedule				
4	Section 50	he organization's program service a D1(c)(3) and 501(c)(4) organization ue, if any, for each program service	s are required to report the am			
4a	(Code:) (Expenses \$	782,500 including grants of	· \$) (Revenue \$)
	GUEST ENT FOR RECOV FURTHER EX	CCOMPLISHMENTS DURING 2021 CONSIS RIES (1,208 INDY, 384 LAFAYETTE, 436 N FERY CLASSES, 3,500 MEALS PROVIDED, XPANSION OF OUR MIDWEST REGIONAL G A BIPOC PEER EXPANSION PROGRAM.	MUNCIE), 27 RECOVERY CIRCLES (14 AND 150 COMMUNITY VOLUNTEERS.	INDY, 8 LAFAYETTE, 5 M OTHER ORGANIZATION	IUNCIE), 20 SOBER AL ACCOMPLISHME	SOCIAL EVENTS, 44 SCHOOL NTS FOR WE BLOOM INCLUDE
4b	(Code:) (Expenses \$	including grants of	· \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of	· \$) (Revenue \$)
4d	Other pro	gram services (Describe in Schedul	e O.) ding grants of \$) (Revenue	\$)

4e Total program service expenses▶

782,500

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Par	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	D: 1 1			

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 No

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Pa	Checklist of Required Schedules (continued)	1								
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	Yes	No No						
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		No						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?									
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No						
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No						
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? If "Yes," complete Schedule L, Part II	26		No						
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No						
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No						
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		No						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No						
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		No						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No						
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No						
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		No						
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	Yes							
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V									
	Check if Schedule O contains a response of note to any fine III tills Part V	<u> </u>	Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0									

~	Enter the name of Forms to be included on the fair black of a not approache.										
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c	Yes								
		F	orm 99	0 (2021)							

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
	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)?	4a		No						
	b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	124								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
4.4	Did to the first transfer of			K.						

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		NO
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
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		No
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? If "Yes," complete Form 6069.	17		
	in res, complete rorm 6009.	F	orm 99	0 (2021)
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Form	990 (2021)			Page 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	-	onse to	'
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
<u>Se</u>	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
	similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization make any significant changes to its governing documents since the prior roll 1990 was filed: . Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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			
b	taxable entity during the year?	16a		No
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	ı l		i

7/24/23	, 4:34 PM	WE E	BLOOM INC - Full Filing- Nonpr	ofit Explorer - Prof	Publica		
	status with respect to such arrangements	?			16	b	
Se	ction C. Disclosure				•		
17	List the states with which a copy of this Fo	orm 990 is requ	ired to be filed► IN				
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe	make its Form 1 ection. Indicate l	.023 (1024 or 1024-A, if applic now you made these available.	able), 990, and 99 Check all that app	0-T (section ly.		
	✓ Own website	e 🗆 Upon red	quest Other (explain in S	chedule O)			
19	Describe in Schedule O whether (and if so policy, and financial statements available			cuments, conflict o	of interest		
20	State the name, address, and telephone r •WE BLOOM INC 525 S MERIDIAN STRE	number of the po ET STE 1E6 I	erson who possesses the organ NDIANAPOLIS, IN 46225 (206)	ization's books and 940-5234	d records:		
						Form 990	(2021
			—— Page 7 ————				
			ruge /				
Form	990 (2021)						Page
rai	Compensation of Officers, I and Independent Contractor		istees, Key Linployees, I	ngnest compe	isateu Employ	ees,	
	Check if Schedule O contains a res	ponse or note to	o any line in this Part VII				
Se	ction A. Officers, Directors, Truste						
1a Co	omplete this table for all persons required t				_	ganization's	s tax
	List all of the organization's current officer			rganizations), rega	ardless of amount		
	mpensation. Enter -0- in columns (D), (E),	` ,	•				
	ist all of the organization's current key emist the organization's five current highest	. , , ,		, , ,			
who r	received reportable compensation (box 5 of ization and any related organizations.	Form W-2, For	m 1099-MISC, and/or box 1 of	Form 1099-NEC) o	of more than \$100	,000 from t	:he
	ist all of the organization's former officers ortable compensation from the organizatio			loyees who receive	ed more than \$100),000	
	ist all of the organization's former directo ization, more than \$10,000 of reportable o						
See t	he instructions for the order in which to list	t the persons ab	ove.				
	Check this box if neither the organization no	or any related o	rganization compensated any c	urrent officer, dire	ctor, or trustee.		
	(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estima amount o compens from to	ated of other sation the

(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) BETH KRIETL EDS LHMC RYT EXECUTIVE DI	40.00	х		х				64,350	0	0
(2) STEVE BALL MEMBER-AT-LA	1.00	Х						0	0	0
(3) DIEM BUI VICE PRESIDE	1.00	Х		х				0	0	0
(4) ADAM DEJUTE TREASURER	1.00	х						0	0	0
(5) KEVIN ESPIRITO SECRETARY	1.00	х		х				0	0	0
(6) KEVIN FITZGERALD MEMBER-AT-LA	1.00	х						0	0	0
(7) DEREK KENDRICK MEMBER-AT-LA	1.00	х						0	0	0
(8) STEPHANIE LAFONTAINE MEMBER-AT-LA	1.00	Х						0	0	0

(9) GARY MILES PRESIDENT	1.00	Х			0	0	0
(10) BILL RAMOS MEMBER-AT-LA	1.00	Х			0	0	0
(11) DERRIN SLACK MEMBER-AT-LA	1.00	х			0	0	0
							_

Form **990** (2021)

————— Page 8 ——

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Page 8

Part VII Section A. Officers. Directors. Trustees. Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	than d	one b	ox, i an of tor/t	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sub-Total						¥ ¥				

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on	
	line 1a? If "Yes," complete Schedule J for such individual	3

	Yes	No
3		No

4	For any individual listed on line 1a, is the sum of reporta organization and related organizations greater than \$150 individual	ible cor 0,000?	mpensation and othe If "Yes," complete S	er compens	sation fror for such	m the	4	No
5	Did any person listed on line 1a receive or accrue compe services rendered to the organization? If "Yes," complete				tion or ind	lividual for	5	No
Se	ection B. Independent Contractors					-		
1	Complete this table for your five highest compensated in from the organization. Report compensation for the cale:						pensation	1
	(A)	iluai ye	ear ending with or w	idilii die 0		(B)		(C)
	Name and business address				Des	cription of services	Со	mpensation
	Total number of independent contractors (including but not compensation from the organization ►	t limite	d to those listed abo	ve) who r	eceived m	ore than \$100,000	of	
	compensation from the organization -						Form	9 90 (2021)
			Page 9 ———					
Form	990 (2021)							Page 9
	art VIII Statement of Revenue							rage 3
	Check if Schedule O contains a response or note	e to an	y line in this Part VIII	ı				
			(A) Total revenue		3) ed or	(C) Unrelated	D	(D) evenue
			local revenue	exe	mpt	business	excl	uded from
					ction enue	revenue		der sections L2 - 514
	Federated campaigns 1a					•		,
	ributions,							
	Grants Membership dues 1b							
Cimi	erAmt Jar							
Ar fi o	Tippdraising events 1c							
_	16,369 Related organizations							
ľ	Neidled Organizations							
е	Government grants (contributions) 1e							
ŀ	505,996							
	All other contributions, gifts, grants,							
	and similar amounts not included above							
	381,630							
g	Noncash contributions included in							
	lines 1a - 1f:\$							
	12,258							
h '	Total. Add lines 1a-1f	903,995	i					
	Business	Code						
1	2a							
9								
9	,							
å								
Vic.	2							
Seg	,							
Program Service Revenue	i ————						+	
000) a							
à								
	f All other program service revenue.]		
\dashv	9 Total. Add lines 2a-2f	1	1				1	
	3 Investment income (including dividends, interest, and o similar amounts)	rner						
	4 Income from investment of tax-exempt bond proceeds	►						

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	inoyundes i i	Ė	(i) Rea	 I	(ii) Perso	onal				
6	a Gross rents	6a]			
b	Less: rental	6b					-			
c							_			
	or (loss) d Net rental income	6c	locc)				<u> </u>			
	u Net rental income	01 ((i) Securi	ties	(ii) Oth	ner				
7	a Gross amount	'			(,		1			
	from sales of assets other than inventory	7a								
b	Less: cost or other basis and sales expenses	7b								
c	Gain or (loss)	7c								
	d Net gain or (loss)	-				•	_			
Other Revenue	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on I	16,369 of	8a						
å	b Less: direct expen	ses		8b			-			
Jer	c Net income or (los	s) fr	om fundraisir	ng eve	nts	•				
ö	Gross income from	anmi	na activities							
	See Part IV, line 19	•	· ·	9a						
	b Less: direct expen	ses		9b						
	c Net income or (los	s) fr	om gaming a	ctivitie	es	•				
10	aGross sales of inve	entor	v less							
1	returns and allowa	inces	, 1033	10a						
	b Less: cost of good	s sol	d	10b			1			
1_	c Net income or (los	s) fr	om sales of i	nvento	ry	•	_			
-	Miscellane	ous R	levenue		Business (Code				
1	Ia									
	b									
	с									
	-									
	d All other revenue			I.		•				
	e Total. Add lines 1									
1	2 Total revenue. S	ee in	structions .	•		•	903,995			
		_		· <u> </u>						Form 990 (2021)
							Page 10 ———			
	200 (2021)						- 5			
rm 9	990 (2021) X Statement	- of	Functions	l Evn	encec					Page 10
rdil	Statement	י טו	ı uncubildi	LXP	CIIS CS					

Form 990	(2021)				Page 10
Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	. All other organization	ons must complete co	olumn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆
	nclude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ts and other assistance to domestic organizations and estic governments. See Part IV, line 21				
	ts and other assistance to domestic individuals. See V, line 22				
gove	ts and other assistance to foreign organizations, foreign rnments, and foreign individuals. See Part IV, lines 15 16				

	· · · · · · · · · · · · · · · · · · ·	I .	i	1			I
4	Benefits paid to or for members						
	Compensation of current officers, directors, trustees, and key employees	64,350			6	54,350	
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	467,088	434,014		3	33,074	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits	1,000	1,000				
10	Payroll taxes	45,118	37,455			7,663	
11	Fees for services (non-employees):						
а	Management						
b	Legal						
c.	Accounting						
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,749			4	14,749	
12	Advertising and promotion	12,183			1	12,183	
13	Office expenses	91,907	75,725		1	16,182	
14	Information technology						
	Royalties						
16	Occupancy	51,961	50,667			1,294	
17	Travel						
	Payments of travel or entertainment expenses for any federal, state, or local public officials .						
19	Conferences, conventions, and meetings	18,636	18,636				
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	1,000	1,000				
23	Insurance	6,041	6,041				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
а	PROGRAM EXPENSES	157,962	157,962				
b	FUNDRAISING EXPENSES	3,851					3,851
- c							
d							
e	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	965,846	782,500		17	79,495	3,851
	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 Dif following SOP 98-2 (ASC 958-720).						
							Form 990 (2021)
		– Page 11 ––––					
Form	990 (2021)						Page 11
Pa	rt X Balance Sheet						
	Check if Schedule O contains a response or note to any	line in this Part IX .	<u></u>		<u></u>		🗆
			(A) Beginning of	year			(B) End of year
	1 Cash-non-interest-bearing			388,295	1		440,532
	2 Savings and temporary cash investments				2		
	3 Pledges and grants receivable, net				3		52,510
	4 Accounts receivable, net				4		

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	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial co	ontributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section $4958(f)(1)$				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
AS.	9	Prepaid expenses and deferred charges				9	8,152
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,000			
	b	Less: accumulated depreciation	10b	1,273	4,727	10 c	3,727
	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 to 15)	ual line 3	33)	393,022	16	504,921
	17	Accounts payable and accrued expenses			7,292	17	33,577
	18	Grants payable				18	
	19	Deferred revenue			19	80,249	
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete F	art IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	35% controlled entity		22		
<u>.e</u>	23	, , , ,				23	
	24	Secured mortgages and notes payable to unrelate				24	
		Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, page 1)	-			25	26,616
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		o related tilliu parties,		20	20,010
	26	Total liabilities. Add lines 17 through 25 .			7,292	26	140,442
Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	eck he	re 🕨 🗹 and			
ala	27	Net assets without donor restrictions			235,244	27	318,045
9	28	Net assets with donor restrictions			150,486	28	46,434
r Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	•				
0	29	Capital stock or trust principal, or current funds				29	
Assets or	30	Paid-in or capital surplus, or land, building or eq				30	
18S	31	Retained earnings, endowment, accumulated in	come, or	other funds		31	
Net /	32	Total net assets or fund balances			385,730	32	364,479
ž	33	Total liabilities and net assets/fund balances .	<u>.</u> .		393,022	33	504,921
							Form 990 (2021)

——— Page 12 ——

Pa	rt XI Reconcilliation of Net Assets		Page 12
	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	903,995
2	Total expenses (must equal Part IX, column (A), line 25)	2	965,846
3	Revenue less expenses. Subtract line 2 from line 1	3	-61,851
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	385,730
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	40,600
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	364,479

	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			Form 99	0 (2021)
Form	990 (2021)			
Ad	lditional Data	Retur	n to Fo	rm
	Software ID:			
	Software Version:			
Forn	n 990, Special Condition Description:			
	Special Condition Description			

ObjectId: 202212449349300701 - Submission: 2022-09-01

TIN: 82-2859964

OMB No. 1545-0047

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.

Open to Public Inspection

	e of ti	he organization NC					Employer identific	ation number
							82-2859964	
	rt I	Reason for Public ation is not a private for	Charity Stat	us (All organization	s must comple	ete this part.) S	See instructions.	
	organiz	•		-				
1		A church, convention of	of churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school described in s	section 170(b)((1)(A)(ii). (Attach Sci	hedule E (Form 9	990).)		
3		A hospital or a coopera	ative hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research org name, city, and state:	ganization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operat			rsity owned or o	perated by a gov	ernmental unit descri	bed in section
6		A federal, state, or loc	al government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	(v).	
7	✓	An organization that ne section 170(b)(1)(A			s support from a	a governmental u	init or from the gener	al public described in
8		A community trust des	cribed in section	n 170(b)(1)(A)(vi).	(Complete Part 1	II.)		
9		An agricultural research						ege or university or a
10		An organization that no from activities related investment income and 30, 1975. See section	ormally receives: to its exempt fur d unrelated busin	(1) more than 331/3% actions—subject to cer ness taxable income (le	% of its support f tain exceptions,	rom contribution and (2) no more	s, membership fees, a than 33 1/3% of its si	upport from gross
11		An organization organi			r public safety. S	See section 509	(a)(4).	
12		An organization organi more publicly supporte on lines 12a through 1	ed organizations (described in section 5	509(a)(1) or se	ction 509(a)(2)). See section 509(a	
а		Type I. A supporting organization(s) the po-	organization oper wer to regularly a	rated, supervised, or cappoint or elect a major	ontrolled by its s	supported organiz	zation(s), typically by	
b		Type II. A supporting management of the su must complete Part	organization sup	pervised or controlled i ation vested in the sar				
С		Type III functionally supported organization	y integrated. A s	supporting organizatio				ted with, its
d		Type III non-function functionally integrated	nally integrate . The organizatio	d. A supporting organ in generally must satis	ization operated fy a distribution	in connection wirequirement and	th its supported organ	
e		instructions). You mu Check this box if the o	rganization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III r the number of supporte	•		-			
g		de the following informa	3				· · · · · · · · -	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			1					
				_			_	
Tota			<u> </u>			_		
		work Reduction Act No or 990-EZ.	otice, see the Ii		Cat. No. 1128	bF	Schedule	A (Form 990) 2021
				Pa	ge 2 ———			
C . !	a	(Farma 000) 200;						
		(Form 990) 2021				170/13/23/23	// \	Page 2
Ра	rt II	(Complete only if	you checked the	zations Described he box on line 5, 7, ify under the tests	or 8 of Part I	or if the organi	zation failed to qua	
Se	ction	A. Public Support						
	endar	year	(a) 201	.7 (b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total

(0	i iiscai yeai begiiiiiiig iii <i>) 🏲</i>						
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			165,604	734,291	903,995	1,803,890
_	include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			165,604	734,291	903,995	1,803,890
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						1,803,890
	line 4.						1,003,090
	Section B. Total Support						
	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(0	r fiscal year beginning in) 🟲	(u) 2017	(6) 2010				
7	Amounts from line 4			165,604	734,291	903,995	1,803,890
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						1,803,890
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	132,000
	,	•	•				
13	First 5 years. If the Form 990 is for the	-			•		ization, check
	this box and stop here					▶∪	
- 5	Section C. Computation of Public						
14	D 11: 1 1 1 2024 (I:			. column (f))		14	100.000 %
		, , ,	•			—	
15	Public support percentage for 2020 Sci a 33 1/3% support test—2021. If the					15	100.000 %
	and stop here. The organization quality 33 1/3% support test—2020. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact	organization did qualifies as a pub —2021. If the or	not check a box plicly supported ganization did n	on line 13 or 16a, a organization ot check a box on lir	and line 15 is 33 1, 	3% or more, check 	k this .. ▶ □ % or more,
Ŀ	neets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets the	t—2020. If the one "facts-and-circ	tion qualifies as rganization did umstances" test	a publicly supported not check a box on li c, check this box and	organization ne 13, 16a, 16b, stop here. Expla		▶ □ 5 is 10% or the organization
18	note: 10%-facts-and-circumstances tes more, and if the organization meets the meets the "facts-and-circumstances" Private foundation. If the organization	t—2020. If the one "facts-and-circotest. The organization did not check a	tion qualifies as rganization did umstances" test ation qualifies as a box on line 13,	a publicly supported not check a box on li , check this box and a publicly supporte 16a, 16b, 17a, or 1	organization ne 13, 16a, 16b, stop here. Expla d organization 7b, check this box	or 17a, and line 15 or 17a, and line 15 iin in Part VI how t 	5 is 10% or the organization
18	nore, and if the organization meets the meets the "facts-and-circumstances"	t—2020. If the one "facts-and-circotest. The organization did not check a	tion qualifies as rganization did umstances" test ation qualifies as a box on line 13,	a publicly supported not check a box on li , check this box and a publicly supporte 16a, 16b, 17a, or 1	organization ne 13, 16a, 16b, stop here. Expla d organization 7b, check this box	or 17a, and line 15 in in Part VI how t 	▶ □ 5 is 10% or the organization ▶ □
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b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 Part VI what controls the organization used to ensure that all support	4-		
5a	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported	4c		
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	-		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting			
С	organization had an interest? If "Yes," provide detail in Part VI . Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.			
L		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		
	Schedule A		990)	202:
	Schedule A		990)	202:
	Schedule A		n 990)	202:
	Page 5		n 990)	202:
	dule A (Form 990) 2021			202 :
	Page 5		F	Page S
Par	dule A (Form 990) 2021 t IV Supporting Organizations (continued)			
Par	dule A (Form 990) 2021 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons?		F	Page S
Par	dule A (Form 990) 2021 t IV Supporting Organizations (continued)		F	Page S
Par	dule A (Form 990) 2021 It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the	(Form	F	Page S
Par 11 a	dule A (Form 990) 2021 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	(Form	F	Page S
Par 11 a b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11a 11b	F	Page S
Par 11 a b	dule A (Form 990) 2021 It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a 11b	F	Page S
Par 11 a b	dule A (Form 990) 2021 It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations	11a 11b	Yes	Page S
11 a b c	Page 5 dule A (Form 990) 2021 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"	11a 11b	Yes	Page S
11 a b c	dule A (Form 990) 2021 IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Extion B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11a 11b	Yes	Page S
11 a b c	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Coction B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's electively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11a 11b	Yes	Page S
11 a b c	dule A (Form 990) 2021 IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Extion B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11a 11b	Yes	Page S
11 a b c	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. In the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11a 11b 11c	Yes	Page S
111 a b c See	dule A (Form 990) 2021 **Example 10 To Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Cection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	11a 11b 11c	Yes	Page S
111 a b c See	dule A (Form 990) 2021 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Inction B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? "Yes," explain in Part VI how providing such benefit	11a 11b 11c	Yes	Page S
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Par 111 a b c See 1	dule A (Form 990) 2021 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. In the organization of the organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	11a 11b 11c	Yes	No No
Par 11 a b c See 1	dule A (Form 990) 2021 It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. A cition B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. Cotion C. Type II Supporting Organizations Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	11a 11b 11c	Yes	No No

			•			
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the	prior tax year, (ii) a copy of the			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or ele	ected I	by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "I organization maintained a close and continuous working relationship with the supported					
_				2		
3	By reason of the relationship described in line 2 above, did the organization's supporter voice in the organization's investment policies and in directing the use of the organization's investment policies.	tion's i	ncome or assets at all times	_		
	during the tax year? If "Yes," describe in Part VI the role the organization's supported	a orgai	nizations piayed in this regard.	3		
	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art lest	t during the year (see instruct	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete	line 3	3 below.			
	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purpresponsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part V oses, l	/I identify those supported how the organization was	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the organization's involvement.	' explai	in in Part VI the reasons for	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	a Did the organization have the power to regularly appoint or elect a majority of the offi the supported organizations? If "Yes" or "No", provide details in Part VI .	cers, c	lirectors, or trustees of each of	3a		
	b Did the organization exercise a substantial degree of direction over the policies, progra					
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation ir	n this regard.	3b		
	Page 6		Schedule A	(Forn	n 990)	2021
Sch	Page 6 ———————————————————————————————————		Schedule A	(Form		2021 Page 6
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	redule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true	st on N	i zations Nov. 20, 1970 (explain in Part V	(I). Se	F	
Р	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on N	zations Nov. 20, 1970 <i>(explain in Part V</i> must complete Sections A through	(I). Se gh E. (B) Curi	e rent Yea	Page 6
P 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	st on N tions r	zations Nov. 20, 1970 <i>(explain in Part V</i> must complete Sections A through	(I). Se gh E. (B) Curi	r e	Page 6
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P 1 1 2 3 4 5 6 6 7 7 8 8	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organiza Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances	1 2 3 4 5 6 7 8 1 1a 1b	Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Curr	rent Yea	Page 6
P 1 1 2 3 4 5 6 6 7 7 8 8	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizates. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets	1 2 3 4 5 6 7 8 1 1a 1b 1c	Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Curr	rent Yea	Page 6
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1 1 2 3 4 5 6	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organiza Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets	1 2 3 4 5 6 7 8 1 1a 1b 1c 1d	izations Nov. 20, 1970 (explain in Part V must complete Sections A through (A) Prior Year	(B) Curr	rent Yea	Page 6

	instructions).	4	1
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III supporting organization (see
	Page 7		Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **7**

Section D - Distributions						
1 Amounts paid to supported organizations to accomplish exempt purposes	1					
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4 Amounts paid to acquire exempt-use assets	4					
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 (<i>provide details in Part VI</i>). See instructions	8					
9 Distributable amount for 2021 from Section C, line 6	9					
10 Line 8 amount divided by Line 9 amount	10					

10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
<u> \$ </u>			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			

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6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.	-	
7 Excess distributions carryover to 2022. Add lines 3j and 4c.	3	
8 Breakdown of line 7:		
a Excess from 2017		
b Excess from 2018		
c Excess from 2019		
d Excess from 2020		
e Excess from 2021		
		Schedule A (Form 990) (2021)
	Page 8	
	. 450 0	
Schedule A (Form 990) 2021		Page 8
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, Part IV, Section D, lines 2 and 3; Part IV, Se	explanations required by Part II, line 10; Part II, line 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line ection E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; ction E, lines 2, 5, and 6. Also complete this part for	nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
	Facts And Circumstances Test	
Return Reference	Explanation	
•		Schedule A (Form 990) 2021
Additional Data		Return to Form

Return to Form

Software ID: Software Version:

ObjectId: 202212449349300701 - Submission: 2022-09-01

TIN: 82-2859964

SCHEDULE D

Department of the Treasury

Supplemental Financial Statements (Form 990)

► 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

IIICIIIC	The vertice of vice	101 mistructions and the latest milo	mation. Inspection								
	me of the organization BLOOM INC		Employer identification number								
			82-2859964								
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.										
		(a) Donor advised funds	(b) Funds and other accounts								
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 advisor	rs in writing that the assets held in donor ad	vised funds are the								
•	organization's property, subject to the organization's exc										
6	Did the organization inform all grantees, donors, and do										
	charitable purposes and not for the benefit of the donor private benefit?										
Da	rt II Conservation Easements.		U Yes U No								
га	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.									
1	Purpose(s) of conservation easements held by the organ										
	Preservation of land for public use (e.g., recreation	or education) Preservation of an	historically important land area								
	Protection of natural habitat	Preservation of a c	ertified historic structure								
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a	gualified conservation contribution in the for	m of a conservation								
-	easement on the last day of the tax year.	qualified conservation contribution in the for	Held at the End of the Year								
а	Total number of conservation easements		2a								
b	Total acreage restricted by conservation easements		2b								
С	Number of conservation easements on a certified historic	structure included in (a)	2c								
d	Number of conservation easements included in (c) acquire structure listed in the National Register	red after 7/25/06, and not on a historic	2d								
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by	the organization during the								
4	Number of states where property subject to conservation	n easement is located									
5	Does the organization have a written policy regarding th		of violations								
3	and enforcement of the conservation easements it holds		Yes No								
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing co	onservation easements during the year								
7	Amount of expenses incurred in monitoring, inspecting, • \$	handling of violations, and enforcing conser	vation easements during the year								
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 1	70(h)(4)(B)(i)								
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No								
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state									
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes		er Similar Assets.								
1a	If the organization elected, as permitted under FASB ASI	, ,	t and balance sheet works of art,								
	historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial stateme	ic exhibition, education, or research in furth									
b	If the organization elected, as permitted under FASB ASI historical treasures, or other similar assets held for publ following amounts relating to these items:										
((i) Revenue included on Form 990, Part VIII, line 1		> \$								
	ii)Assets included in Form 990, Part X		' <u>-</u>								
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for fina									
а	Revenue included on Form 990, Part VIII, line 1	_	> \$								
b	Assets included in Form 990, Part X		<u></u>								

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Cat. No. 52283D Schedule D (Form 990) 2021

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art III Organizations Ma	aintainina Coll	lections of	· Δrt Histo	orical Trea	SIIPAS	or Other	r Similar A	ssets /	CONTINUEAL
Using the organization's acqu								,	
items (check all that apply):	•	•	,				3		
a Public exhibition			d	Loa	an or ex	change pro	ograms		
b Scholarly research			е	Oth	ner <u></u>				
c Preservation for future	generations								
Provide a description of the o	-	ections and e	explain how t	they further t	he orga	nization's e	exempt purpo	ose in	
Part XIII.			·	·	_				
During the year, did the orga assets to be sold to raise fun								O .,	O
Part IV Escrow and Custo	odial Arrangei	ments.	<u> </u>					∪ Ye	es UN
Complete if the org			on Form 99	90, Part IV,	line 9,	or report	ed an amou	ınt on F	orm 990, F
line 21.	tructoo custodia	n or other in	tormodian,	for contributi	one or o	thor accet	- not		
Is the organization an agent, included on Form 990, Part X								□ Y €	es 🗆 No
b If "Yes," explain the arrange	ment in Part XIII	and complete	e the followir	ng table:			A	Amount	
c Beginning balance						1c			
d Additions during the year						1d 1e			
Distributions during the year						1f			
f Ending balance						L			
a Did the organization include								_	es UN
b If "Yes," explain the arranger		Check here i	if the explan	ation has bee	en provid	ded in Part	XIII	U	
Part V Endowment Func Complete if the org		ered "Yes"	on Form 99	90. Part IV.	line 10	_			
complete if the org	garrizacioni arisvi	(a) Current) Prior year		years back	(d) Three ye	ars back	(e) Four year
		(a) Current	year (b) i iloi yeai		,			
Beginning of year balance .		(a) Current	year (b	7 Thor year		,			
		(a) Current	year (b	y mor year					
b Contributions		(a) current	year (b	, mor year		,			
b Contributions c Net investment earnings, gain	s, and losses	(a) current	year (b	y Trior year					
 b Contributions c Net investment earnings, gain d Grants or scholarships e Other expenditures for facilities 	s, and losses	(a) Current	year (b	y mor year					
b Contributions	s, and losses	(a) Current	year (D	y mor year					
b Contributions	s, and losses es	(a) Current	year (b	y mor year					
b Contributions	s, and losses es				(a)) held				
b Contributions	s, and losses . es		balance (line		(a)) held				
b Contributions	s, and losses . es	nt year end t	balance (line		(a)) held				
b Contributions	s, and losses . es ntage of the currendowment	ent year end b	balance (line		(a)) held				
b Contributions c Net investment earnings, gain d Grants or scholarships e Other expenditures for facilitie and programs f Administrative expenses g End of year balance Provide the estimated percer Board designated or quasi-er Permanent endowment Term endowment The percentages on lines 2a,	s, and losses .es ntage of the currendowment	ent year end l	balance (line	· 1g, column	. , ,	I as:			
b Contributions	s, and losses .es ntage of the currendowment	ent year end l	balance (line	· 1g, column	. , ,	I as:	for the		Yes
b Contributions	s, and losses .es ntage of the currendowment	ant year end l	balance (line	· 1g, column	. , ,	I as:	For the	3	Yes a(i)
b Contributions	s, and losses ss tage of the currendowment 2b, and 2c shoul not in the possess	ant year end b	balance (line	hat are held a	and adm	I as:	or the	3	a(i) a(ii)
b Contributions	s, and losses es ntage of the currendowment 2b, and 2c shoul not in the possess ated organizations	ant year end to the degree of the or	balance (line	hat are held a	and adm	I as:	For the	3	a(i)
b Contributions	s, and losses the ses that age of the currendowment 2b, and 2c shoul not in the possess ated organization anded uses of the	d equal 100% sion of the or	balance (line	hat are held a	and adm	I as:	for the	3	a(i) a(ii)
Contributions Net investment earnings, gain Grants or scholarships Other expenditures for facilitie and programs Administrative expenses End of year balance Provide the estimated percer Board designated or quasi-er Permanent endowment Term endowment The percentages on lines 2a, Are there endowment funds organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the relations Describe in Part XIII the inte	s, and losses the ses that age of the currendowment 2b, and 2c shoul not in the possess ated organization anded uses of the and Equipmen	d equal 100% sion of the or s listed as recorganization	balance (line	hat are held a	and adm	l as: inistered f		. 3	a(i) a(ii) 3b
Contributions	s, and losses the ses that age of the currendowment 2b, and 2c shoul not in the possess ated organization anded uses of the and Equipmen	ant year end to the order of the organization	balance (line	hat are held a	and adm	l as: inistered f		rt X, lin	a(i) a(ii) 3b
contributions	s, and losses . es	ant year end to the order of the organization	balance (line	hat are held and the second se	and adm	l as: inistered f		rt X, lin	a(i) a(ii) 3b
Contributions Net investment earnings, gain Grants or scholarships Other expenditures for facilitie and programs Administrative expenses End of year balance Provide the estimated percer Board designated or quasi-er Permanent endowment Term endowment The percentages on lines 2a, Are there endowment funds organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations If "Yes" on 3a(ii), are the relations Describe in Part XIII the inter Tand, Buildings, Complete if the organization of property	s, and losses . es	ant year end to the order of the organization	balance (line	hat are held and the second se	and adm	l as: inistered f		rt X, lin	a(i) a(ii) 3b
contributions	s, and losses . es	ant year end to the order of the organization	balance (line	hat are held and the second se	and adm	l as: inistered f		rt X, lin	a(i) a(ii) 3b
Contributions	s, and losses . es	ant year end to the order of the organization	balance (line	hat are held and the second se	line 11	l as: inistered f		rt X, lin	a(i) a(ii) 3b
f Administrative expenses g End of year balance Provide the estimated percer a Board designated or quasi-er b Permanent endowment The percentages on lines 2a, Are there endowment funds organization by: (i) Unrelated organizations (ii) Related organizations if "Yes" on 3a(ii), are the relation percentage in Part XIII the interest of the organization organization of the complete if the organization organizations Land, Buildings, and Complete if the organization organizations	s, and losses	d equal 100% sion of the or sisted as reorganization or the or sisted as reorganization at the control of the c	balance (line %. rganization the quired on Sc 's endowmer on Form 99 (b) Cost or oth	hat are held and the second se	line 11	l as: inistered f	orm 990, Pa	rt X, lin	a(i) a(ii) 3b

https://projects.propublica.org/nonprofits/organizations/822859964/202212449349300701/full and the statement of the stateme

Schedule D (Form 990) 2021

Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, F				
(a) Description of security or category (including name of security)	(b) Book value	Cos		d of valuation: year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	rm 990, P	art X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: - end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	۰			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX	art IV, I	ine 11d. See For	m 990, Pa	
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Tatal (Column (b) must squal Form 000, Bort V and (B) line 15				b
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part No. 2011		ine 11e or 11f.S	ee Form 9	990, Part X, line 25.
 (a) Description of liability (1) Federal income taxes 				(b) Book value
PAYROLL LIABILITIES				26,616

1/23, 4:34 PM WE BLOOM	I INC - Full Filing- Nonprofit Explore	er - ProPublica	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	26,616
Liability for uncertain tax positions. In Part XIII, provide the text of th	_		
rganization's liability for uncertain tax positions under FIN 48 (ASC 740)). Check here if the text of the footr		
		Schedule D ((Form 990) 202:
D	1		
P.	age 4		
chedule D (Form 990) 2021			Page 4
Part XI Reconciliation of Revenue per Audited Financi		e per Return.	
Complete if the organization answered 'Yes' on Form			
Total revenue, gains, and other support per audited financial state.		1	903,995
Amounts included on line 1 but not on Form 990, Part VIII, line 12	2a		
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities	2b		
b Donated services and use of facilities	<u> </u>		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			
Subtract line 2e from line 1		3	903,995
Amounts included on Form 990, Part VIII, line 12, but not on line:	1:		3037333
a Investment expenses not included on Form 990, Part VIII, line 7b	i i		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par	t I, line 12.)	5	903,995
Part XII Reconciliation of Expenses per Audited Financ	ial Statements With Expens	es per Return.	
Complete if the organization answered 'Yes' on Form			
Total expenses and losses per audited financial statements		1	965,846
Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	1 - 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	. 2b		
b Prior year adjustments	. 2b 2c		
 b Prior year adjustments	. 2b		
b Prior year adjustments	. 2b 2c	2e	965.846
b Prior year adjustments	2b 2c 2d	2e 3	965,846
b Prior year adjustments	2b 2c 2d	 	965,846
b Prior year adjustments	2b 2c 2d	 	965,846
b Prior year adjustments	2b 2c 2d	3	965,846
b Prior year adjustments	2b 2c 2d	3 4c	
b Prior year adjustments	2b 2c 2d	3 4c	
b Prior year adjustments	2b	4c . 5	965,846
b Prior year adjustments	2b 2c 2d	4c 5 2b; Part V, line 4; Part	965,846
b Prior year adjustments	2b 2c 2d 4a 4b art I, line 18.) lines 1a and 4; Part IV, lines 1b and to provide any additional information	4c 5 2b; Part V, line 4; Part	965,846
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 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 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	2b 2c 2d 4a 4b art I, line 18.) lines 1a and 4; Part IV, lines 1b and to provide any additional information	4c 5 2b; Part V, line 4; Part n.	965,846 X, line 2; Part XI,
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 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 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	2b 2c 2d 4a 4b art I, line 18.) lines 1a and 4; Part IV, lines 1b and to provide any additional information	4c 5 2b; Part V, line 4; Part n.	965,846 965,846 X, line 2; Part XI, (Form 990) 202:

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ObjectId: 202212449349300701 - Submission: 2022-09-01

TIN: 82-2859964

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2021

Department of the Treasury	Com	Que I Open to Public								
nternal Revenue Service	Go to www.i			990 or Form 990-EZ. instructions and the latest in	nformation.		Inspection			
Name of the organization WE BLOOM INC							Employer ide	ntification number		
							82-2859964			
	_	•	f the organization answered "Yes" on Form 990, Part IV, line 17. to complete this part.							
1 Indicate whether the	organizatio	on raised funds th	rough an	y of the fo	ollowing activities. Check	all that a	pply.			
a Mail solicitations				e	Solicitation of non	n-governm	ent grants			
b Internet and ema	il solicitatio	ns		f	Solicitation of gov	ernment g	grants			
c Phone solicitation	ıs			g	☐ Special fundraisin	a events				
d				_		J				
					vidual (including officers, on with professional fund		wices2	es 🗆 No		
b If "Yes," list the 10 h to be compensated a	- 1			draisers)	pursuant to agreements	under wh	ich the fundraise	er is		
(i) Name and address of in or entity (fundraise		(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) siser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Гotal				.▶						
3 List all states in which licensing.	the organiz	ation is registered	l or licens	sed to sol	icit contributions or has b	oeen notifi	ed it is exempt	rom registration or		
=======================================		=======================================					=======================================			
For Paperwork Reduction Ad	ct Notice, se	e the Instructions	for Form			. 50083H	S	chedule G (Form 990) 2021		
Schedule G (Form 990) 20	21			— га	ge 2 ————			Page 2		
than \$15,00	00 of fund				nswered "Yes" on For gross income on Forn					

(a)Fvent #1

(b) Event #2

(c)Other events

(d) Total events

Page 3

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	aule G (Form 990) 2021			Page 3
11	Does the organization conduct ga	-	∪ Ye:	s 🗆 No
12	Is the organization a grantor, ben- formed to administer charitable ga		member of a partnership or other entity	s 🗆 No
13	Indicate the percentage of gaming	g activity conducted in:		
а	The organization's facility .		13a	%
b	An outside facility			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and records:	
	Name			
	Address			
15a		tract with a third party from who	om the organization receives gaming	s No
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization ► \$ and the	
С	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
16	Gaming manager information:			
	Name Name			
	Gaming manager compensation	\$		
	Description of services provided	•		
	☐ Director/officer	☐ Employee	☐ Independent contractor	
17 a	Mandatory distributions: Is the organization required underetain the state gaming license?		stributions from the gaming proceeds to	s 🗆 No
b	• •		uted to other exempt organizations or spent	, UNU
-	in the organization's own exempt		. 5	
Par			ions required by Part I, line 2b, columns (iii) and (v); licable. Also provide any additional information. See in	
	Return Reference		Explanation	
			Schedule G (Form 990)	2021

Additional Data

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Software ID: Software Version: Department of the Treasury

Name of the organization

Internal Revenue Service

WE BLOOM INC

LINE 19

efile Public Visual Render

ObjectId: 202212449349300701 - Submission: 2022-09-01

TIN: 82-2859964

OMB No. 1545-0047

Open to Public

SCHEDULE 0 Supplemental Information to Form 990 or 990-EZ (Form 990) 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection **Employer identification number**

82-2859964 Return **Explanation** Reference FORM 990. BETH KREITL KEVIN ESPIRITO EXEC DIRECT SECRETARY MARRIED PAGE 6, PART VI, LINE 2 A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING. FORM 990. PAGE 6, PART VI, LINE 11B FORM 990, NO DOCUMENTS HAVE BEEN MADE AVAILABLE TO THE PUBLIC PAGE 6, PART VÍ,

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Schedule O (Form 990) 2021

Additional Data

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