

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
WE BLOOM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
525 S MERIDIAN STREET STE 1C

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46225

D Employer identification number
82-2859964

E Telephone number
(206) 940-5234

G Gross receipts \$ **816,291**

F Name and address of principal officer:
BETH KRIETL EDS LHMC RYT
525 S MERIDIAN STREET STE 1C
INDIANAPOLIS, IN

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.WEBLOOM.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2017

M State of legal domicile: IN

Part I **Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE BLOOM, INC.'S MISSION IS TO EMPOWER COMMUNITIES THROUGH TRAINING, EDUCATION, CONSULTING, COLLABORATION, RESOURCE SHARING AND TECHNOLOGY.				
	2 Check this box <input type="checkbox"/>				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5		
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5		
	6 Total number of volunteers (estimate if necessary)	6	38		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, line 39	7b				
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	182,249	Current Year	799,624
	9 Program service revenue (Part VIII, line 2g)		50,000		16,667
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		232,249		816,291
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)					0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			47,512		305,697
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,853					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			67,335		264,352
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		114,847		570,049	
19 Revenue less expenses. Subtract line 18 from line 12		117,402		246,242	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	143,843	End of Year	393,022
	21 Total liabilities (Part X, line 26)		4,355		7,292
	22 Net assets or fund balances. Subtract line 21 from line 20		139,488		385,730

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.

Sign Here Signature of officer 2021-06-21
Date
 BETH KRIETL EDS LHMC RYT EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2021-06-22	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00358753
	Firm's name ▶ CRACE BEAM CPAS LLC			Firm's EIN ▶ 26-2182951	
	Firm's address ▶ 9763 WESTPOINT DRIVE INDIANAPOLIS, IN 46256			Phone no. (317) 991-3322	

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y **Form 990** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE BLOOM, INC.'S MISSION IS TO EMPOWER COMMUNITIES THROUGH TRAINING, EDUCATION, CONSULTING, COLLABORATION, RESOURCE SHARING AND TECHNOLOGY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **Yes** **No**
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Yes** **No**
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **480,808** including grants of \$) (Revenue \$)
SERVICE ACCOMPLISHMENTS DURING 2020 CONSISTED OF 236 RECOVERY CAFE MEMBERS, 200+ RECOVERY CAFE GUESTS, 18 RECOVERY CIRCLES, 4 SOBER SOCIAL EVENTS, 23 RECOVERY CLASSES, 15 RECOVERY RESOURCE PARTNERS, 3,154 MEALS PROVIDED, 38 COMMUNITY VOLUNTEERS, AND 50+ OUTREACH MEETINGS AND VISITS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ **480,808**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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Part IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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>		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? <i>If "Yes," complete Schedule L, Part II</i>		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, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 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? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
Check if Schedule O contains a response or note to any line in this Part V <input type="checkbox"/>			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		

(gambling) winnings to prize winners?

1c Yes Form 990 (2020)

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

<p>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</p>	<p>2a <input type="text" value="5"/></p>			
<p>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)</p>		2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		3a		No
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>		3b		
<p>4a 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)?</p>		4a		No
<p>b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		5c		
<p>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?</p>		6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>		7a		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		7c		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d <input type="text"/></p>			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		7h		
<p>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?</p>		8		
9 Sponsoring organizations maintaining donor advised funds.				
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>		9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		9b		
10 Section 501(c)(7) organizations. Enter:				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a <input type="text"/></p>			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b <input type="text"/></p>			
11 Section 501(c)(12) organizations. Enter:				
<p>a Gross income from members or shareholders</p>	<p>11a <input type="text"/></p>			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b <input type="text"/></p>			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b <input type="text"/></p>			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>		13a		
<p>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</p>	<p>13b <input type="text"/></p>			
<p>c Enter the amount of reserves on hand</p>	<p>13c <input type="text"/></p>			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>		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? If "Yes," see instructions and file Form 4720, Schedule N.	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

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Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	b Describe in 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		No
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		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?		
15a	a The organization's CEO, Executive Director, or top management official		No
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 WE BLOOM INC 525 S MERIDIAN STREET STE 1C INDIANAPOLIS, IN 46225 (206) 940-5234

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETH KRIETL EDS LHMC RYT EXECUTIVE DI	40.00	X		X			53,954	0	0	
(2) DIEM BUI TREASURER	2.00	X		X			0	0	0	
(3) KEVIN ESPIRITO SECRETARY	12.00	X		X			0	0	0	
(4) DR STEPHANIE LAFONTAINE MEMBER-AT-LA	2.00	X					0	0	0	
(5) GARY MILES MEMBER-AT-LA	2.00	X					0	0	0	
(6) DR WILLIAM RAMOS PHD MEMBER-AT-LA	2.00	X					0	0	0	

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

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 Federated campaigns 1a				
Membership dues 1b				
Randraising events 1c	7,711			
Related organizations 1d				
Government grants (contributions) 1e	415,165			
All other contributions, gifts, grants, and similar amounts not included above 1f	376,748			
g Noncash contributions included in lines 1a - 1f: \$ 1g				
h Total. Add lines 1a-1f ▶	799,624			

Program Service Revenue		Business Code				
2a	RECOVERY CAFE NETWORK GRANT		16,667	16,667		
f	All other program service revenue.					
g Total.	Add lines 2a-2f. ▶		16,667			

3	Investment income (including dividends, interest, and other similar amounts) ▶				
4	Income from investment of tax-exempt bond proceeds ▶				
5	Royalties ▶				
6a	Gross rents	(i) Real			
		(ii) Personal			
b	Less: rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		

Other Revenue	7a Gross amount 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)					
	8a Gross income from fundraising events (not including \$ <u>7,711</u> of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue		Business Code				
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			816,291	16,667		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	53,954	53,954		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	227,660	227,660		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				

10 Payroll taxes	24,083	24,083		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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)	75,056		75,056	
12 Advertising and promotion	13,494	13,441	53	
13 Office expenses	121,018	114,339	6,679	
14 Information technology				
15 Royalties				
16 Occupancy	28,320	26,720	1,600	
17 Travel	3,185	3,185		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,459	12,459		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	273	273		
23 Insurance	4,694	4,694		
24 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.)				
a FUNDRAISING EXPENSES	5,853			5,853
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	570,049	480,808	83,388	5,853
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	143,843	1	388,295
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,000		
b Less: accumulated depreciation	10b 273	10c	4,727	

	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 line 33)	143,843	16	393,022
Liabilities	17	Accounts payable and accrued expenses	4,355	17	7,292
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
		26	Total liabilities. Add lines 17 through 25	4,355	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	139,488	27	235,244
	28	Net assets with donor restrictions		28	150,486
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	139,488	32	385,730
	33	Total liabilities and net assets/fund balances	143,843	33	393,022

Form 990 (2020)

Form 990 (2020)

Page 12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	816,291
2	Total expenses (must equal Part IX, column (A), line 25)	2	570,049
3	Revenue less expenses. Subtract line 2 from line 1	3	246,242
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	139,488
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	
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	385,730

Part XII Financial Statements and Reporting

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

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 in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 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

	Yes	No
2a		No
2b	Yes	

b Were the organization's financial statements audited by an independent accountant?

d Were the organization's financial statements audited by an independent accountant:

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
- Consolidated basis
- Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a 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?

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.

	Yes	No
2c		No
3a		No
3b		

Form **990** (2020)

Form 990 (2020)

Additional Data

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status
Complete if the organization is a section
4947(a)(1) nonexempt
▶ **Attach to Form 990**
▶ Go to www.irs.gov/Form990 for instructions

Name of the organization

WE BLOOM INC

Part I Reason for Public Charity Status (All organizations must check one box.)

The organization is not a private foundation because it is: (For lines 1 through 12)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule A.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital, as defined in **section 170(b)(1)(D)**, having a name, city, and state:
- 5 An organization operated for the benefit of a college or university described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from the general public, as defined in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(viii)**.
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from activities related to its exempt functions—subject to certain exceptions in **section 170(b)(1)(G)**; and (2) more than 10% of its investment income and unrelated business taxable income (less expenses) from activities related to its exempt functions. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public policy.
- 12 An organization organized and operated exclusively for the benefit of one or more publicly supported organizations described in **section 509(a)(2)** in lines 12a through 12d that describes the type of supporting organization:
 - a **Type I.** A supporting organization operated, supervised, or controlled by or for the organization(s) the power to regularly appoint or elect a majority of its directors or trustees. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in management of the supporting organization vested in the same person or persons. **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in conjunction with one or more supported organization(s) (see instructions). **You must complete Part IV, Section A.**
 - d **Type III non-functionally integrated.** A supporting organization operated in conjunction with one or more supported organization(s) (see instructions). **You must complete Part IV, Sections A and D.**
 - e Check this box if the organization received a written determination of public policy support, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Number of supported organizations
Total			

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

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Section A
(Complete only if you checked the box on line 5, 7, or 12e. If the organization failed to qualify under the tests listed in Section A.)

Section A. Public Support	(a) 2016	(b) 2017
Calendar year (or fiscal year beginning in)		

(or fiscal year beginning in)		
1 Gifts, grants, contributions, and membership fees received. (Do not 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		
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 line 4.		

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017
7 Amounts from line 4. . .		
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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .		
11 Total support. Add lines 7 through 10		
12 Gross receipts from related activities, etc. (see instructions)		
13 First 5 years. If the Form 990 is for the organization's first, second, third this box and stop here		

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2020 (line 6, column (f) divided by line 11,
- 15** Public support percentage for 2019 Schedule A, Part II, line 14
- 16a 33 1/3% support test—2020.** If the organization did not check the box and **stop here.** The organization qualifies as a publicly supported organiz
- b 33 1/3% support test—2019.** If the organization did not check a box c
- box and **stop here.** The organization qualifies as a publicly supported or
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not is 10% or more, and if the organization meets the "facts-and-circumstan in Part VI how the organization meets the "facts-and-circumstances" test organization
- b 10%-facts-and-circumstances test—2019.** If the organization did not 15 is 10% or more, and if the organization meets the "facts-and-circums Explain in Part VI how the organization meets the "facts-and-circumstan supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, : instructions

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedule for Organizations Described
 (Complete only if you checked the box on line 10 of the organization fails to qualify under the tests listed)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . .		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		
3 Gross receipts from activities that are not an unrelated trade or business under section 513		
4 Tax revenues levied for the organization's benefit and either paid		

5	to or expended on its behalf. . . . The value of services or facilities furnished by a governmental unit to the organization without charge		
6	Total. Add lines 1 through 5		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.		
c	Add lines 7a and 7b. . . .		
8	Public support. (Subtract line 7c from line 6.)		

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017
9	Amounts from line 6. . . .	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	
c	Add lines 10a and 10b.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	
13	Total support. (Add lines 9, 10c, 11, and 12.)	
14	First 5 years. If the Form 990 is for the organization's first, second, th	

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13)
16	Public support percentage from 2019 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided b
18	Investment income percentage from 2019 Schedule A, Part III, line 17
19a	33 1/3% support tests—2020. If the organization did not check the bo
b	33 1/3% support tests—2019. If the organization did not check a box
20	Private foundation. If the organization did not check a box on line 14,

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in t
If "No," describe in Part VI how the supported organizations are desigr describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not hav
509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization dete described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section
3c below.
- b Did the organization confirm that each supported organization qualified
the public support tests under section 509(a)(2)? *If "Yes," describe in P determination.*
- c Did the organization ensure that all support to such organizations was u
If "Yes," explain in Part VI what controls the organization put in place t

- 4a** Was any supported organization not organized in the United States ("fo checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b** Did the organization have ultimate control and discretion in deciding wh organization? If "Yes," describe in **Part VI** how the organization had su supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that do 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what contr to the foreign supported organization was used exclusively for section 1
- 5a** Did the organization add, substitute, or remove any supported organiza and 5c below (if applicable). Also, provide detail in **Part VI**, including (i organizations added, substituted, or removed; (ii) the reasons for each organization's organizing document authorizing such action; and (iv) ho amendment to the organizing document).
- b Type I or Type II only.** Was any added or substituted supported orga organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyon
- 6** Did the organization provide support (whether in the form of grants or t than (i) its supported organizations, (ii) individuals that are part of the i supported organizations, or (iii) other supporting organizations that also organization's supported organizations? If "Yes," provide detail in **Part**
- 7** Did the organization provide a grant, loan, compensation, or other simil section 4958(c)(3)(C)), a family member of a substantial contributor, or contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-E
- 8** Did the organization make a loan to a disqualified person (as defined in complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** Was the organization controlled directly or indirectly at any time during defined in section 4946 (other than foundation managers and organizat provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9a) hold a contr organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9a) have an ownership inter which the supporting organization also had an interest? If "Yes," providi
- 10a** Was the organization subject to the excess business holdings rules of se certain Type II supporting organizations, and all Type III non-functional answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? the organization had excess business holdings).

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the foll
- a** A person who directly or indirectly controls, either alone or together wit governing body of a supported organization?
- b** A family member of a person described in 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? **VI**.

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supp appoint or elect at least a majority of the organization's directors or tru describe in **Part VI** how the supported organization(s) effectively opera activities. If the organization had more than one supported organizatio remove directors or trustees were allocated among the supported organ applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organizati operated, supervised, or controlled the supporting organization? If "Yes, carried out the purposes of the supported organization(s) that operated organization.

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the ta each of the organization's supported organization(s)? If "No," describe i supporting organization was vested in the same persons that controlled

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the tax year, (i) a written notice describing the type and amount of support Form 990 that was most recently filed as of the date of notification, and documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) an officer, director, or trustee of a supported organization or (ii) serving on the governing body of a supported organization maintained a close and continuous working relationship with the organization?
- 3 By reason of the relationship described in line 2 above, did the organization have a significant voice in the organization's investment policies and in directing the use of assets during the tax year? If "Yes," describe in **Part VI** the role the organization played.

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Activities Test.
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - b The organization is the parent of each of its supported organizations. Describe in **Part VI** the role the organization played.
 - c The organization supported a governmental entity. Describe in **Part VI** the role the organization played.
- 2 Activities Test. **Answer lines 2a and 2b below.**
 - a Did substantially all of the organization's activities during the tax year directly further the purposes of the supported organization(s) to which the organization was responsive? If "Yes," describe in **Part VI** how these activities directly furthered the purposes of those supported organizations, and how the organization substantially all of its activities.
 - b Did the activities described in line 2a constitute activities that, but for the organization's supported organization(s) would have been engaged in? Describe in **Part VI** the organization's position that its supported organization(s) would have engaged in.
- 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 supported organizations? If "Yes" or "No" provide details in **Part VI**.
 - b Did the organization exercise a substantial degree of direction over the supported organizations? If "Yes," describe in **Part VI** the role played by the organization.

Page 6

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a Type III non-functionally integrated supporting organization. See the instructions. All other Type III non-functionally integrated supporting organizations must check this box.

Section A - Adjusted Net Income

- 1 Net short-term capital gain
- 2 Recoveries of prior-year distributions
- 3 Other gross income (see instructions)
- 4 Add lines 1 through 3
- 5 Depreciation and depletion
- 6 Portion of operating expenses paid or incurred for production or collection of income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7 Other expenses (see instructions)
- 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions) for the tax year or assets held for part of year:
 - a Average monthly value of securities
 - b Average monthly cash balances
 - c Fair market value of other non-exempt-use assets
 - d **Total** (add lines 1a, 1b, and 1c)
 - e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d

3 Subtract line 2 from line 10

4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater an instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

6 Multiply line 5 by 0.035

7 Recoveries of prior-year distributions

8 **Minimum Asset Amount** (add line 7 to line 6)

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)

2 Enter 85% of line 1

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to e temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-instructions)

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Su

Section D - Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes excess of income from activity

3 Administrative expenses paid to accomplish exempt purposes of supporte

4 Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (*prior IRS approval required - provide details*)

6 Other distributions (*describe in Part VI*). See instructions

7 **Total annual distributions.** Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organizati *details in Part VI*). See instructions

9 Distributable amount for 2020 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distr
1 Distributable amount for 2020 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.	
3 Excess distributions carryover, if any, to 2020:	
a From 2015.	
b From 2016.	
c From 2017.	
d From 2018.	
e From 2019.	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2020 distributable amount	
i Carryover from 2015 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2020 from Section D, line 7:	
\$	
a Applied to underdistributions of prior years	
b Applied to 2020 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3a and 4a from line 2.	

If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.	
7 Excess distributions carryover to 2021. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2016.	
b Excess from 2017.	
c Excess from 2018.	
d Excess from 2019.	
e Excess from 2020.	

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and instructions).

Facts And Circum	
Return Reference	

Additional Data

Software ID
Software Version

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization WE BLOOM INC

Employer identification number 82-2859964

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations, (ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	816,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	816,291
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	816,291

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	570,049
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	570,049
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	570,049

Part XIII Supplemental Information

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

Return Reference	Explanation
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Schedule D (Form 990) 2020

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render | **ObjectID: 202101739349300430 - Submission: 2021-06-22** | **TIN: 82-2859964**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
WE BLOOM INC

Employer identification number

82-2859964

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	BETH KREITL KEVIN ESPIRITO EXEC DIRECT SECRETARY MARRIED
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING.
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS HAVE BEEN MADE AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 11G	BANK CHARGES & FEES 0 1,652 0 PROFESSIONAL FEES 0 73,404 0 TOTAL 0 75,056 0
FORM 990, PAGE 12, PART XII, LINE 1	CHANGE TO ACCRUAL BASIS FOR TAX PURPOSES

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

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