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



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Inspection Internal Revenue Service A For the 2024 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change WEROBOTICS, INC. Name change 81-1302417 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1209 ORANGE STREET (708) 805-0195 1,703,881. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 19801 WILMINGTON, DE H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RENEE WELCH Yes X No for subordinates? 1209 ORANGE STREET, WILMINGTON, DE 19801 Yes H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527) If "No," attach a list. See instructions WWW.WEROBOTICS.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2015 M State of legal domicile: DE Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO USE TECHNOLOGY TO CREATE A 1 Activities & Governance FUTURE WHERE LOCAL COMMUNITIES CAN USE ROBOTICS FOR SOCIAL GOOD. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 914,493. 1,673,874. Contributions and grants (Part VIII, line 1h) 8 Revenue 73,697. 27,026. 9 Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 433. 2,981. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 988,623. 703,881. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 85,458. 71,415. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 118,394. 254,538. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 46,619. b Total fundraising expenses (Part IX, column (D), line 25) 802,236. 766,329. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,006,088. 1,092,282. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -17,465. 611,599. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 1,252,468. 1 494,424. 20 Total assets (Part X, line 16) 568,865. 199,222 21 Total liabilities (Part X, line 26) let 295,202 683,603. Net assets or fund balances. Subtract line 21 from line 20 22 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	Signature of off	icer					Date			
Here	RENEE WELCH, PRESIDENT/SECRETARY									
	Type or print na	me and title								
	Preparer's name	9		Preparer's sign	ature	Dat	е	Check	PTIN	
Paid	ISAGANI	FERDINAND	LAGUISM	ISAGANI	FERDINAND	LA 05	/07/25	if self-employed	P0188360) 4
Preparer	Firm's name	SCRUBBED.	NET, LLC				Firm'	sEIN 45-	4572670	
Use Only	Firm's address	ONE SANSC	ME STREE	T, SUITE	3500, PME	3 6006	5			
		SAN FRANC	ISCO, CA	94104			Phon	e no. 415 -	994-2036	;
May the IF	RS discuss this	return with the pre	parer shown abo	ve? See instruc	tions				X Yes	No
LHA For	LHA For Paperwork Reduction Act Notice. see the separate instructions. 432001 12-10-24 Form 990 (2024)									

Form	990 (2024) WEROBOTICS, INC. 81-1302417 Page 2
Par	t 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:
	OUR MISSION IS TO SHIFT POWER FROM THE GLOBAL BACK TO THE LOCAL BY
	ENSURING THAT LOCAL EXPERTS WITH LOCAL KNOWLEDGE AND LIVED EXPERIENCE
	HAVE THE LEADERSHIP OPPORTUNITIES THEY SEEK TO IMPLEMENT TECHNOLOGY
	FOR GOOD PROJECTS THEMSELVES. WE CO-CREATE AND FACILITATE A NETWORK
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 X 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?
	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 \$ 871,482. including grants of \$ 71,415.) (Revenue \$ 30,007.)
	WEROBOTICS IS AN INTERNATIONAL ORGANIZATION THAT INVESTS IN LOCAL
	EXPERTS AND ENTREPRENEURS TO CREATE OPPORTUNITIES AROUND THE USE OF
	ROBOTICS FOR POSITIVE SOCIAL IMPACT. THE ORGANIZATION ACHIEVES ITS
	MISSION THROUGH THE GROWING NETWORK OF "FLYING LABS" WHICH ARE
	KNOWLEDGE HUBS LED ENTIRELY BY LOCAL PROFESSIONALS WHO SCALE
	HUMANITARIAN AID, GLOBAL DEVELOPMENT, PUBLIC HEALTH AND ENVIRONMENTAL
	PROTECTION EFFORTS THROUGH THE USE OF AUTONOMOUS ROBOTICS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 871,482.
	Form 990 (2024)
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 Form 990 (2024)
 WEROBOTICS, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		<u> </u>
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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		v	1
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	├──
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
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Pai	t IV Checklist of Required Schedules (continued)			Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Г	_	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	····· -*	<u>.</u>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23		x
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	2	4a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		4b		
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?	2	4c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		4d		
5a	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	2	5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	2	5b		X
6	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		X
7	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% controlle	d			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	🗳	27		X
8	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? If				
	"Yes," complete Schedule L, Part IV	····	8a		X X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	2	8b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	2	8c		X
9	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	12	29	Х	<u> </u>
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	🏳	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	Lª	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	崎	33		X
4	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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3	5a		X
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		5b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization				
	If "Yes," complete Schedule R, Part V, line 2	-ª	36		X
7	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	 -2	37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	.		v	
יפ	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	[3	38	Х	L
a					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	·····;		
		4		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		lc	000	(a =)
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Par					<u> </u>
				Yes	No
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	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	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 ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		<u> </u>
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b			9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	4 45			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a	-		
b	amounts due or received from them.)	11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	• • • • • • • • • • • • • • • • • • •	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
46.0	If "Yes," complete Form 6069.		Earr	990	(2024)
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Sec	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management	<u></u>		X
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6 7-	•	0		<u>_</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	• • • •	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
.e 14	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent			
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>DE , CA</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
19				
19	statements available to the public during the tax year.			
19 20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	State the name, address, and telephone number of the person who possesses the organization's books and records RENEE WELCH – (708) $805-0195$			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	Form	990	(202

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

81-1302417

Page **6**

WEROBOTICS, INC.

Form 990 (2024)

Form 990 (2024)	WEROBOTICS, INC.	81-1302417 Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Employees	, Highest Compensated
Employe	ees, and Independent Contractors	
Check if So	chedule O contains a response or note to any line in this Part VII	
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Emp	ployees
	e for all persons required to be listed. Report compensation for the calence ganization's current officers, directors, trustees (whether individuals or or	, , , ,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Estimated		
	hours per	box	box, unless persor officer and a direc		rson i	on is both an		compensation	compensation	amount of
	week		cer ar		Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor	-	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) RENEE WELCH	40.00	_	_			<u> </u>				
PRESIDENT/SECRETARY		1		x				90,000.	0.	0.
(2) SONJA BETSCHART	10.00									
VICE PRESIDENT/TREASURER	10.00			х				0.	0.	136,135.
(3) LINET KWAMBOKA	0.25									
BOARD CHAIRPERSON	0.25	Х						0.	0.	0.
(4) JACKIE CHIMHANZI	0.25									
DIRECTOR	0.25	Х						0.	0.	0.
(5) CHRISANTA MULI	0.25									
DIRECTOR	0.25	Х						0.	0.	0.
(6) ADRIANA ESPINEL SANCHEZ	0.25									
DIRECTOR	0.25	Х						0.	0.	0.
(7) JONATHAN MAKUWIRA	0.25									
DIRECTOR	0.25	Х						0.	0.	0.
(8) LORENZO MARTELLETTI	0.25									
DIRECTOR	0.25	Х						0.	0.	0.
				<u> </u>	-					
		-								
					<u> </u>	-				
		-								
					<u> </u>					
		1								
432007 12-10-24				I				1		Form 990 (2024)

	990 (2024) WEROBOTIC	CS, INC.								81-13	<u>302</u>	417	P	age 8
Par	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 for related organizations below	box,	(C) Position undividual trustee or director (c) endotes both a director (c) endotes both a director/trustee (c) endotes both a director/tr			than c s both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d is SC/	an com fr org an	(F) stimate nount other pensa rom th panizat d relat	of tion e ion ed
		line)	Individu	Instituti	Officer	Key employee	Highest employ	Former				orga	anizati	
	Subtotal								90,000.		0.	13	6,1	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization					<u></u>			0 • 90 , 000 • eceived more than \$100,	000 of reportable	0. 0.	13	6,1	0. 35. 0
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	uch individual m of reportabl ,000? If "Yes,	е со " со	mpe mple	ensa ete S	tion Sche	and and	oth J f	ner compensation from the form	he organization		3	Yes	No X X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors											5		х
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		pensat			
	(A) (B) (C) Name and business address NONE Description of services Compensatio								n					
2	Total number of independent contractors (ir	ncluding but p	ot lin	niter		thos	e lie	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz	•				<u>C</u>		-54				Form	990 (;	2024)

			2024) WEROBOTICS,	I	NC.			81-1302	417 Page 9
Pa	rt V	/	Statement of Revenue						
			Check if Schedule O contains a respo	nse o	or note to any lin	e 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
(0	4								30010113 3 12 3 1-
nts	1		Federated campaigns 1a			-			
Gra			Membership dues 1b			-			
ts, (Arr			Fundraising events 1c						
Giff lar		d	Related organizations 1d						
is,		е	Government grants (contributions) 1e						
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above 1f	1.	673,874.				
oti		a	Noncash contributions included in lines 1a-1f		300,150.				
no:		-	Total. Add lines 1a-1f		-	1,673,874.			
0 0		<u> </u>	Total. Add lines 1a-11		Business Code	1,013,0140			
	-				900099	25.045	25 045		
ice	2		OTHER PROGRAM REVENUE		900099	25,045. 1,981.	25,045. 1,981.		
er v		b	CONSULTING		900099	1,981.	1,981.		
ר S ent		С							
ran }ev		d							
Program Service Revenue		е							
Ā		f	All other program service revenue						
		g	Total. Add lines 2a-2f			27,026.			
	3		Investment income (including dividends, ir	ntere	st, and				
			other similar amounts)						
	4		Income from investment of tax-exempt bo						
	5		Royalties	•					
	Ũ		(i) Real		(ii) Personal				
	6	~			(-			
	6	_				-			
		b	Less: rental expenses 6b			-			
			Rental income or (loss) 6c						
			· · · · · · · · · · · · · · · · · · ·		(1) 011				
	7	а	Gross amount from sales of (i) Securit	es	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
evenue		с	Gain or (loss)						
			Net gain or (loss)						
Other R			Gross income from fundraising events (not						
Oth			including \$ of						
•			contributions reported on line 1c). See						
			. ,	8a					
		h	Part IV, line 18 Less: direct expenses	8b					
			Net income or (loss) from fundraising even						
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	<u></u>					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		с	Net income or (loss) from sales of inventor	<u>y</u>					
"					Business Code				
snc	11	а	OTHER INCOME		900099	2,981.	2,981.		
nec		b		_					
evenue:		č							
Miscellaneous Revenue			All other revenue						
Σ						2,981.			
			Total. Add lines 11a-11d			1,703,881.	30,007.	0.	0.
	12		Total revenue. See instructions			H, 100,001.	,007.	U •	
43200	9 12-	-10-:	24						Form 990 (2024

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	Check if Schedule O contains a respons	se or note to any line in t	his Part IX		X
	not include amounts reported on lines 6b, 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	71,415.	71,415.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,000.		90,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 000	<u> </u>		40.105
7	Other salaries and wages	137,780.	68,525.	29,068.	40,187.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	00.040	11 040	A 000	C 400
9	Other employee benefits	22,242.	11,040.	4,770.	6,432.
10	Payroll taxes	4,516.		4,516.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	33,313.	22 212		
	Accounting	33,313.	33,313.		
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		313,915.	268,088.	45,827.	
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	171.	171.	45,027.	
12	Office expenses	5,212.	5,212.		
14	Information technology	344,428.	344,428.		
15	Royalties	011/1200	011/1200		
16	Occupancy				
17	Travel	34,246.	34,246.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,763.	27,763.		
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	372.	372.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	REGISTRATION FEES	4,085.	4,085.		
b	BANK FEES	1,858.	1,858.		
С	MISCELLANEOUS ITEMS	798.	798.		
d	PAYROLL FEES	168.	168.		
	All other expenses	1 000 000	071 400	17/ 101	16 610
25	Total functional expenses. Add lines 1 through 24e	1,092,282.	871,482.	174,181.	46,619.
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 hereif following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Gauss 990 (000 4)

Form 990 (2024)

WEROBOTICS, INC. 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)

X

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10 2024.03040 WEROBOTICS, INC. Form 990 (2024)

Form 990 (2024)

		Check if Schedule O contains a response or not	e to an	y line in this Part X				
						(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing				170,380.	1	285,204.
2		Savings and temporary cash investments					2	
3		Pledges and grants receivable, net					3	
4		Accounts receivable, net				2,125.	4	1,205,020.
5		Loans and other receivables from any current or						
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%				
		controlled entity or family member of any of thes	se pers	ons			5	
6		Loans and other receivables from other disqualit						
		under section 4958(f)(1)), and persons described					6	
σ 7		Notes and loans receivable, net					7	
Assets		Inventories for sale or use					8	
8 9		Prepaid expenses and deferred charges				2,513.	9	4,200.
10		Land, buildings, and equipment: cost or other			···· F	· ·		
		basis. Complete Part VI of Schedule D	10a		0.			
		Less: accumulated depreciation			0.	0.	10c	0.
11		Investments - publicly traded securities					11	
12		Investments - other securities. See Part IV, line 1					12	
13		Investments - program-related. See Part IV, line					13	
14					···· –		14	
15		Intangible assets Other assets. See Part IV, line 11				1,077,450.	15	0.
16		Total assets. Add lines 1 through 15 (must equa				1,252,468.	16	1,494,424.
17		Accounts payable and accrued expenses				14,168.	17	4,557.
	18 Grants payable						18	
19						511,319.	19	0.
20		Tax-exempt bond liabilities					20	
21		Escrow or custodial account liability. Complete I					21	
		Loans and other payables to any current or form			···· -			
Liabilities		trustee, key employee, creator or founder, subst						
ili		controlled entity or family member of any of the			- E		22	
23 Lia		Secured mortgages and notes payable to unrela		al mantina	Г		23	
24		Unsecured notes and loans payable to unrelated			···· -		24	
25		Other liabilities (including federal income tax, pa			···· -			
		parties, and other liabilities not included on lines	-					
				·		43,378.	25	194,665.
26		Total liabilities. Add lines 17 through 25			F	568,865.	26	199,222.
		Organizations that follow FASB ASC 958, che	ck her	e X		,		
es B		and complete lines 27, 28, 32, and 33.		• <u> </u>				
0 8 27		Net assets without donor restrictions			- E	647,503.	27	570,019.
Balas		Net assets with donor restrictions				36,100.	28	725,183.
E C		Organizations that do not follow FASB ASC 9			···· -			
Ľ.		and complete lines 29 through 33.	00, 011					
Net Assets or Fund Balances 66 7 8 8 7 8 8 7 8 7 8 8 7 8 7 8 7 8 7		Capital stock or trust principal, or current funds					29	
5 30		Paid-in or capital surplus, or land, building, or ec					30	
SSE 30		Retained earnings, endowment, accumulated in					31	
1 J J J J J J J J J J J J J J J J J J J		Total net assets or fund balances				683,603.	32	1,295,202.
_								1,494,424.
z 32 33		Total liabilities and net assets/fund balances				1,252,468.	33	

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	1 990 (2024) WEROBOTICS, INC.	81-13	02417	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,703		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,092		
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	683	3,60	<u>)3.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,295	5,20	<u>)2.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	····	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1		0	-		
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		0.		x
za			2a	_	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
			01-		Х
D	Were the organization's financial statements audited by an independent accountant?		2b	_	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e Dasis,			
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
-	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	oudit.			
C		-	2c		
	review, or compilation of its financial statements and selection of an independent accountant?		20	_	
2-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule U.			
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				х
P-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		
O	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		2		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2024)

432012 12-10-24

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2024
Open to Public Inspection

Name of the organization	I
--------------------------	---

Nam	ame of the organization Employer identification number								
			BOTICS, INC						1-1302417
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed 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	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	. ,						
11		An organization organized a	-	•	•				
12		An organization organized a	-	•	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that						-	
а		Type I. A supporting orga			• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o						n (n) huu hau	
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntroi or mana	ye the supp	Joned
с		organization(s). You mus Type III functionally inte	-		in connect	tion with	and functional	ly integrate	ad with
U		its supported organization						ly integrate	a with,
d		Type III non-functionally		-				ted organi:	zation(s)
ŭ	L	that is not functionally int						-	
		requirement (see instructi			•		-	anatom	
е		Check this box if the orga	-	-				II. Type III	
		functionally integrated, or					JI 7 JI	, ,,	
f	Ente	er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	0 0				
g	Pro	vide the following informatior		d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tete	1								
Tota	1						I		1

Schedule A (Form 990) 2024

WEROBOTICS, INC.

81-1302417 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (of fical year beginning in of Gits, grants, contributions, and memberating fees received. (Do not include any unusual grants). 313,133.1116439.508,054.914,493.1673874.4525993. 2 Tax revenues levied for the organization without charge 313,133.1116439.508,054.914,493.1673874.4525993. 2 Tax revenues levied for the organization without charge 313,133.1116439.508,054.914,493.1673874.4525993. 3 The value of services or incluties 313,133.1116439.508,054.914,493.1673874.4525993. 5 The portion of total contributions by each proson (form than a grant with the organization without charge 313,133.1116439.508,054.914,493.1673874.4525993. 5 The portion of total contributions by each proson (form than a worked	<u> 3e</u>	ction A. Public Support					_	
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Schedule A (Form 990) 2024

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WEROBOTICS, INC.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 202	24 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 202	24 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2024 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2023					16	%
Sec	tion D. Computation of Invest	stment Income					
17	Investment income percentage for 20		mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2024. If the					· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2023. If the						1/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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1

2

3a

3b

3c

4a

Yes No

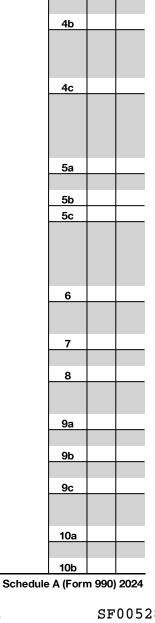
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2024 WEROBOTICS, INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			

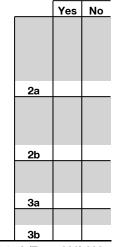
supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

- **c** The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*
- 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 exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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 officers, directors, or trustees of each 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 policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
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3

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2024.03040 WEROBOTICS, INC.

Schedule A (Form 990) 2024 SF005281

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrat	ed Type III supporting orga	nization (see

ated Type III supporting organ J instructions).

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024 WEROBOTICS, INC.

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

and 4c. 8 Breakdown of line 7: a Excess from 2020 b Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

7 Excess distributions carryover to 2025. Add lines 3j

WEROBOTICS, INC.

Current Year Section D - Distributions 1 **1** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 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 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2024 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 d From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

WEROBOTICS, INC.

I	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c line 1; Part IV, Section D, lines 2 and 3; Pa	de the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Irt IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Partine E, and G. Alea complete this part for convertigitized intermetion.
	Section D, lines 5, 6, and 8; and Part V, Se (See instructions.)	ection E, lines 2, 5, and 6. Also complete this part for any additional information.
		Schedule A (Form 990) 202

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SC	HEDULE D	Supplementa	al Financial	Statement	S		
•	orm 990) Complete if the organization answered "Yes" on Form 990, vv. December 2024) Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					OMB No. 1545-0047	
Depart	Attach to Form 990. Prnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
	e of the organizati			d the latest informa		Employer	identification number
		WEROBOTICS, INC.					1-1302417
Par		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		r Similar Funds	or Ac	counts.	Complete if the
	organizatio		(a) Donor adv	vised funds	(b) Funds and	d other accounts
1	Total number at er	nd of year	(-)				
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in v	-				
6		on's property, subject to the organization's on inform all grantees, donors, and donor a					Yes No
0	0	oses and not for the benefit of the donor o	0	0		,	
	impermissible priv					°	Yes No
Par		ation Easements. Complete if the org	anization answered	"Yes" on Form 990,	Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	ly).			
		of land for public use (for example, recrea	tion or education)	Preservation o			
		f natural habitat		Preservation o	f a certif	ied historic :	structure
2		of open space	ind concentration con	tribution in the form	of a cor	oon ation of	according to the last
2	day of the tax year	through 2d if the organization held a qualif	ied conservation con				at the End of the Tax Year
а						2a	
b	Total acreage rest					2b	
с	Number of conser	vation easements on a certified historic stru	ucture included on lin	e 2a		2c	
d		vation easements included on line 2c acqu	•				
•	on a historic structure listed in the National Register						
3	year	vation easements modified, transferred, rel	eased, extinguisned,	or terminated by the	e organiz	zation during	the tax
4		 where property subject to conservation eas	ement is located				
5		tion have a written policy regarding the per	-	pection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?				Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations	, and enforcing con	servatio	n easements	during the year
7	Amount of oxnone	 es incurred in monitoring, inspecting, hand	ling of violations, and		tion on	omonto duri	ng tha year
7	Amount of expens	es incurred in monitoring, inspecting, nand	ing of violations, and	remorcing conserva	allon eas		ng the year
8	Does each conser	 vation easement reported on line 2d above	satisfy the requireme	ents of section 170(h	ר)(4)(B)(i)		
	and section 170(h)						Yes No
9		be how the organization reports conservation		•			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
Par	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
1 01		the organization answered "Yes" on Form	-				
	-	elected, as permitted under FASB ASC 95		revenue statement a	and bala	nce sheet w	orks
	0	easures, or other similar assets held for pub	, I				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
		sures, or other similar assets held for public	exhibition, education	n, or research in furt	herance	of public se	rvice,
	-	ng amounts relating to these items.					
		ded on Form 990, Part VIII, line 1					
0	.,	ed in Form 990, Part X received or held works of art, historical treater	asuros, or other simil				
2		unts required to be reported under FASB A			a yan, p	UNICE	
а		on Form 990, Part VIII, line 1				\$	
	Assets included in						
		on Act Notice, see the Instructions for F					orm 990) (Rev. 12-2024)
LHA	432051 01-02-25		26				

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Sche	dule D (Form 990) (Rev. 12-2024) WEROBO	TICS,	INC.						81-13			age 2
Par	t III Organizations Maintaining C	ollectio	ns of Art,	Hist	torical Tre	easures, o	or Othe	r Simila	ar Assets	s (continu	ied)	
3	Using the organization's acquisition, accessi	on, and ot	her records,	chec	k any of the	following tha	t make si	ignificant	use of its			
	collection items (check all that apply).											
а	Public exhibition		d		Loan or exc	hange progr	am					
b	Scholarly research		е		Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections	and explain I	how t	hey further th	ne organizati	on's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	or receive c	lonations of	art, h	istorical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained a	s part of the	e orga	anization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gement	S Complete	e if the	e organizatio	n answered '	'Yes" on	Form 990), Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa				-							
1a	Is the organization an agent, trustee, custod	ian, or othe	er intermedia	ary fo	r contributior	ns or other as	ssets not	included				
	on Form 990, Part X?			-						Yes		No
b	If "Yes," explain the arrangement in Part XIII											
		·								Amount		
с	Beginning balance							1c				
	Additions during the year											
	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on F								·	Yes		No
	If "Yes," explain the arrangement in Part XIII.									_		j
Par								0.				ī
	·	(a) Curr			Prior year	(c) Two yea			years back	(e) Four y	/ears t	back
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
-	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr		nd halance	(line 1	la column (a)) held as:						
_ 	Board designated or quasi-endowment	•		%	g, oolanni (a							
h	Permanent endowment	%										
c		/0										
U	The percentages on lines 2a, 2b, and 2c sho		100%									
39	Are there endowment funds not in the posse			on th	at are held a	nd administe	red for th					
ou	organization by:	331011 01 11	ie organizati								/es	No
	(i) Unrelated organizations?									3a(i)		
										3a(ii)	-	
h	(ii) Related organizations?b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							-				
4	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 1											
Par	Part VI Land, Buildings, and Equipment											
	Complete if the organization answere		Form 990.	Part I	V. line 11a. S	See Form 990). Part X.	line 10.				
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value											
	Description of property		sis (investme		• •	(other)		preciatio			value	,
10	Land				20010	· ····/		,				
	Land											
	BuildingsLeasehold improvements						<u> </u>					
	Equipment											
	Other		000 0 11	Breit	10		I					0.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form	<u>990, Part X</u> ,	line	<u>IUC, COlumn</u>	<u>(B))</u>		Sohadul		000) (Daii	10.0	-
								Schedul	e D (Form	990) (NeV	12-2	.024)

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Schedule D (Form 990) (Rev. 12-2024) WEROBOTICS, INC.

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities	
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)	DUE TO WER CH	<u>188,407.</u> 6,258.
(3)	PAYROLL LIABILITIES	6,258.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	194,665.

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

Schedule D (Form 990) (Rev. 12-2024)

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Sche	dule D (Form 990) (Rev. 12-2024) WEROBOTICS,INC •		81-1302417 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		ses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5
Pa	t 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.

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SCHEDULE F (Form 990)			ivities Outside the Un			OMB No. 1545-00)47
(Rev. December 2024)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV, I	ine 14b, 15, o	or 16.		
Department of the Treasury	0		Attach to Form 990.			Open to Publ Inspection	ic
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	formation.	E	•	
Name of the organization					Employer I	dentification nur	mber
WEROBOTICS, INC	•				81-130	2417	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ	ization answe	ered "Yes" on	
Form 990, Part IV							
-	-		ds to substantiate the amount of its grar the selection criteria used to award the g			Yes X	No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the	
			an be duplicated if additional space is ne				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, e specific type (s) in the regio	expendit for an	tures 1d ents
		in the region					
EAST ASIA AND THE			GRANTS TO RECIPIENTS				
PACIFIC	0	0	LOCATED IN REGION			3,	,230.
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS				
THE CARIBBEAN	0	0	LOCATED IN REGION			3,	,230.
			GRANTS TO RECIPIENTS				
SUB-SAHARAN AFRICA	0	o	LOCATED IN REGION			64	955.
						,	
	1						
3 a Subtotal	0	0				71,	415.
b Total from continuation							
sheets to Part I	0	0					0.
c Totals (add lines 3a and 3b)	0	0				71	415.

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

Schedule F (Form 990) (Rev. 12-2024)

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Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SUPPORT MISSION IN SUB-SAHARAN AFRICA	63,890.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) (Rev. 12-2024)

Part III can be duplicated if ad (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) (Rev. 12-2024)

81-1302417

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANTS AWARDED TO FOREIGN ENTITIES ARE MONITORED BY REPORTING METHODS: NARRATIVE AND FINANCIAL REPORTS, PLUS OTHER DELIVERABLES TO PROVE THE USE OF FUNDS.

432075 01-15-25

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection	
Employer	identification number	

81-1302417

Name of the organization

WEROBOTICS, INC.

Pa	rt I I ypes of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	terminin	a	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		•	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>SUPPLIES</u>)	X	4	300,150.				
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		<u> </u>		
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		•	•				37
	exempt purposes for the entire holding period?					30a		<u> </u>
	If "Yes," describe the arrangement in Part II.	- P 11 1						v
31	Does the organization have a gift acceptance p				ons?	31		X
32a	Does the organization hire or use third parties of contributions?			· · ·		32a		х
b	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2024

LHA 432141 11-15-24

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

432142 01-18-25	Schedule M (Form 990) 2024

, INC.

Rev. December 2024)	Complete to provide information for responses to specific questions on	OMB No. 1545-0047
	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	Open to Public
epartment of the Treasury ternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
ame of the organization		ployer identification numb
		31-1302417
ORM 990, PAR	, ,	
F LOCAL KNOW		BUILD ON
<u>XISTING EXPE</u> OAL OF FLYIN		ETWORK. THE
UMANITARIAN,		S LOCALLY
	MININ, DIVERSIMAL AND ENVIRONMENTAL DEPOTION	
ORM 990, PAF	RT VI, SECTION B, LINE 11B:	
THE FORM 990	WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED	D BY THE AUDIT
COMMITEE. IT	WAS THEN REVIEWED AND ACCEPTED BY THE EXECUTIVE	DIRECTOR.
ORM 990, PAF	RT VI, SECTION B, LINE 12C:	
FFICERS, DIF	RECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALI	LY SIGN A
		LICTS OF
NTEREST. IF		ERED PERSON HA
	SCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST,	IT INFORMS THE
OVERED PERSON OPPORTUNIT		COVERED PERSON
	Y TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF OVERED PERSON'S RESPONSE AND AFTER MAKING FURTHE	•
INVESTIGATION		TERMINES THE
COVERED PERSC		CONFLICT OF
NTEREST, THE		
FORM 990, PAR	RT VI, SECTION B, LINE 15:	
HE BOARD IS	RESPONSIBLE FOR DETERMINING THE TOP MANAGEMENT C	OFFICIAL'S
COMPENSATION.	THE COMPENSATION OF OTHER NON-PROFIT EXECUTIVE	DIRECTORS IS
	ARABLE DATA AND THE COMPENSATION PROCESS IS DISCU	תואג תיססו
DECEMBER 2024	e •	
OECEMBER 2024 FORM 990, PAF	RT VI, SECTION C, LINE 19:	V TOOK PLACE I
DECEMBER 2024 FORM 990, PAF THE ORGANIZAT	RT VI, SECTION C, LINE 19: TION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF I	N TOOK PLACE II
DECEMBER 2024 FORM 990, PAF THE ORGANIZAT	RT VI, SECTION C, LINE 19:	N TOOK PLACE I
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DECEMBER 2024 TORM 990, PAR THE ORGANIZAT AND FINANCIAL TORM 990, PAR CONTRACT SERV PROGRAM SERVI TANAGEMENT AN TUNDRAISING F COTAL EXPENSE COTAL EXPENSE CONSULTANT: PROGRAM SERVI	A. A. A. A. A. A. A. A. A. A.	V TOOK PLACE II INTEREST POLIC F. 241,355 0

37 2024.03040 WEROBOTICS, INC.

Schedule O (Form 990) 2024	Page 2
Name of the organization	Employer identification number
WEROBOTICS, INC.	81-1302417
CONSULTANT SERVICES - FOREIGN:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	45,827.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	45,827.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	313,915.
432212 01-29-25	Schedule O (Form 990) 2024
38	

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

LHA 432161 10-23-24 Schedule R (Form 990) (Rev. 1-2025)

	Related Org	anizations	and Unre	elated	Partner	ships	
Comple	to if the organization	an answorod "V	oe" on Form (000 Dart I	/ line 22 3	1 25h 26	or 27

Attach to Form 990.

Open to Public Inspection

Employer identification number

81-1302417

Name of the organization

WEROBOTICS, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(c Section 5 contr ent	olled
				501(c)(3))		Yes	No
WEROBOTICS (SWITZERLAND) - 08-0940001							
RUE D'ITALIE 11							
GENEVA, SWITZERLAND	SEE PART VII	SWITZERLAND					Х
	1						
	1						

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

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

(Rev. January 2025) Department of the Treasury Internal Revenue Service Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, jour									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile Diricitate or foreign			(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	tion b)(13) rolled tity?
		country)		or trust)				Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		X	_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WEROBOTICS (SWITZERLAND)	Е	188,407.	ACTUAL AMOUNT RECEIVED
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) (Rev. 1-2025) WEROBOTICS, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) WEROBOTICS, INC.

Part VII Supplemental Information

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

PART II, COLUMN (B), WEROBOTICS (SWITZERLAND) PRIMARY ACTIVITY:

OUR MISSION IS TO SHIFT POWER FROM THE GLOBAL BACK TO THE LOCAL BY

ENSURING THAT LOCAL EXPERTS WITH LOCAL KNOWLEDGE AND LIVED EXPERIENCE

HAVE THE LEADERSHIP OPPORTUNITIES THEY SEEK TO IMPLEMENT TECHNOLOGY FOR

GOOD PROJECTS THEMSELVES. WE CO-CREATE AND FACILITATE A NETWORK OF

LOCAL AND KNOWLEDGE HUBS IN AFRICA, ASIA, AND LATIN AMERICA TO BUILD ON

EXISTING EXPERTISE IN DRONES, DATA, AND AI, THE FLYING LABS NETWORK.

THE GOAL OF FLYING LABS IS TO ACCELERATE THE POSITIVE IMPACT OF

HUMANITARIAN, HEALTH, DEVELOPMENT AND ENVIRONMENTAL SOLUTIONS LOCALLY.

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