## EXTENDED TO NOVEMBER 15, 2022

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.



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	lending					
B c	heck if pplicab	le: C Name of organization		D Employer identifie	cation number			
	Addre			81-13024				
	Name Chang	Doing business as	Doing business as					
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Final	1209 ORANGE STREET		(714)721				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,118,632.			
	Amer	WILMINGTON, DE 19001		H(a) Is this a group re	eturn			
	Appli tion pend	F Name and address of principal officer: FAINICK METER		for subordinates	? Yes X No			
		1209 ORANGE STREET, WILMINGTON, DE 19	801	H(b) Are all subordinates in	ncluded? Yes No			
		empt status: 🚺 501(c)(3) 🛄 501(c) ( ) ◀ (insert no.) 🛄 4947(a)(1)	or 52	If "No," attach a	list. See instructions			
		te: WWW.WEROBOTICS.ORG		H(c) Group exemption				
		forganization: X Corporation Trust Association Other	L Yea	of formation: 2015	State of legal domicile: DE			
Pa	rt I	Summary						
e	1	Briefly describe the organization's mission or most significant activities:	SE TE	CHNOLOGY TO	CREATE A			
anc		FUTURE WHERE LOCAL COMMUNITIES CAN USE R						
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of mor					
20V	3				8			
8 (	4	Number of independent voting members of the governing body (Part VI, line 1b)			6			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) $\hdots$			2			
ivit	6	Total number of volunteers (estimate if necessary)			6			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
				Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		313,133.	1,116,439.			
/en	9	Program service revenue (Part VIII, line 2g)		424,410.	1,002,193.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		737,543.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		548,911.	1,474,504.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		432,136.	228,902.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
тхр		Total fundraising expenses (Part IX, column (D), line 25)  34,9		000 704	240 (10			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,724.	249,612.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	1,219,771.	1,953,018.			
	19	Revenue less expenses. Subtract line 18 from line 12		-482,228.	165,614.			
Net Assets or Fund Balances			В	eginning of Current Year	End of Year			
sset 3ala	20	Total assets (Part X, line 16)		1,327,022.	1,456,312.			
et A nd E	21	Total liabilities (Part X, line 26)	······  _	40,936.	430,911.			
	22	Net assets or fund balances. Subtract line 21 from line 20		1,286,086.	1,025,401.			
	rt II	Signature Block		and and to the basis of	- Innerstandard and F-B-C 9.1			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich prepare	r nas any knowledge.				

Sign Here	Signature of officer PATRICK MEIER, EXECUTI Type or print name and title		Date					
Paid	Print/Type preparer's name RICK SMETANKA	Preparer's signature Date	in self-employed P01677376					
Preparer	Firm's name 🕨 HASKELL & WHITE		Firm's EIN 33-0310569					
Use Only Firm's address 300 SPECTRUM CENTER DR, STE 300 IRVINE, CA 92618 Phone no.949-450-6200								
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

		-1302417	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: OUR MISSION IS TO SHIFT POWER FROM THE GLOBAL BACK TO THE	OCAL BY	
	ENSURING THAT LOCAL EXPERTS WITH LOCAL KNOWLEDGE AND LIVED		ICE
	HAVE THE LEADERSHIP OPPORTUNITIES THEY SEEK TO IMPLEMENT T		
	FOR GOOD PROJECTS THEMSELVES. WE CO-CREATE AND FACILITATE A		
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
_	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 meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	• •	
	revenue, if any, for each program service reported.	s total expenses,	anu
4a	(Code: ) (Expenses \$ 1,787,318 · including grants of \$ 1,474,504 · ) (Revenue \$	1,002,	194.
	WEROBOTICS IS AN INTERNATIONAL ORGANIZATION THAT INVESTS II		
	EXPERTS AND ENTREPRENEURS TO CREATE OPPORTUNITIES AROUND T	HE USE OF	1
	ROBOTICS FOR POSITIVE SOCIAL IMPACT. THE ORGANIZATION ACHI		
	MISSION THROUGH THE GROWING NETWORK OF "FLYING LABS" WHICH		
	KNOWLEDGE HUBS LED ENTIRELY BY LOCAL PROFESSIONALS WHO SCAL		17 T
	HUMANITARIAN AID, GLOBAL DEVELOPMENT, PUBLIC HEALTH AND ENPROTECTION EFFORTS THROUGH THE USE OF AUTONOMOUS ROBOTICS.	/IRONMEN'I	AL
	PROTECTION EFFORTS THROUGH THE USE OF AUTONOMOUS ROBOTICS.		
4b	(Code:         ) (Expenses \$ including grants of \$) (Revenue \$)		
4c	(Code:         ) (Expenses \$		
44	Other program services (Describe on Schedule O.)		
<del>-</del> u	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses > 1,787,318.	/	
		Form	<b>990</b> (2021
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 Form 990 (2021)
 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		X
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? 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		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. <del>т</del> а		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	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	-13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
19		19		x
20-	complete Schedule G, Part III	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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 WEROBOTICS, INC.

 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		x
3	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
-	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
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
I	contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	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	33		X
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
а	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		- v
0	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Porm 1096. Enter -0- if not applicable 1a 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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			Yes
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 2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	
b	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
	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 the organization solicit		
<i></i>	any contributions that were not tax deductible as charitable contributions?	6a	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Uu	
b		6b	
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	
		70	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	
	to file Form 8282?	7c	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
)	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
1	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		
	amounts due or received from them.)		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	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		
с	Enter the amount of reserves on hand 13c		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year?	15	
	If "Yes," see the instructions and file Form 4720, Schedule N.		
5	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	
-	If "Yes," complete Form 4720, Schedule O.		
,			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
	If "Yes," complete Form 6069.		

Form 990	(2021)
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WEROBOTICS, INC.

X

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

In Enter the number of voting members of the governing body at the end of the tax year.         Image: Section 1 and Section 2 and Sectio							
1a         Enter the number of voting members of the governing body, of the governing body dilegated bread authority to an exacute committee or similar committee, explain on Schedule 0.         1a         1a         0           b         Dist the number of voting members included on line 1a, above, who are independent         1b         1b         1c         0           b         Dist with any other         0         <	Sec	tion A. Governing Body and Management					_
If there are matched differences in voting rights among members of the governing body, or if the governing body delayated broad authority to an executive committee explain on Schedule 0.       Image: Committee of the governing body are independent.         2       Det are the number of voting members binduced on line 1a, above, who are independent.       Image: Committee of the governing body or under the direct supervision of officers, directors, trustee, or key employees to a management company or othe person?       3         3       Dot the organization measure are during the year of a significant diversion of the organization's assists?       6         5       Dot the organization have members or stockholders?       7         6       Dot the organization have members or stockholders?       7         7       Dot the organization have members, stochholders?       7         7       Dot the organization have members, stochholders?       7         7       Dot the organization have members, stochholders?       7         8       Dift the organization noten or more				1		Yes	
body delogated toreal authority to an executive committee or similar committee, copian on Schedule 0.       Ib         b Enter the mumber of voting members included on line 1a, above, who are indegenedant       Ib         c) bid any officer, director, trustee, or key employee have a family relationship or a business relationship with any offer officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of differs, directors, trustees, or key employees to a ganilaciant diversion of the organization's assets?         b Did the organization have members, stockholders?       G         c) Did the organization have members, stockholders?       G         c) Did the organization have members, stockholders?       To         c) Did the organization thave members, stockholders?       To         d) Did the organization thave members, stockholders?       To         d) Did the organization thave members, stockholders?       To         d) Did the organization thave members of the organization reserved to (or subject to approval by) members, stockholders, or To persons of the than the governing body?       Bit at a stockholders?         d) Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or To persons of that we writte policies and procedures governing backs?       To         d) Did the organization have overtis tof the goverening body?       Bit at a stock	1a		12	a	8		
b Enter the number of volting members included on line 1a, above, who are independentbtbtbtbtbta		If there are material differences in voting rights among members of the governing body, or if the governing					
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Did the organization have local chapters, branches, or affiliates?     10a       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       14 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?     11a       2     Did the organization have a written conflict of interest policy? If "No," go to line 13     12a       2     Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done     12c     X       2     Did the organization have a written whistleblower policy?     13a     X       4     Did the organization have a written whistleblower policy?     13a     X       5     Did the organization have a written whistleblower policy?     14a     X       6     Did the organization have a written whistleblower policy?     14a     X       4     Did the organization is comporability data, and contemporaneous substantiation of the deliberation and decision?     15a     X       5     Did the organization is set on rapid, data, and contemporaneous substantiation of the deliberation and decision?     15a     X       6     Did the organization isset in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?     16a	ec	<b>UOID B. POLICIES</b> (This Section B requests information about policies not required by the internal	Reven	lue Code.)			
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<ul> <li>9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>JOYCE MONSEES - 714-721-3322</li> <li>2009 ORANGE STREET, WILMINGTON, DE 19801</li> <li>Form 990</li> <li>7</li> </ul>		Own website X Another's website X Upon request Other (expla	in on S	Schedule O)			
statements available to the public during the tax year. O State the name, address, and telephone number of the person who possesses the organization's books and records ► JOYCE MONSEES - 714-721-3322 1209 ORANGE STREET, WILMINGTON, DE 19801 2006 12-09-21 Form 990	9				and fina	ncial	
0       State the name, address, and telephone number of the person who possesses the organization's books and records ►         JOYCE MONSEES - 714-721-3322         1209 ORANGE STREET, WILMINGTON, DE 19801         2006 12-09-21         Form 990	-		551110		, and ind	ioiui	
JOYCE MONSEES - 714-721-3322 1209 ORANGE STREET, WILMINGTON, DE 19801 2006 12-09-21 Form 990 7	0		nel				
1209 ORANGE STREET, WILMINGTON, DE         19801           2006 12-09-21         Form 990           7	20		DOOKS	and records -			
2006 12-09-21 Form <b>990</b>							
7		1209 ORANGE STREET, WILMINGTON, DE 19801					_
	2006				Form	1 <b>990</b>	) /
71109 758382 9930.100 2021.05000 WEROBOTICS, INC. 9930_							
	71	109 758382 9930.100 2021.05000 WEROBOTICS, IN	١C.		99:	30_	1

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emp	loyees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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

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

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

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

(A) Name and title	(B) Average	e (C) Position (do not check more than one				1		(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box offic	box, unless pers officer and a dire			erson is both an		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PATRICK MEIER EXECUTIVE DIRECTOR	20.00	x		x				0.	157,545.	30,892.
(2) SONJA BETSCHART	20.00								137,343.	50,052.
CHIEF FINANCIAL OFFICER	20.00	Х		Х				0.	131,281.	31,786.
(3) JOYCE MONSEES HEAD OF HR & ADMIN	40.00					x		119,700.	0.	0.
(4) ANDREW SCHRODER	0.50								•••	
BOARD CHARIMAN	0.50	x		x				0.	0.	0.
(5) CELESTIN MONGA	0.15									
DIRECTOR	0.15	X						0.	0.	0.
(6) CHRISANTA MULI	0.15	x						0.	0.	0.
DIRECTOR (7) ARBIE BAGUIOS	0.15	^						0.	0.	0.
DIRECTOR	0.15	x						0.	0.	0.
(8) CATHERINE SAURIS	0.15									
DIRECTOR	0.15	х						0.	0.	0.
(9) HUGUETTE DIAKABANA DIRECTOR	0.15	x						0.	0.	0.
132007 12-09-21		•	•	•		<u> </u>				Form <b>990</b> (2021)

Form 990 (2021) WEROBOTICS, INC. 81-13									302	417	Pa	age <b>8</b>		
Par	Part VII         Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)           (A)         (B)         (C)         (D)         (E)         (F)													
	<b>(B)</b> Average hours per week	Average Position (do not check more th box, unless person is officer and a director/t				than d is both	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatic from related	on	<b>(F)</b> Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om the anizati I relate nizatio	e ion ed
	Subtotal							►	119,700.	288,8	26.	62	2,6	78.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · · ·		·····		 		0. 119,700.	288,8			2,6	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	ove	e) wh	io r	eceived more than \$100	0,000 of reportab	le		Yes	1 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual										3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		r	4	x	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .	<u></u>				5		Х
1	Complete this table for your five highest con										npens	ation fi	rom	
	the organization. Report compensation for t (A) Name and business	<b>y</b>		onai DNE	0	vitn	or w	tnir	n the organization's tax (B) Description of s	,	С	(C omper		<u></u> า
2	Total number of independent contractors (ii	ncludina but n	ot lir	nite	d to	tho	se lis	ster	above) who received m	nore than				
	\$100,000 of compensation from the organiz	•					)		,			Form <b>S</b>	<b>)90</b> (2	2021)

132008 12-09-21

9 2021.05000 WEROBOTICS, INC.

Forn	n 99	90 (	2021) WEROBOTICS,	I	NC.			81-1302	417 Page 9
Pa	rt \	VII							
			Check if Schedule O contains a respor	nse (	or note to any lin	e in this Part VIII	(5)	(2)	
						<b>(A)</b> Total revenue	( <b>B</b> ) Related or exempt function revenue	Unrelated	Revenue excluded
ts ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	Ι.		Membership dues 1b						
¶g ₩			Fundraising events 1c						
ar /			Related organizations 1d						
inil S, C			Government grants (contributions) 1e						
r Si			All other contributions, gifts, grants, and						
ibut			similar amounts not included above 1f	1,	116,439.				
d of		g	Noncash contributions included in lines 1a-1f		14,674.				
ခိုင်		h	Total. Add lines 1a-1f		▶	1,116,439.			
					Business Code		<u> </u>		
ice	2	a	PROGRAM SERVICE FEES	_	900099	623,405.	623,405.		
ue v		b	CONSULTING	_	900099	330,628.	330,628.		
n S /en		С	OTHER PROGRAM REVENUE	_	900099	37,569.	37,569.		
grai Rev		d	TRAINING	_	900099	10,591.	10,591.		
Program Service Revenue		е		_					
-		f	All other program service revenue			1,002,193.			
	3	g	Total. Add lines 2a-2f Investment income (including dividends, in		,	1,002,195.			
	3	•	other similar amounts)						
	4		Income from investment of tax-exempt bor						
	5		Royalties	•	-				
	ľ		(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)		►				
	7		Gross amount from sales of (i) Securitie	es	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
nue			and sales expenses 7b						
evenue		С	Gain or (loss) 7c						
			Net gain or (loss)		►				
Other R	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See						
			,	8a					
				8b					
			Net income or (loss) from fundraising even	IS	····· ►				
	"	d	Gross income from gaming activities. See Part IV, line 19	9a					
		h		9a 9b					
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns		►				
	[		and allowances	10a					
		b		10b					
			Net income or (loss) from sales of inventor	<u>/ .</u>	►				
s					Business Code				
Miscellaneous Revenue	11	а		_					
lane		b		_					
leč el		С		_					
Mis			All other revenue						
			Total. Add lines 11a-11d				1 000 100		
	12		Total revenue. See instructions		🕨	Δ, ΙΙΟ, ΟΟΖ.	1,002,193.	0.	0.
13200	J9 12	2-09	-21						Form <b>990</b> (2021)

132009 12-09-21

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10 2021.05000 WEROBOTICS, INC. 81-1302417 Page 9

WEROBOTICS, INC.

	990 (2021) WEROBOTICS,			81-13	02417 Page 1
	TIX Statement of Functional Expens		or areanizations must a	malata aakuma (A)	
ecti	on 501(c)(3) and 501(c)(4) organizations must com	piete all columns. All oth	ier organizations must co	omplete column (A).	
<u></u>	Check if Schedule O contains a respon	ISE OF NOTE TO ANY LINE IN	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	1 484 504	1 484 504		
	individuals. See Part IV, lines 15 and 16	1,474,504.	1,474,504.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	011 700	0.0.00	110 700	0 200
7	Other salaries and wages	211,700.	82,800.	119,700.	9,200
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17 000	E 720	10 00	
0	Payroll taxes	17,202.	5,730.	10,696.	776
1	Fees for services (nonemployees):				
а	Management				
b	Legal	10 001	10 001		
С	Accounting	12,091.	12,091.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	160 104	125 104		25 000
	column (A), amount, list line 11g expenses on Sch O.)	160,104. 21,123.	135,104. 21,123.		25,000
2	Advertising and promotion	10,292.	9,964.	328.	
3	Office expenses	6,327.	6,327.	520.	
4	Information technology	0,327.	0,527.		
5	Royalties				
6	Occupancy	1,051.	1,051.		
7	Travel	<u> </u>	1,051.		
8	Payments of travel or entertainment expenses				
^	for any federal, state, or local public officials Conferences, conventions, and meetings	3,565.	3,565.		
9		5,505.	5,505.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance Other expenses. Itemize expenses not covered				
4	above. (List miscellaneous expenses not covered line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SMALL EQUIPMENT	19,912.	19,912.		
b	DONATED SUPPLIES	14,674.	14,674.		
с	REGISTRATION FEES	473.	473.		
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,953,018.	1,787,318.	130,724.	34,976
26	<b>Joint costs</b> Complete this line only if the organization				

25 I otal functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

132010 12-09-21

Check here

11071109 758382 9930.100

11 2021.05000 WEROBOTICS, INC. Form 990 (2021)

Part X Balance Sheet

12

	29	
	30	
	31	
1,286,086.	32	1,025,401.
1,327,022.	33	1,456,312.
		Form <b>990</b> (2021)
S, INC.		9930_101

		· ·			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,283,933.	1	1,366,158.
	2	Savings and temporary cash investments			,,	2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	42,450.	4	86,243.		
	5	Loans and other receivables from any current or				· ·	
	ľ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disquali				Ŭ	
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			639.	9	3,911.
		Land, buildings, and equipment: cost or other					- / -
		basis. Complete Part VI of Schedule D	10a	131,160.			
	Ь	Less: accumulated depreciation	10b		0.	10c	0.
	11	Investments - publicly traded securities	100			11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			1,327,022.	16	1,456,312.
	17	Accounts payable and accrued expenses	38,865.	17	28,559.		
	18	Grants payable	,	18			
	19	Deferred revenue	2,071.	19	402,352.		
	20	Tax-exempt bond liabilities	•	20			
	21	Escrow or custodial account liability. Complete I			21		
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela				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					
		of Schedule D		, .		25	
	26	Total liabilities. Add lines 17 through 25			40,936.	26	430,911.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			801,586.	27	700,901.
Ba	28	Net assets with donor restrictions			484,500.	28	324,500.
pur		Organizations that do not follow FASB ASC 9					
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
: As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			1,286,086.	32	1,025,401.
	33	Total liabilities and net assets/fund balances	1,327,022.	33	1,456,312.		
							Form <b>990</b> (2021)

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

WEROBOTICS, INC.

	1 990 (2021) WEROBOTICS, INC.	81-13	02417	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
					~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,118		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,95		
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,280	<b>b</b> ,0	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	10		
8	Prior period adjustments	8	-420	o,∠	<u>99.</u>
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,		1 0 0 1	- ,	0.1
De	column (B))	10	1,02	5,4	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			x	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
-		a. a alit			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-	2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?		20	<u></u>	
25	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•	3a		x
L-	Act and OMB Circular A-133?		3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
	or addits, explain why on schedule of and describe any steps taken to undergo such addits		<b>J 3D</b>		(2021)

Form **990** (2021)

132012 12-09-21

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	
2021	
Open to Public Inspection	

Name of the o	organization
---------------	--------------

Nam	ne of t	the organization		<b>a</b>					identification number				
Do	rt I	Reason for Public	BOTICS, IN			- : + \ C			1-1302417				
				-				1S.					
	organ	ization is not a private found		•	•	,							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in sect					,						
3		A hospital or a cooperative							the been it all a memory				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
-		city, and state:											
5													
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6 7	X							bo gonoral	nublic described in				
'	- 23	0		initial part of its support i	rom a yov	ernnenta		ne general	public described in				
8		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \								
9	$\square$	An agricultural research org				ad in coniu	inction with a	land-grant	college				
9		or university or a non-land-											
		university:	grant conege of agric			name, or	y, and state o	r the colleg					
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	nort from	contributio	ons members	hin fees a	nd aross receipts from				
		activities related to its exen	•	-				-					
		income and unrelated busin											
		See section 509(a)(2). (Cor		( , , , , , , , , , , , , , , , , , , ,			,	5	,				
11		An organization organized a	• •	ively to test for public sa	afety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3).	Check the box on				
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.					
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting				
		organization. You must c	complete Part IV, Se	ections A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving				
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported				
		organization(s). <b>You mus</b>	t complete Part IV,	Sections A and C.									
С		☐ Type III functionally inte						Illy integrat	ed with,				
		its supported organizatio											
d		Type III non-functionally											
		that is not functionally int	• •	<b>v</b>	-		•	d an attent	iveness				
		requirement (see instruct											
е		Check this box if the orga					а Туре I, Туре	II, Type III					
	<b>F</b> int a	functionally integrated, or		nally integrated support	ing organi	zation.							
		er the number of supported over the following information	•	d organization(a)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of	fmonetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	ing document? No	support (see ir	nstructions)	support (see instructions)				
				above (see instructions))									
Tota	ıl 👘												

Schedule A	(Form	990)	202

WEROBOTICS, INC.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	675,477.	1,132,869.	1,421,095.	313,133.	1,116,439.	4,659,013.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	675,477.	1,132,869.	1,421,095.	313,133.	1,116,439.	4,659,013.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,720,849.
	Public support. Subtract line 5 from line 4.						1,938,164.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	675,477.	1,132,869.	1,421,095.	313,133.	1,116,439.	4,659,013.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,111.					6,111. 4,665,124.
11	Total support. Add lines 7 through 10						4,665,124.
	Gross receipts from related activities,	•	,				,356,513.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and <b>stor</b>						<b>&gt;</b>
	ction C. Computation of Publ		-				
	Public support percentage for 2021 (					14	41.55 %
	Public support percentage from 2020					15	%
<b>1</b> 6a	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2020.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

## 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.)

Section A. Public Support					_	
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
<b>3</b> 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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_	_	
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	-			·		
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Incom	e Percentage	)			
17 Investment income percentage for 20	<b>21</b> (line 10c, colur	nn (f), divided by	line 13, column (f))	)	17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3% , che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check	this box and see in	structions	<b>&gt;</b>
132023 01-04-22					Sched	ule A (Form 990) 2021
			16			

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2021.05000 WEROBOTICS, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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| 10b | Schedule A (Form 990) 2021

	(Form 990) 2021	WEROBOTICS,	INC.
Part IV	Supporting Or	ganizations (continued)	

1

2

			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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

~	
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

Section C. Ty	pe 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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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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3b Schedule A (Form 990) 2021

2a

2b

За

Yes No

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Schedule A (Form 990) 202	Schedule /	A (Form	1 990)	) 202
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WEROBOTICS,	INC
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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	led)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	າຣ	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
-	From 2017				
	From 2018				
	From 2019				
	From 2020				
-	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:     \$       Applied to underdistributions of prior years				
	Applied to 2021 distributions of phot years				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
0	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

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	(See instructions.)	rt V, Section E, lines 2, 5, and 6. Also complete this part for any	
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SCHEDULE [
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(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Department of the Treasury Internal Revenue Service

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Nam	WEROBOTICS, INC.		81-1302417
Par		nds or Ad	
1 41	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year	(~	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a	dvised fund	de la
Ŭ	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can		
Ū	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpo		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization (check all that apply).	, ,	
		n of a histor	rically important land area
			ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	orm of a cor	nservation easement on the last
	day of the tax year.	Г	Held at the End of the Tax Year
а	Total number of conservation easements	Г	2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic str	ucture	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	/ the organi	zation during the tax
	year ►		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	of	
	violations, and enforcement of the conservation easements it holds?		Yes 🔛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservatio	n easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	ervation eas	sements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expe		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial stat	tements that	at describes the
Dar	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or	r Othor S	Similar Assots
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		Assets.
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stateme	nt and hale	ana abaat warka
Id	of art, historical treasures, or other similar assets held for public exhibition, education, or research		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement a		sheet works of
D	art, historical treasures, or other similar assets held for public exhibition, education, or research in f		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	<ul><li>(ii) Assets included in Form 990, Part X</li></ul>		
2	If the organization received or held works of art, historical treasures, or other similar assets for final		
-	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		► \$
	Assets included in Form 990, Part X		► \$ 

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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<sup>26</sup> 2021.05000 WEROBOTICS, INC.

	dule D (Form 990) 2021 WEROBOT t III Organizations Maintaining C	ICS, INC.	rt Hiet	orical Tr	asures	or Othe	8 Ar Simila	1-13	0241 <sup>-</sup>	7 Page <b>2</b>
3	Using the organization's acquisition, accessi								Geoman	
3	collection items (check all that apply):	on, and other record		any or the		at make 5	ignincant t			
а	Public exhibition	d		_oan or excl	nange progr	am				
b	Scholarly research	e		Dther						
	c Preservation for future generations									
4										
5	During the year, did the organization solicit c									
•	to be sold to raise funds rather than to be made								Yes	No No
Pa	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			e gameate				,,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	s or other as	ssets not	included			
	on Form 990, Part X?								Yes	No 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	orm 990, Part X, line	21, for e	escrow or cu	istodial acco	ount liabil	ity?	L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i	-								
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1o	g, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	t are held ar	nd administe	ered for th	ne organiza	ation	г	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment f	unds.						
1 4	Complete if the organization answere		) Dart IV	ling 11g S	ee Form 99	0 Part X	line 10			
	· •		-	(b) Cost		· · · ·				( volue
	Description of property	<b>(a)</b> Cost or o basis (investr		(b) Cost basis (			ccumulated preciation		(d) Bool	value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			13	1,160.	1	L31,16	.0		0.
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	0c.)					0.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021	WEROBOTICS,
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Part VII Investments - Other Securities.	E 000 E 10/1		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	t of your market yelue
	(b) BOOK Value	(c) Method of Valuation: Cost of end	1-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(1) 20011 10100		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	•	

INC.

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... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 WEROBOTICS, INC.			81-	1302417 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,283,335.
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	2b	646,334.		
с	Recoveries of prior year grants	2c			
d			1,600,360.		
е	Add lines 2a through 2d			2e	2,246,694.
3	Subtract line 2e from line 1			3	1,036,641.
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				
b	Other (Describe in Part XIII.)	4b	1,081,991.		
С	Add lines 4a and 4b			4c	1,081,991.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,118,632.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Retu	
Pa 1				Retu	ırn. 3,156,168.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	646,334.	1	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	646,334.	1	3,156,168.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	646,334. 1,638,807.	1	3,156,168.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	646,334. 1,638,807.	1	3,156,168.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	646,334. 1,638,807.	1	3,156,168.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	646,334. 1,638,807.	1 2e 3	3,156,168.
1 2 b c d 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	646,334. 1,638,807.	1 2e 3	3,156,168. 2,285,141. 871,027.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 4a 4b	646,334. 1,638,807. 1,081,991.	1 2e 3 4c	3,156,168. 2,285,141. 871,027. 1,081,991.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	646,334. 1,638,807. 1,081,991.	1 2e 3	3,156,168. 2,285,141. 871,027.

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.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF WEROBOTICS (SWITZERLAND) INCLUDED IN THE

COMBINED AUDIT REPORT, BUT EXCLUDED FOR WEROBOTICS. INC.

FORM 990 REPORTING.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT FROM WEROBOTICS, INC. TO WEROBOTICS (SWITZERLAND)

ELIMINATED IN THE COMBINED AUDIT REPORT. \$1,081,991.

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF WEROBOTICS (SWITZERLAND) INCLUDED IN THE

132054 10-28-21

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

COMBINED AUDIT REPORT. \$1,638,807.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT FROM WEROBOTICS INC. TO WEROBOTICS (SWITZERLAND)

ELIMINATED

\$1,081,991.

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, WEROBOTICS HAS DOCUMENTED

ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE

FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO

MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE F (Form 990)			ivities Outside the Un n answered "Yes" on Form 990, Part I			OMB No. 1545-0047	7
. ,	<b>P C C C C C C C C C C</b>		► Attach to Form 990.	.,,		Open to Public	
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection	
Name of the organization					Employer	identification numb	ber
WEROBOTICS, IN					81-13		
		Activities Ou	tside the United States. Completed	te if the orgar	nization answ	/ered "Yes" on	
Form 990, Part	,						
			ds to substantiate the amount of its gra the selection criteria used to award the			X Yes 🗌 I	No
2 For grantmakers. De United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistar	ice outside the	
3 Activities per Region.	(The following Par	t I, line 3 table c	an be duplicated if additional space is n	eeded.)			
(a) Region	(b) Number of	(c) Number of	.,		vity listed in		
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	•	gram service	· fau and	es
	in the region	independent	gram services, investments, grants to		e specific typ	investment	ts
		contractors in the region	recipients located in the region)	of service	(s) in the reg	in the regio	ิวท
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS				
THE CARIBBEAN	0	0	LOCATED IN REGION			7,35	50,
						,	
EAST ASIA AND THE			GRANTS TO RECIPIENTS				~ -
PACIFIC	C	0	LOCATED IN REGION			68,62	27.
			GRANTS TO RECIPIENTS				
EUROPE	1	. 13	LOCATED IN REGION			1,086,30	05.
			GRANTS TO RECIPIENTS				
SOUTH AMERICA	0	0	LOCATED IN REGION			15	50.
			GRANTS TO RECIPIENTS				
SOUTH ASIA		0	LOCATED IN REGION			13,88	81
							<u> </u>
			GRANTS TO RECIPIENTS			200.1/	~ ^
SUB-SAHARAN AFRICA		0	LOCATED IN REGION			298,19	90.
<b>3 a</b> Subtotal	. 1	. 13	3			1,474,50	03,
<b>b</b> Total from continuatio							
sheets to Part I	c	) (					0
c Totals (add lines 3a							
and 3b)	1 1	13				1 474 50	03

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

Schedule F (Form 990) 2021

132071 12-20-21

31 2021.05000 WEROBOTICS, INC.

Schedule F (Form 990) 2021

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT MISSION IN PANAMA	7,350.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TO SUPPORT MISSION IN PHILIPPINES	64,127.	WIRE TRANSFER	0.		
		EUROPE	TO SUPPORT MISSION IN EUROPE	1,082,100.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO SUPPORT MISSION IN NEPAL	9,231.	WIRE TRANSFER	0.		
			TO SUPPORT MISSION IN AFRICA		WIRE TRANSFER	0.		
				,				
exempt 501(c)(3) orga	inization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a sec	tion 501(c)(3) ed	quivalency letter			1 4

Schedule F (Form 990) 2021

## 81-1302417

#### Schedule F (Form 990) 2021

WEROBOTICS, INC.

## 81-1302417

Page 3

#### 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. Part III can be duplicated if additional space is needed.

		(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of
(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
COMPETITION WINNER FOR GLOBAL	SUB-SAHARAN						
SOLUTIONS	AFRICA	1	45,000.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2021

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 Instructions for Form 926)</i>	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	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 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 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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

## 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.

132075 12-20-21

SCHEDULE J Compensation Information											
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21						
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU		i					
Dena	tment of the Treasury	Attach to Form 990.		Open to							
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe							
Nan	ne of the organizatio		Employer id								
		WEROBOTICS, INC.	81-1	30241	7						
Pa	Part I Questions Regarding Compensation										
					Yes	No					
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,								
		line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or o	, i i i i i i i i i i i i i i i i i i i									
	Travel for com										
		ation and gross-up payments									
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)								
b		on line 1a are checked, did the organization follow a written policy regarding payment or									
_		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b							
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2							
-											
3		ny, of the following the organization used to establish the compensation of the organization'									
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to								
	·	ation of the CEO/Executive Director, but explain in Part III.									
	Compensation										
	·	compensation consultant									
	X Form 990 of o	ther organizations Approval by the board or compensation of	committee								
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
4	organization or a re										
2	•	e payment or change-of-control payment?		4a		x					
b		eve payment of change of control payment?				X					
c		eive payment from an equity-based compensation arrangement?				x					
C		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0							
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on								
-	contingent on the r										
а	•			5a		x					
b	Any related organiz	ation?		5u 5b		X					
~		br 5b, describe in Part III.									
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on								
	contingent on the r										
а	•			6a		Х					
b	Any related organiz	ation?		6b		X					
		or 6b, describe in Part III.									
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S								
		nes 5 and 6? If "Yes," describe in Part III				X					
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t									
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				X					
9		id the organization also follow the rebuttable presumption procedure described in									
		n 53.4958-6(c)?		9							
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	) 2021					

132111 11-02-21

#### 81-1302417

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICK MEIER	(i)	0.	0.	0.	0.	0.		
EXECUTIVE DIRECTOR	(ii)	157,545.	0.	0.	0.	0.	157,545.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

9930\_101

81-1302417

WEROBOTICS, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOCAL 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.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY THE AUDIT

COMMITTEE. IT WAS THEN REVIEWED AND ACCEPTED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

11071109 758382 9930.100

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST. IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE A COVERED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE COVERED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE COVERED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE COVERED PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD DETERMINES THE COVERED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

 FORM 990, PART VI, SECTION B, LINE 15A:

 THE BOARD IS RESPONSIBLE FOR DETERMINING THE TOP MANAGEMENT OFFICIAL'S

 COMPENSATION. THE COMPENSATION OF OTHER NON-PROFIT EXECUTIVE DIRECTORS IS

 USED AS COMPARABLE DATA AND THE COMPENSATION PROCESS IS DISCUSSED AND

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

 132211 11-11-21

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2021.05000 WEROBOTICS, INC.

Schedule O (Form 990) 2021	Page <b>2</b>						
Name of the organization	Employer identification number						
WEROBOTICS, INC.	81-1302417						
DOCUMENTED IN THE BOARD MINUTES. THE LAST COMPENSATION RE	EVIEW TOOK PLACE IN						

DECEMBER 2021.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

AUDIT COMMITTEE. IT WAS THEN REVIEWED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST. IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE A COVERED PERSON

HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE COVERED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE COVERED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE COVERED PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD DETERMINES THE COVERED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990,	PART VI, SECTIO	N B, LINE 15A:	
THE BOARD	IS RESPONSIBLE	FOR DETERMINING THE TOP M	ANAGEMENT OFFICIAL'S
COMPENSATI	ON. THE COMPENS	ATION OF OTHER NON-PROFIT	E EXECUTIVE DIRECTORS
132212 11-11-21		40	Schedule O (Form 990) 2021
11071109 758	382 9930.100	40 2021.05000 WEROBOTICS,	INC. 9930_101

Name of the organization

Employer identification number 81-1302417

Page 2

WEROBOTICS, INC.

AND

DOCUMENTED IN THE BOARD MINUTES. THE LAST COMPENSATION REVIEW TOOK

PLACE

IN DECEMBER 2021.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VI, SECTION A, LINE 8

THE DIRECTORS MEET ON A COMBINED BASIS AND CONTEMPORANEOUSLY DOCUMENT

ALL MEETINGS AND ACTIONS.

FORM 990, PART XI, LINE 8:

THE PRIOR PERIOD ADJUSTMENT RELATES TO ERRORS DETERMINED BY MANAGEMENT

IN THE TIMING OF RECOGNITION OF CERTAIN CONTRIBUTIONS DURING THE YEAR

ENDED DECEMBER 31, 2020.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Co			line 33, 34, 35b, 3	36, or 37.			2008 No. 154 202 Open to P Inspecti	
	werobotics,						ployer identi 81-1302	fication n	
Part I Identifica	tion of Disregarded Entities. Com	plete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
Form 990)	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	(d) or Total inco	(e) me End-of-year	assets		(f) ect controlling entity		
									npt Section 512(b)(13) controlled
Part II organizatio	tion of Related Tax-Exempt Organ ons during the tax year.	nizations. Complete if the organizat	ion answered "Yes" on Form 990	0, Part IV, line 34, l	because it had one	or more	related tax-e	(empt	
	me, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	Direc	(f) et controlling entity	cont	
					501(c)(3))			Yes	No
		SEE PART VII	SWITZERLAND	N/A					x
		-							
				+				<u> </u>	

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

 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.

 (a)
 (b)
 (c)
 (d)
 (e)
 (f)
 (g)
 (h)
 (i)
 (j)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1)	ו)	(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	Dispropo allocat		amount in box	partner	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(l contr ent	( <b>i)</b> ction (b)(13) trolled tity?
		country)				400010			No

## Schedule R (Form 990) 2021 WEROBOTICS, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) WEROBOTICS (SWITZERLAND)	В	1,081,991.	ACTUAL AMOUNT DISBURSED
(2) SONJA BETSCHART AND PATRICK MEIER	0	144,413.	ACTUAL AMOUNT DISBURSED
(3)			
(4)			
_(5)			
_(6)			

## Schedule R (Form 990) 2021 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	) all s sec. )(3) .?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging er?	<b>(k)</b> Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
												_	
												_	
												+	

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 WEROBOTICS, INC. 81-1302417 Page Part VII Supplemental Information	<u>ə 5</u>
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 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.	
132165 11-17-21 Schedule R (Form 990) 20	021