

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	FOI LITE	2022 Calend	iar year, or tax year begin	iiiig		, 2022, 8	ana enair	ıg		, 2	<u>U</u>		
В	Check if	applicable:	C Name of organization WE:	POWER					D Empl	oyer identific	ation numb	er	
	Address	change	Doing business as							82-359	91958		
$\overline{\Box}$	Name ch		Number and street (or P.O. box	cif mail is not delivered t	o street address)		Room/suite	e	E Telep	hone number			
Ħ	Initial retu	-	20 S Sarah Str		3 3.1331 444.1333)			200	0.0p				
Ħ		ırn/terminated			inn neetel eede			.00	C C****	Gross receipts			
H			City or town, state or province,		ign postar code				G Gros	s receipis	0 101	0.40	
H	Amended		Saint Louis, M						ъ		2,131		
Ш	Application	on pending	F Name and address of principal		i Cooksey					for subordinates	$\overline{}$	X No	
			3965 Botanical	Ave Saint 1	Louis MO 63110			H(b) Are all s	subordinat	tes included?	Yes	☐ No	
<u>I</u>	Tax-exem		501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No,"	attach a li	st. See instruc	tions		
J	Website:		w.wepowerstl.org					H(c) Group e	exemption	number			
		organization: X	Corporation Trust Asso	ociation Other		L Year of formati	ion: 2018	8 M S	State of leg	gal domicile:	MO		
Pa	rt I	Summar	У										
	1	Briefly descri	ibe the organization's missic	on or most significa	nt activities: WEP	OWER's mi	ssion	is to	activ	ate cor	nmunit	У	
συ		power to	re-design educat	ion, economi		d justice							
Governance		for all.		•	,								
Ľ													
Š	2	Check this h	ox if the organization di	scontinued its oner	ations or disposed of r	nore than 25%	% of its ne	t assets					
Ğ	3		oting members of the govern		·				3			8	
Activities &									4				
<u>ië</u>	4		ndependent voting members	-								8	
≅	5		r of individuals employed in	-	(Part V, line 2a)				5			16	
Act	6		r of volunteers (estimate if n	• /					6				
-	7a		ed business revenue from P	, , ,	•				7a			0	
	b	Net unrelated	d business taxable income f	rom Form 990-T, P	art I, line 11				7b			0	
								Prior Year		Cu	rrent Year		
	8	Contributions	s and grants (Part VIII, line	1h)				1,807	,740		2,131	, 834	
ne	9	Program ser	vice revenue (Part VIII, line	2g)								0	
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d	l)				6			6	
È	11		ue (Part VIII, column (A), line						_			0	
_	12		e - add lines 8 through 11 (m					1,807	746		2,131	840	
	13		similar amounts paid (Part I)						,500			,260	
	14		d to or for members (Part IX,						, 300			, 200	
		-						1.65	000				
es	15		er compensation, employee	,	, ,				,038		948	,599	
Expenses	16a		fundraising fees (Part IX, co)			75	, 533			0	
g	. b		sing expenses (Part IX, colu			0_	-						
Ш	17	-	ses (Part IX, column (A), lin					1,508			922	,181	
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, colun	nn (A), line 25)			1,787	,165		2,072	,040	
	19	Revenue less	s expenses. Subtract line 1	8 from line 12 •				20	,581		59	,800	
Net Assets or	Ses						Begini	ning of Curre	ent Year	En	d of Year		
sets	튵 20	Total assets	(Part X, line 16)					95	,873		232	,805	
As	මී 21	Total liabilities	s (Part X, line 26)					54	, 925		132	,057	
퉏	. 22	Net assets o	r fund balances. Subtract li	ne 21 from line 20				40	, 948		100	,748	
Pa	art II	Signatu	ire Block										
			clare that I have examined this return					wledge and be	elief, it is				
true	, correct,	and complete. De	eclaration of preparer (other than off	icer) is based on all info	rmation of which preparer ha	is any knowledge	9.						
		Char	li Cooksev										
Sig	ın	Signature of office	4						∟ Da	te			
He				tion Dimonto									
110		Type or print nar	li Cooksey, Execu	tive Directo	or								
		· · ·		Propororio signatura		Data				DTIN			
D-1	ام: ا		eparer's name	Preparer's signature		Date		Check	if	PTIN			
Pai		DANIEL	SILLS			10-27-20	23	self-em	ployed	P014	63300		
	pare		OMIGA TA	X PREPARATIO	N SERVICES		Fir	m's EIN					
Us	e Onl	y Firm's addres	s 231 S Be	miston STE85	0 PMB83444		Ph	one no.					
			Saint Lo	uis MO 63105	5				314-	499-824			
May	the IRS	S discuss this	return with the preparer sho	own above? See ins	structions					🔲	Yes 2	X No	

Form	990 (202	22) WEPOWER	82-3591958	Page 2
Par	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	🔲
1	Briefly d	lescribe the organization's mission:		
	WEPOW	ER's mission is to activate community power to re-design education, e	conomic, healt	h, and
	justi	ce systems to be just and equitable for all.		
2		organization undertake any significant program services during the year which were not listed on the		٦
	-	rm 990 or 990-EZ?	· · · · ∐ Yes 🗓	No
_		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program	п., г	٦
		3?	···· ∐ Yes <u>x</u>	No
_	-	describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services, as measure	•	
	•	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	iners,	
	tne total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 677,918 including grants of \$ 108,460) (Revenue	• \$)
Tu	`	nity Wealth Building Initiative - We run a trio of programs (WEPOWER)		/ erator
		ER Investment Fund, and Kiva Hub 0-Interest loans) that develop Black		
		preneurs with the goals of sparking economic development and creating		
		we disbursed 15+ interest free loans (up to \$15k) through the St. Lo		
		so launched our \$1.5 million investment fund, which will provide Black		
		esses access to capital and business coaching with flexible, founder-		
	In ad	dition, we had 10 local Black and Latinx-owned businesses complete ou	r accelerator	in 2021;
	each	participant received 100+ hours of business coaching, investment read	iness training	,
	marke	ting and branding consultation, bookkeeping support, and mentorship o	ver a 6 month	period.
4b	(Code:) (Expenses \$373,756 including grants of \$98,750) (Revenue)
		Building Academies: Power Building Academy is a 3 month program that		
		iences in leadership development, systems analysis, and grassroots or		
		ng to improve the region's economic and early childhood education (EC) ed 21 local residents through the program. In tandem with our Power B	<u> </u>	•
		ership with others, we have also started a coalition for economic jus-		
		orms, and led advocacy campaigns including one to spark equitable allo	·	
		childhood education centers and another to address impending school		
		Louis Public Schools.		
4c	(Code:		·)
		telling and Communications - We tell human-centered stories that shift		
		iors. We amplify the stories of our community members in order to ill		
		iences with the current system and their journeys of achieving change		
		es and videos about our entrepreneurs and changemakers, in addition to	o highlighting	them and
	our w	ork on social media and other platforms.		
4d	Other pr	rogram services (Describe on Schedule O.)		
	(Expens	ses \$ 94,395 including grants of \$) (Revenue \$)	
4e	Total pro	ogram service expenses 1,361,469		

2) WEPOWER Checklist of Required Schedules Part IV

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	l _		
_	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		.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		Х
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		Λ
Ü	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			Λ
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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		Х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
C	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		Х
е.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115		
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Х
12a	Schedule D, Parts XI and XII	12a		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		Х
-	"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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		Х
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	- warmana garannon, on concern ground in ground in coop complete concerns grante (when it is it			1

Par	t IV Checklist of Required Schedules (continued)			
00	Diddle and all all all all all all all all all al		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		•
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		Х
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			Λ.
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		
20	·	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O	20	v	
Part		38	Х	
Гап	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Concodic C Contains a response of note to any fine in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Y	

Page 5 Form 990 (2022) WEPOWER 82-3591958 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 16 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b Х Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 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 Х **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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C Х d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X g h 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Х 9 Sponsoring organizations maintaining donor advised funds. а Did the sponsoring organization make any taxable distributions under section 4966? 9a Х Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b Х Section 501(c)(7) organizations. Enter: 10 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a а Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

Form 990 (2022) Page 6 WEPOWER 82-3591958

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

Se	ction A. Governing Body and Management			
	5		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			ĺ
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.0		ĺ
40	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	.,	
a h	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	Х	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IUa	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Deposite an analysis of the control			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Charli Cooksey (314)348-0392 20 Sarah Street Saint Louis MO 63108			

Form 990 (2022) **WEPOWER** 82-3591958 Page 7

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

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

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

- **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, box 6 of 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 instructions for the order in which to list the persons above.

				((C)					
(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m	sition nore t rson is	han one s both ar /trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Charli Cooksey Founder and CEO	40.00			x	x			113,604	0	0
	1.00			^	Λ			113,004	0	<u> </u>
(2) Mary McKay Member		х						0	0	0
(3) Erica Henderson	1.00									
Member		х						0	0	0
(4) Ryan Strode	1.00									
Member		х						0	0	0
(5) Dave Peacock	1.00									-
Member		х						0	0	0
(6) Claudia Mendoza	1.00									
Member		х						0	0	0
(7) Abdul-Kaba Abdullah	1.00									
Member		х						0	0	0
(8) Andrew \ Yawitz	1.00									
Chair		х		х				0	0	0
(9) April Fulstone	1.00									
Secretary		х		х				0	0	0
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										

	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	rson is	han one s both a r/trustee	n	(D) Reportable compensation from the	(E) Reporta compensa from rela	ation ited	COI	(F) nated am of other mpensati		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organization 1099-MI 1099-NE	SC/	orga	rom the nization d organiz		
(15)_															
<u>(16)</u>															
<u>(17)</u>															
<u>(18)</u>															
<u>(19)</u>															
(20)_															
(21)_															
(22)_															
(23)_															
(24)_															
(25)															
1b	Subtotal														
c d	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)								113,604		0			0	
2	Total number of individuals (including but not limite	ed to those lis	ted abo	ove)	who	rece	eived r	nore	than \$100,000 of		,				
	reportable compensation from the organization												Yes	1 No	
3	Did the organization list any former officer, director,	, trustee, key	employ	ee, c	or hiç	ghes	t comp	oens	ated				163	140	
	employee on line 1a? If "Yes," complete Schedule											3		х	
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than \$\frac{1}{2}\$														
	individual											4		х	
5	Did any person listed on line 1a receive or accrue of			-			_	nizat	ion or individual						
Sooti	for services rendered to the organization? If "Yes," o	complete Sch	nedule	J for	suc	h pe	erson					5		X	
1	on B. Independent Contractors Complete this table for your five highest compensa	ated independ	lent co	ntrad	otors	tha	t recei	ved	more than \$100 00	Ω of					
•	compensation from the organization. Report compe										year.				
	(A) Name and business addre	ss							(B) Description of service	es		(C)	ation		
									p			100.10			
2		-		nose	liste	ed at	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization								

Part VIII Statement of Revenue

		Check if Schedule O co	ntains a response	e or no	te to any line in this	Part VIII			
					,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gift and similar amounts not in Noncash contributions inclines 1a-1f Total. Add lines 1a-1f	ibutions)		1	2,131,834			30010113 512 - 514
Program Service Revenue	c d e f	All other program service re Total. Add lines 2a-2f	evenue						
	4 5 6a b	Investment income (including other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	tax-exempt bond	proce	eds	6	6		
evenue	7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a (i) Securitie	es	(ii) Other				
Other Re	8a b c	Net gain or (loss) Gross income from fundrai events (not including \$ _ of contributions reported or 1c). See Part IV, line 18 Less: direct expenses . Net income or (loss) from f Gross income from gaming	n line	8a 8b					
	b c 10a b	activities, See Part IV, line 1 Less: direct expenses • Net income or (loss) from g Gross sales of inventory, le returns and allowances • Less: cost of goods sold Net income or (loss) from s	gaming activities	10a 10b					
Miscellanous Revenue	11a b c d	All other revenue Total. Add lines 11a-11d			Business Code	0.101.000			
	12	Total revenue. See instruc	tions			2,131,840	6	0	0

Form 990 (2022) WEPOWER Part IX Statement of Functional Expenses

Cootion	Eの1/21/21	1 and E01(a)/4) organizations ı	munt complete	all columns	All athar	organizations	much come	alata aalumn	. ///
oeciion .	อบาเนาเอา	anu 50 ncn4	i uruariizaiiuris i	musi complete a	III COIUTTITS.	All Ulliel	UTUATIIZAIIUTIS I	HUSI COITI	nete column	IAI.

	Check if Schedule O contains a response or note to	any line in this Part IX							
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)				
8b, 9	b, 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	201,260	201,260						
2	Grants and other assistance to domestic	,	,						
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	113,605	113,605						
6	Compensation not included above to disqualified	,	,						
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	671,800	458,899	212,901					
8	Pension plan accruals and contributions (include	,	,	,					
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	100,329		100,329					
10	Payroll taxes	62,865		62,865					
11	Fees for services (nonemployees):	,		,					
а	Management	553,474	464,058	89,416					
b	Legal	15,728		15,728					
С	Accounting	22,610		22,610					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17 •								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	76,574		76,574					
12	Advertising and promotion	3,246	3,246						
13	Office expenses	12,415		12,415					
14	Information technology	41,321		41,321					
15	Royalties								
16	Occupancy	19,378		19,378					
17	Travel	14,191		14,191					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest · · · · · · · · · · · · · · · · · · ·								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	4,781		4,781					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
a	Specific Program Initiatives	120,401	120,401						
b	Development	24,670		24,670					
C	Bank Charges and Fees	7,843		7,843					
d	Subscriptions and Membership	5,549		5,549					
e	All other expenses	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,072,040	1,361,469	710,571	0				
20	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								
	TOTIONNING OUT 30-Z (MOU 300-7Z0)				Form 990 (2022)				

Form 990 (2022) 82-3591958 Page **11** WEPOWER Part X **Balance Sheet**

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	90,873	1	231,138
	2	Savings and temporary cash investments	·	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,000	4	1,667
	5	Loans and other receivables from any current or former officer, director,	·		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ו אַנוּי	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	95,873	16	232,805
	17	Accounts payable and accrued expenses	54,925	17	132,057
	18	Grants payable	·	18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
n D	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
2		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	54,925	26	132,057
		Organizations that follow FASB ASC 958, check here			,
Net Assets of Fund Balances		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	40,948	27	100,748
<u>8</u>	28	Net assets with donor restrictions	,	28	,
2		Organizations that do not follow FASB ASC 958, check here			
3		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
3	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ĉ.	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u> </u>	32	Total net assets or fund balances	40,948	32	100,748
			,		232,805

	1990 (2022) WEPOWER	<u>82-359</u>	1958	Pa	age 12
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,	131,	840
2	Total expenses (must equal Part IX, column (A), line 25)	2		072,	
3	Revenue less expenses. Subtract line 2 from line 1	3			800
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		40,	948
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		100,	748
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				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

EEA Form **990** (2022)

SCHEDULE A (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.

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization **Employer identification number** WEPOWER 82-3591958 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (v) Amount of monetary (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E)

Page 2 Schedule A (Form 990) 2022 82-3591958 WEPOWER 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.)

Secti	on A. Public Support	o quay aa.		. ото о . о . о . т, р			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	364,129	767,005	1,451,461	1,769,240	2,131,834	6,483,669
2	Tax revenues levied for the	,	, , , , , , , , , , , , , , , , , , , ,				
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	364,129	767,005	1,451,461	1,769,240	2,131,834	6,483,669
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)						699,691
6	Public support. Subtract line 5 from line 4 .						5,783,978
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	364,129	767,005	1,451,461	1,769,240	2,131,834	6,483,669
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	28	32	16	6	6	88
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,483,757
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o	•			•	•	, , ,
	organization, check this box and stop her						<u> </u>
	on C. Computation of Public Suppo					T T	
14	Public support percentage for 2022 (line					14	89.21 %
15	Public support percentage from 2021 Sch					15	56.50 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ						
17-	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization mee					•	
	Part VI how the organization meets the fa			•	•		· —
	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the organization						
10	Private foundation. If the organization di						
18	instructions						

Schedule A (Form 990) 2022 **WEPOWER** 82-3591958 Page 3

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.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
c	organization without charge						
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	-	rst, second, thi	rd, fourth, or fi	ifth tax year as	a section 501	(c)(3)
Cooti	organization, check this box and stop her		· · · · · · · · · · · · · · · · · · ·				· · · · · · · <u> </u>
	on C. Computation of Public Support Public Support percentage for 2022 (line 8			12 solumn (f	\\	15	%
15 16	Public support percentage from 2021 Sch	, , , ,	,	,	, ,	16	
	on D. Computation of Investment In					10	/0
17	Investment income percentage for 2022 (li			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2021					18	
19a	33 1/3% support tests - 2022. If the orga					_	
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organization	•					
	line 18 is not more than 33 1/3%, check this box a	•		•			
20	Private foundation. If the organization die	d not check a	box on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🗌

Schedule A (Form 990) 2022 **WEPOWER** 82-3591958 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	46		
_	despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>			
-	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	_		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
Ja	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	- Ou		
-	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2022 Page 5 WEPOWER 82-3591958 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11a 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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 Section D. All Type III Supporting Organizations No Yes 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 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 in 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* b С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes 2 No 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. 2a 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. 2b Parent of Supported Organizations. Answer lines 3a and 3b below.

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.

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.*

За

3b

Schedule A (Form 990) 2022 WEPOWER 82–3591958 Page 6

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

Part	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
1						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally	integrated Type III supp	orting organization		

EEA Schedule A (Form 990) 2022

(see instructions).

Schedul	e A (Form 990) 2022 WEPOWER V Type III Non-Functionally Integrated 509(a)(3)	2) Supporting Organ		591958	Page 7
	on D - Distributions	b) Supporting Organ	izations (continued		Current Year
Secti					Current real
1_	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part \		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 whic	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022		(iii) Distributable mount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
6	Excess from 2022				

Schedule A (Form 990) 2022 EEA

Page 8 Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-PF.

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

2022

WEPOWER 82-3591958 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if addit	ional space is ne	eded.	
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contr	ribution
1		\$	20,000	Person Payroll Noncash	x
			,	(Complete Part I	
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution
2		\$	100,000	Person Payroll Noncash	x
		Ť	100,000	(Complete Part I	
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution
3		\$	75,000	Person Payroll Noncash	x
			,	(Complete Part I	
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution
4		\$	150.000	Person Payroll Noncash	x
		Ψ	150,000	(Complete Part I	
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution
5		\$	10,000	Person Payroll Noncash	x
				(Complete Part I	
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution
6		\$	7,500	Person Payroll Noncash	x
				(Complete Part I	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	Total co	(d) Type of contribution				
7		\$	30,000	Person Payroll Noncash	x		
			,	(Complete Part I noncash contrib			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution		
8		\$	20,653	Person Payroll Noncash	x		
			,	(Complete Part I noncash contrib			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution		
9		\$	15,000	Person Payroll Noncash			
			·	(Complete Part I noncash contrib			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution		
10		\$	25,000	Person Payroll Noncash			
				(Complete Part I noncash contrib			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution		
11		\$	65,504	Person Payroll Noncash	x		
				(Complete Part I noncash contrib			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of conti	ribution		
12		\$	175,000	Person Payroll Noncash	x		
				(Complete Part I			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contr	ribution		
13		\$	5,000	Person Payroll Noncash			
				(Complete Part I			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contr	ribution		
14		\$	10,325	Person Payroll Noncash (Complete Part	X D		
(a)	(b)		(c)	noncash contrib	utions.)		
No.	Name, address, and ZIP + 4	Total co	ntributions	Type of contribution			
15		\$	10,000	Person Payroll Noncash	x		
				(Complete Part I			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contr	ribution		
16		\$	60,000	Person Payroll Noncash			
				(Complete Part I noncash contrib			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contr	ribution		
17		\$	10,000	Person Payroll Noncash	x		
				(Complete Part I			
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contr	ribution		
18		\$	5,000	Person Payroll Noncash			
				(Complete Part I			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contri		(d) Type of contributi	on		
19		\$	25,000	Person 🛣 Payroll 🗌 Noncash			
				(Complete Part II for noncash contributions.	.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) entributions	(d) Type of contributi	on		
20		\$	10,000	Person 🐰 Payroll 🗌 Noncash			
				(Complete Part II for noncash contributions.	.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) entributions	(d) Type of contributi	on		
21		\$	5,000	Person 🐰 Payroll 🗌 Noncash			
				(Complete Part II for noncash contributions.	.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) entributions	(d) Type of contributi	on		
22		\$	54,285	Person <u>k</u> Payroll □ Noncash □			
				(Complete Part II for noncash contributions.	.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ontributions	(d) Type of contributi	on		
23		\$	10,000	Person <u>k</u> Payroll Noncash			
				(Complete Part II for noncash contributions.	.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ontributions	(d) Type of contributi	on		
24		\$	230,000	Person <u>k</u> Payroll Noncash			
				(Complete Part II for noncash contributions.	.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions		(d) Type of cont	ribution	
25		\$	5,000	Person Payroll Noncash		
				(Complete Part noncash contrib		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution	
26		\$	5,000	Person Payroll Noncash	x 	
				(Complete Part noncash contrib		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution	
27		\$	5,000	Person Payroll Noncash	x	
				(Complete Part noncash contrib		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution	
28		\$	10,000	Person Payroll Noncash		
				(Complete Part noncash contrib		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution	
29		\$	25,000	Person Payroll Noncash		
				(Complete Part noncash contrib		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution	
30		\$	15,000	Person Payroll Noncash		
			•	(Complete Part		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions		(d) Type of cont	ribution			
31		\$	173,000	Person Payroll Noncash	x 			
				(Complete Part noncash contrib				
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution			
32		\$	5,000	Person Payroll Noncash	x			
				(Complete Part noncash contrib				
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution			
33		\$	5,000	Person Payroll Noncash				
				(Complete Part noncash contrib				
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution			
34		\$	50,000	Person Payroll Noncash	x			
		·	30,000	(Complete Part noncash contrib				
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution			
35		\$	108,132	Person Payroll Noncash	x			
				(Complete Part noncash contrib				
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of cont	ribution			
36		\$	40,000	Person Payroll Noncash				
	×××××××			(Complete Part				

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	Total co	(d) Type of contribution			
37		\$	5,000	Person k Payroll Noncash		
				(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contribution		
38		\$	15,000	Person k Payroll □ Noncash □		
				(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contribution		
39		\$	5,000	Person 🙎 Payroll 🗌 Noncash 🗍		
				(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contribution		
40		\$	33,750	Person 🙎 Payroll 🗌 Noncash 🗍		
				(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contribution		
41		\$	5,000	Person 🛣 Payroll 🗌 Noncash 🗍		
				(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	Total co	(c) ntributions	(d) Type of contribution		
42		\$	10,000	Person 🙎 Payroll 🗌 Noncash 🗍		
				(Complete Part II for noncash contributions.)		

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Sec	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name o	of organization			Employer iden	tification number
WEPOW				82-3591958	
Part	I-A Complete if the	e organization is exempt ur	nder section 501	(c) or is a section 527	organization.
1	Provide a description of the or	rganization's direct and indirect politica	al campaign activities in	n Part IV. See instructions for	
	definition of "political campaig	n activities."			
2	Political campaign activity exp	enditures. See instructions		\$	
3		ampaign activities. See instructions			
Part	-	e organization is exempt ur			
1	Enter the amount of any excis	e tax incurred by the organization und	er section 4955 • •	\$	
2	•	se tax incurred by organization manage			
3		section 4955 tax, did it file Form 4720			
4a					· · · · 📙 Yes 📙 No
b	If "Yes," describe in Part IV.			(a) FO	4/-\/0\
Part	•	e organization is exempt ur		• • • • • • • • • • • • • • • • • • • •	1(C)(3).
1	, ,	ended by the filing organization for sec	•		
_					
2	•	organization's funds contributed to oth	•		
_	·				
3		itures. Add lines 1 and 2. Enter here ar			
_					
4		form 1120-POL for this year?			
5	•	and employer identification number (El	, .	· ·	ŭ
	• , ,	For each organization listed, enter the utions received that were promptly and	•	0 0	
	· ·	d or a political action committee (PAC)			
	as a separate segregateu turi	or a political action committee (FAC)	'	needed, provide information in	raitiv.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	edule C (Form 990) 2022 WEPOWER			:04/-\/0\ f!	82-3591	.958 Page 2				
P	art II-A Complete if the organization	on is exempt	under section 5	001(c)(3) and file	ea Form 5/68 (e	election under				
_	section 501(h)).	- CCC - L - L - L - L - L - L - L - L -	ad Paris Dad IV ands	- CCP - 1 1	h					
А	Check if the filing organization belongs to an			affiliated group mem	ber's name, address,					
_	EIN, expenses, and share of excess									
В	Check if the filing organization checked box									
	Limits on Lobi			4 \	(a) Filing organization's totals	(b) Affiliated group totals				
	(The term "expenditures" r				Organization's totals	group totals				
	Total lobbying expenditures to influence public	. ,.	,							
	b Total lobbying expenditures to influence a legis	• •	• •,							
	Total lobbying expenditures (add lines 1a and 1									
	e Total exempt purpose expenditures (add lines 1									
	f Lobbying nontaxable amount. Enter the amount									
	columns.									
	If the amount on line 1e, column (a) or (b) is	t is:								
		Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.								
	Over \$500,000 but not over \$1,000,000									
	Over \$1,000,000 but not over \$1,500,000	•	10% of the excess o							
	Over \$1,500,000 but not over \$17,000,000		5% of the excess over	er \$1,500,000.						
_	Over \$17,000,000	\$1,000,000.								
	g Grassroots nontaxable amount (enter 25% of lih Subtract line 1g from line 1a. If zero or less, en	•								
	h Subtract line 1g from line 1a. If zero or less, eni Subtract line 1f from line 1c. If zero or less, ent									
	i If there is an amount other than zero on either I		id the examination file							
	•	-	•			☐ Yes ☐ No				
			Period Under Sec			☐ tes ☐ NO				
	(Some organizations that made a se			` '	ll of the five colur	nns helow				
	· · · · · · · · · · · · · · · · · · ·		ructions for lines	-	ii oi tiic iive colui	mis below.				
	000 1110	ooparate met	140000010101101	, Lu till ough Lil,						
	Lobbying	Expenditures	S During 4-Year A	veraging Period						
	Calendar year (or fiscal year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
	beginning in)									
2	Lobbying nontaxable amount									
	b Lobbying ceiling amount									
	(150% of line 2a, column (e))									
	c Total lobbying expenditures									
	d Grassroots nontaxable amount									
	d Grassroots nontaxable amount									
	e Grassroots ceiling amount									
	(150% of line 2d, column (e))									
			T. Control of the Con	I .	1					

EEA Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 **WEPOWER** 82-3591958 Page **3**

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Х Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? h Х С Х **d** Mailings to members, legislators, or the public? Х e Publications, or published or broadcast statements? Х Grants to other organizations for lobbying purposes? f Х Direct contact with legislators, their staffs, government officials, or a legislative body? a X Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Х Other activities? Х Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Х If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). а Current year 2a 2b h c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

EEA Schedule C (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization WEPOWER 82-3591958 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes Nο 1 2 3 4 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 WEPOWER 82–3591958 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

4 Rent/facility costs		gross receipts greater than S	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rentifacility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part IIII Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add cot. (a) through cot. (e)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rentifacility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization icensed to conduct gaming activities: a Is the organization icensed to conduct gaming activities: a Is the organization icensed to conduct gaming activities: a Is the organization icensed to conduct gaming activities: a Is the organization icensed to conduct gaming activities: b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?			(event type)	(event type)	(total number)	
2 Less: Contributions 3 Gross income (fine 1 minus line 2)	Jue					
2 Less: Contributions 3 Gross income (fine 1 minus line 2)	ē 1	Gross receipts				
Cash prizes		Less: Contributions				
4 Cash prizes	3	•				
5 Noncash prizes		line 2)				
6 Rentifacility costs	4	Cash prizes				
6 Rent/facility costs	5	Noncash prizos				
9 Other direct expenses		Noncasti prizes				
9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add coll. (a) through coll. (b) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No. No. Yes No. Yes No. Yes No.	Ses 6	Rent/facility costs				
9 Other direct expenses	be 7	Food and beverages				
9 Other direct expenses	р Ш					
Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (b) ol. (a) through col. (c) ol. (b) ol. (c)	<u>ة</u> 8	Entertainment				
Part III Net income summary. Subtract line 10 from line 3, column (d)	9	Other direct expenses				
Part III	40	District Addition	A Ilone a la O la callaca (d)			
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming. Complete if the organization (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add oc). (a) through col. (c)						
Company Comp		Gaming. Complete if the org	ganization answered "\	Yes" on Form 990, Part		nore than
1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Other direct expenses 7 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: 10 If "No," explain: 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes Net		\$15,000 on Form 990-EZ, li	ne 6a.	1	1	
2 Cash prizes	en		(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
2 Cash prizes	듄			1	(c) Other gaming	
3 Noncash prizes	ě			1	(c) Other gaming	
3 Noncash prizes	Š 1	Gross revenue	(, 0	1	(c) Other gaming	
4 Rent/facility costs	1		., .	1	(c) Other gaming	
4 Rent/facility costs	1			1	(c) Other gaming	
5 Other direct expenses	1	Cash prizes	.,, -,	1	(c) Other gaming	
6 Volunteer labor	2 2 3	Cash prizes		1	(c) Other gaming	
6 Volunteer labor	2 2 3	Cash prizes		1	(c) Other gaming	
7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No	Direct Expenses 3	Cash prizes		bingo/progressive bingo		
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No	2 Pirect Expenses 3 4 5	Cash prizes		bingo/progressive bingo		
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?	2 Pirect Expenses 3 4 5	Cash prizes		bingo/progressive bingo		
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?	2 2 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Cash prizes	☐ Yes%	bingo/progressive bingo Yes % No		
a Is the organization licensed to conduct gaming activities in each of these states?	2 3 3 4 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo Yes % No	☐ Yes % ☐ No	
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	2 3 3 4 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo Yes % No	☐ Yes % ☐ No	
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No.	2 3 3 4 4 5 6 7 8 9 E	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column tion conducts gaming activition	bingo/progressive bingo Yes % No umn (d)	☐ Yes% No	col. (a) through col. (c))
	2 3 4 4 5 6 7 8 B a Is	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo Yes % No umn (d)	☐ Yes% No	col. (a) through col. (c))
	2 2 3 4 4 5 6 7 8 9 E a ls	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo Yes % No umn (d)	☐ Yes% No	col. (a) through col. (c))
IN THE MATERIAL	2 3 4 4 5 6 7 8 B Is b If	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column tion conducts gaming activities in each of	bingo/progressive bingo Yes % No umn (d)	☐ Yes % No	col. (a) through col. (c))
	9 Ei a Is b If	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column tion conducts gaming activities in each of	bingo/progressive bingo Yes % No umn (d)	☐ Yes % No	col. (a) through col. (c))

EEA Schedule G (Form 990) 2022

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

Attach to Form 990.

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

Open to Public Inspection 2022

OMB No. 1545-0047

ջ □ (h) Purpose of grant Philanthropy Development or assistance Childhood X Yes **Employer identification number** Early Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, 82-3591958 noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. noncash assistance (e) Amount of (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 61-1753198 (p) EIN (2)St. Louis Community Foundat (a) Name and address of organization Saint Louis MO 63130 Saint Louis MO 63105 or government 2 Oak Knoll Park (1) Urban Sprouts 6757 Olive Blvd Name of the organization WEPOWER Part I Part II

ල

4

9

9

6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

N

9

<u>6</u>

<u>®</u>

Page 2

Schedule I (Form 990) (2022)

m 990) (2022) WEDOWER 82–3591958 82–3591958 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

Schedule I (Form 990) (2022) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV EEA 2 9 2 က 4

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

82-3591958 WEPOWER 01. Members or stockholder classes and rights (Part VI, line 6) The organization has members. 02. Form 990 governing body review (Part VI, line 11) The 900 is reviewed with the Board prior to filing. 03. Conflict of interest policy compliance (Part VI, line 12c) The Board, managmement and employees are required to report any conflict of interest to the Board. 04. CEO, executive director, top management comp (Part VI, line 15a) Compensation of the CEO and other key employees is reviewed and compared to other positions in organizations of similar size and mission. 05. Other officer or key employee compensation (Part VI, line 15b Compensation of the CEO and other key employees is reviewed and compared to other positions in organizations of similar size and mission. 06. Governing documents, etc, available to public (Part VI, line 19) Governing documents and other information is availble upon request. 07. Explanation of other changes in net assets or fund balances (Part XI, line 9) Minor adjustments to prior balance 08. Part XI, response or note to any line in Part XI

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

WEPOWER

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

Related Organizations and Unrelated Partnerships

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

Open to Public 2022

OMB No. 1545-0047

Inspection

Employer identification number 82–3591958

Part I	Identification of Disregarded Entities. Complete	if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" o	n Form 990, Part	: IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WEPON	(1) WEPOWER Elevate/Elevar Capital Inc, 87-1354495						,
4240	4240 Duncan Ave Ste 200						
Saint	: Louis MO 63110			MO		N	N/A
(2)							
(3)							
(4)							
(5)							
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	lions. Complete if the ing the tax year.	ne organization ar	nswered "Yes" on	Form 990, Part	IV, line 34 becau	se it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec. 512(b)(13) controlled entity?
(1)							
(5)							
(3)							
(4)							
(5)							
For Papery	For Paperwork Reduction Act Notice, see the Instructions for Form 990.			-		Sched	Schedule R (Form 990) 2022

WEPOWER

Schedule R (Form 990) 2022

| Complete It the organization of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, | Decause it had one or more related organizations treated as a partnership during the tax year. 82-3591958

Page 2

3	Percentage ownership							π IV,		512(that standing that standing the standing that standing	Yes No						Schedule R (Form 990) 2022
9	ag tre	Yes No						n 990, Pa	(h)	eg ed=	۶	100					Schedule R (F
(<u>i</u>)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)							as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, rations treated as a corporation or trust during the tax year.	(0)	of assets		10					
Ē	atio	Yes No						answered ar.	(total e							
(a)	Share of end-of- year assets							izatior tax ye	, -								
	Share o							orgar ng the		f entity corp, or trus		Corp					
€	Share of total income							olete if the trust duri	(e)	Type of entity (C corp., S corp., or trust)		ပ					
		- F						Compation or	(g)	Direct controlling entity							
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)						r Trust corpora		Direct c		N/A					
	Prer incon ur exclu	sectio						tion or		nicile n country)							
(p)	Direct controlling entity							Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization are line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(3)	Legal domicile (state or foreign country)		MO					
	Oje ez							J - IN		>							
(၁)	Legal domicile (state or foreign	country)						Identification of Related Organizations Taxable line 34, because it had one or more related organi) (a)	Primary activity							
	>							zation re rela									
Q	Primary activity							Organi or mo				87-1354495					
	i .							elated (had one		anization							
								n of R tuse it		Name, address, and EIN of related organization		/Elevar, Ste 200 63110					
	d EIN of ation							i ficatio 4, beca	(a)	and EIN of		vate/I Ave : MO 63					
(a)	Name, address, and EIN of related organization							Ident line 3		, address,		R Ele uncan Louis					
	Name, e relat							Part IV		Name		(1) WEPOWER Elevate/Elevar, 4240 Duncan Ave Ste 200 Saint Louis MO 63110					
			Ē	(2)	<u>(6)</u>	(4)	(2)	Par					(2)	<u>(6)</u>	(4)	(2)	EEA

82-3591958 WEPOWER Schedule R (Form 990) 2022

Page 3

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

Schedule R (Form 990) 2022	lule R (Fo	Sched			EEA
					(9)
					(5)
					(4)
					(3)
					(2)
					(1)
nvolved	amount ii	Method of determining amount involved	Amount involved	Transaction type (a-s)	Name of related organization
		(p)	(c)	(q)	(a)
		olds.	ps and transaction thresho	uding covered relationshi	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
	18				
	÷				r Other transfer of nest or property to related properties (e)
	م 4				 p Heimbursement paid to related organization(s) for expenses p Reimbursement paid by related organization(s) for expenses
<u> </u>	9				
	= =				n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
	=				I Performance of services or membership or fundraising solicitations for related organization(s)
	¥				k Lease of facilities, equipment, or other assets from related organization(s)
	=				J Lease of facilities, equipment, or other assets to related organization(s)
	= =				h Purchase of assets from related organization(s)
	1g				g Sale of assets to related organization(s)
	#				f Dividends from related organization(s)
	0				e Loans or loan guarantees by related organization(s)
	9				d Loans or loan guarantees to or for related organization(s)
	2	:			c Gift, grant, or capital contribution from related organization(s)
	1 0				
	<u>1</u>				a Receipt of (1) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity
Yes			2/2	Il atrone lietad in Darte II	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1. During the tay year, did the properties in any of the following transactions with one or more related properties listed in Darts II.IV?
					Market Consolidate Front of France configuration of the Consolidate Consolidat

Page 4

82-3591958

Schedule R (Form 990) 2022

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.

(j) (k)	General or Percentage 0 managing ownership partner?	Yes No												
(i)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)													
(h)	Disproportionate allocations?	Yes No												
(b)	Share of end-of-year assets													
(f)	Share of total income													
(e)	Are all partners section 501(c)(3) organizations?	Yes No												
(p)	Predominant income (related, unrelated, excluded from tax under o	•												
(c)	Legal domicile (state or foreign country)													
(p)	Primary activity													
(a) (b) (c) (d) (e) (figure (a) (d) (e) (figure (a) (d) (e) (figure (a) (d) (e) (figure (a) (d) (figure (a) (d) (d) (figure (a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Name, address, and EIN of entity													
5			(E)	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	(12)

Schedule R (Form 990) 2022

EEA

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print WEPOWER 82-3591958 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 20 S Sarah Street STE 200 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Saint Louis MO 63108 Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 06 12 Form 990-T (corporation) • The books are in the care of ▶ Charli Cooksey, 20 Sarah Street Saint Louis MO 63108 FAX No. ▶ Telephone No. ► 314-348-0392 If the organization does not have an office or place of business in the United States, check this box . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11-15 , 20 23 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 22 or tax year beginning , 20 _____, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

3a \$

3b \$

3c | \$

8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

. 20

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer FIN or SSN WEPOWER 82-3591958 Name and title of officer or person subject to tax Charli Cooksey, Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) Form 990-EZ check here . . . Form 1120-POL check here . . 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 8868 check here 5a Form 990-T check here **b** Total tax (Form 990-T, Part III, line 4) 6a Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 9a 9b Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b 10a Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only OMIGA TAX PREPARATION SERVI x I authorize 45845 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 04-07-2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 433936 45845 I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 10-27-2023 ERO's signature Date **ERO Must Retain This Form - See Instructions**

EORM 8879-TE

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

, 20

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer FIN or SSN WEPOWER 82-3591958 Name and title of officer or person subject to tax Charli Cooksey, Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here x **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 2,131,840 Form 990-EZ check here . . . Form 1120-POL check here . . 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 8868 check here 5b 5a Form 990-T check here **b** Total tax (Form 990-T, Part III, line 4) 6a Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 9a 9b Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b 10a Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only OMIGA TAX PREPARATION SERVI x I authorize 45845 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 04-07-2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 433936 45845 I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 10-27-2023 ERO's signature Date **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Statement of Program Service Accomplishments Name(s) as shown on return WEPOWER Statement of Program Service Accomplishments Your Social Security Number 82–3591958

Form 990-Part III(a) Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses \$94395
Grants and allocations included in above expense \$0
Program Services Revenue \$0

Explanation

Chisholm's Chair Fellowship - The Chisholm's Chair Fellowship is a 3-month leadership development experience for Black and Latina women in St. Louis who are interested in pursuing publicly elected and appointed civic positions. In 2021, we successfully prepared 13 women for public leadership.