

November 17, 2020

Dear Travis:

Please find the enclosed 2019 U.S Form 990 Return of Organizations Exempt from Income Tax for We Defy, Inc. for the tax year ending December 31, 2019.

As of January 8, 2018, the IRS has changed the method of filing the 990 return and will only allow E-File. Please see below on how we will E-File on your behalf.

Please have an authorized officer or fiduciary sign the Form 8879-EO after the board has reviewed the return. A 5 digit PIN number will need to be provided on the Form 8879-EO. Any combination of numbers for the PIN are acceptable except for 00000. If you previously provided a 5 digit PIN number, it will already be included on the Form 8879-EO. Once that is complete, please upload a copy to us on or before November 16, 2020 and we will E-file the return for your organization.

We have set an additional task for your organization under the 990 service with a copy of Form 8879-EO. Please upload the signed copy of Form 8879-EO.

If you receive any notice from the IRS requesting changes just send us a copy of their notice and we will respond for you.

Please review all downloaded documents carefully. Notify us immediately as to any required corrections, or with any other questions you may have concerning this process.

Sincerely,

The Foundation Group ADP

| Form | 9 | 9 | 0 |
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| (Rev. | Janua | ary 20 | 020) |

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

19

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.

20 **Open to Public**

| Travis Larson 4100 El Dorado Parkway Ste 100-375, McKinney, TX 750 H(b) Are al subordinates include7 Yes I Tax-exempt status: So1(c) () ≤ (insert no.) 4947(a)(1) or 527 J Website: https://www.wedefyfoundation.org H(c) Group exemption number > K Form of organization: Corporation Trust Association Other > L Year of formation: 2015 M State of legal domicile: Part II Summary I Briefly describe the organization's mission or most significant activities: We Defy provides combat veterans coping with military connected disabilities a long term means to overcome their challenges through Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a). 3 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 5 Total number of volunters (estimate if necessary). 6 6 7a total unrelated business revenue from Part VIII, column (C), line 12. 7a b 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d). 0 158,277 225,6 9 Program service revenue (Part VIII, | Inter | | ue Service | Go to www.lrs.gov/re | 5////350 101 1 | | | | | | inspection |
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| Bit Contributions and grants (Part VIII, line 1h). Prior Year Current Year 9 Program service revenue (Part VIII, line 2g). 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 -21,4 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 0 -21,4 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 152,2 14 Benefits paid to or for members (Part IX, column (A), lines 5-10). 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 25-10). 0 0 17 Other expenses (Part IX, column (A), line 25) 16,917 0 123,585 216,4 19 Revenue less expenses. Subtract line 18 from line 12. 34,692 -12,2 123,585 216,7 40,5 20 Total assets (Part X, line 16). 52,647 40,5 40,5 123,585 216,7 20 Total assets or fund balances. Subtract line 21 from line 20 52,647 40,5 22,647 40,5 < | | | | | | • • | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) 158,277 225,6 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 -21,4 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 -21,4 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0 158,277 204,3 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 152,2 14 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 152,2 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 55) 16,917 0 17 Other expenses (Part IX, column (A), line 11e) 123,585 64,7 18 Total fundraising expenses (Part IX, column (A), line 12) 123,585 216,4 19 Revenue less expenses. Subtract line 18 from line 12 52,647 40,5 | | U U | Net unit | | F0III 990- | 1, III e 39 | | <u> </u> | | 70 | |
| 9 Program service revenue (Part VIII, line 2g). 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 14 Benefits paid to or for members (Part IX, column (A), lines 1–3). 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 0 16a Professional fundraising fees (Part IX, column (D), line 25) ▶ 16,917 17 Other expenses (Part IX, column (D), line 25) ▶ 123,585 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 123,585 19 Revenue less expenses. Subtract line 18 from line 12. 34,692 10 Total assets (Part X, line 26). 0 11 Total assets (Part X, line 26). 0 10 Net assets or fund balances. Subtract line 21 from line 20. 52,647 40,5 11 Tota | | • | Contribu | utions and grants (Part VIII, line 1h) | | | | | | 59 277 | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 -2-1/2 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 158,277 204,3 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 152,2 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 5-10). 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) . 16,917 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 123,585 64,7 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 123,585 216,4 19 Revenue less expenses. Subtract line 18 from line 12. 34,692 -12,0 12 Total assets (Part X, line 26). 0 123,585 216,4 20 Total assets or fund balances. Subtract line 21 from line 20. 52,647 40,5 21 Total assets or fund balances. Subtract line 21 from line 20. 52,647 | iue | 0 | | | | | | - | 15 | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0 -2-1/2 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 158,277 204,3 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 152,2 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 5-10). 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) . 16,917 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 123,585 64,7 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 123,585 216,4 19 Revenue less expenses. Subtract line 18 from line 12. 34,692 -12,0 12 Total assets (Part X, line 26). 0 123,585 216,4 20 Total assets or fund balances. Subtract line 21 from line 20. 52,647 40,5 21 Total assets or fund balances. Subtract line 21 from line 20. 52,647 | ven | 9 | - | | | | | · | | - | |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 158,277 204,2 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 152,2 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 0 0 16a Professional fundraising fees (Part IX, column (D), line 25) 16,917 0 17 Other expenses (Part IX, column (A), lines 11e-24e). 123,585 64,7 17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 123,585 216,47 18 Total expenses. Subtract line 18 from line 12. 34,692 -122,08 19 Revenue less expenses. Subtract line 18 from line 12. 0 0 20 Total assets (Part X, line 16). 52,647 40,5 21 Total liabilities (Part X, line 26). 0 0 22 Net assets or fund balances. Subtract line 21 from line 20. 52,647 40,5 24 Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. | Ŗ | 10 | | | | | | | | - | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 152,2 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 17 Other expenses (Part IX, column (D), line 25) ▶ 16,917 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 123,585 64,7 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 123,585 216,47 19 Revenue less expenses. Subtract line 18 from line 12 0 0 122,00 20 Total assets (Part X, line 16) 0 123,585 216,47 21 Total assets (Part X, line 26) | | | | | | | | | 41 | - | , |
| 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 0 16a Professional fundraising fees (Part IX, column (A), line 11e). 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,917 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e). 123,585 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 123,585 19 Revenue less expenses. Subtract line 18 from line 12. 34,692 10 Total assets (Part X, line 16). 52,647 20 Total assets (Part X, line 26). 0 21 Total liabilities (Part X, line 26). 0 22 Net assets or fund balances. Subtract line 21 from line 20. 52,647 40,5 21 Total assets (Part X, line 26). 0 0 22 Net assets or fund balances. Subtract line 21 from line 20. 52,647 40,5 21 Signature Block 0 0 0 Signature of officer Date | | - | | | | | | | 18 | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 16,917 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 123,585 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 123,585 19 Revenue less expenses. Subtract line 18 from line 12 34,692 10 Total assets (Part X, line 16) 0 20 Total assets (Part X, line 26) 0 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 0 21 Total liabilities (Part X, line 26) | | | | | | , | | | | - | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e). 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,917 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e). 123,585 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 123,585 19 Revenue less expenses. Subtract line 18 from line 12. 34,692 19 Revenue less expenses. Subtract line 18 from line 12. 34,692 20 Total assets (Part X, line 16). 52,647 21 Total liabilities (Part X, line 26). 0 22 Net assets or fund balances. Subtract line 21 from line 20. 52,647 21 Total asnets or fund balances. Subtract line 21 from line 20. 52,647 21 Total liabilities (Part X, line 26). 0 22 Net assets or fund balances. Subtract line 21 from line 20. 52,647 23 Net assets or fund balances. Subtract line 21 from line 20. 52,647 24 Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a | | | | | | , | | | | ÷ | |
| 17 Other expenses (rart X, column (A), mes marrie, mestar (A, mestar (A), mestar | es | 15 | | | | | | | | - | |
| 17 Other expenses (rart X, column (A), mes marrie, mestar (A, mestar (A), mestar | ens | 16a | | | | | | | | 0 | (|
| 17 Other expenses (rart X, column (A), mes marrie, mestar (A, mestar (A), mestar | ğ | b | | | | | | 7 | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | ш | 17 | | | | | | | | | |
| Beginning of Current Year End of Year 20 Total assets (Part X, line 16). 52,647 40,5 21 Total liabilities (Part X, line 26). 0 0 22 Net assets or fund balances. Subtract line 21 from line 20. 52,647 40,5 Part II Signature Block 52,647 40,5 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Signature of officer Date | | 18 | | | | | , | | 12 | 23,585 | |
| Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign | | | Revenu | e less expenses. Subtract line 18 fro | m line 12 . | | | | | , | -12,099 |
| Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign | s or | | | | | | | Begi | nning of Curre | nt Year | |
| Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign | sset | 20 | | | | | | | Ę | 52,647 | 40,548 |
| Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign | et As | 21 | | | | | | | | - | (|
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Sign Date | | | Net ass | ets or fund balances. Subtract line 2 | 1 from line | 20 | | | Ę | 52,647 | 40,548 |
| and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Date | | | | | | | | | | | |
| Sign Here Date | | | | | • • | | | | | | ge |
| Here Jate Date | and | belief, it i | is true, corre | ect, and complete. Declaration of preparer (othe | er than officer) | s based on all inf | ormation of wi | nich prepa | irer has any know | wledge. | |
| Here Jate Date | Sid | an | | | | | | | | | |
| Travis Larson President | | | | | | | _ | | Date | | |
| | - | - | | | | | Pr | esident | | | |
| Type or print name and title | | | | | 1_ | | | i | . i | | |
| Print/Type preparer's name Preparer's signature Date PTIN | _ | | Prir | it/Iype preparer's name | Preparer's s | ignature | | | | Check | |
| Faid William G McRay William G McRay 11/16/2020 self-employed P00281093 | | | Wil | liam G McRav | William G | McRav | | 1 | | | |
| Preparer > 00 4040705 | | | r – | | | | | | | | |
| | Us | e Only | y — | | 04- 040 | | 07047 | | | | |
| Firm's address ► 1321 Murfreesboro Pike, Ste 610, Nashville, TN 37217 Phone no. (615) 361-9445 | | | | | | | | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | Ma | y the IF | RS discus | ss this return with the preparer shown | n above? (s | ee instruction | s) | | | | X Yes No |

| Form 9 | 90 (2019) | We Defy | 47-4543790 | Page 2 |
|--------|---|---|------------|---------------|
| Pai | 't III | Statement of Program Service Accomplishments | | |
| _ | Duiaflui d | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | We Defy | e eveneere their dealler was through Destilling live liter, and fitness training | | |
| | | | | |
| 2 | the prior If "Yes," | brganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? | · · · Yes | X No |
| 3 | services | organization cease conducting, or make significant changes in how it conducts, any program ? | Yes | X No |
| 4 | Describe expense | e the organization's program service accomplishments for each of its three largest program service s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported. | | , |
| 4a | overcom months provide helping | e their challenges through Brazillian Jiu Jitsu and fitness training. We provide twelve of tuition and equipment as well as private instruction for adaptive approaches. We also | | |
| | | | | |
| 4b | |) (Expenses \$ including grants of \$) (Reven | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| 4c | (Code: |) (Expenses \$ including grants of \$) (Reven | nue\$ |) |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4d | Other pr (Expens | ogram services (Describe on Schedule O.) es \$ 0 including grants of \$ 0) (Revenue \$ | 0) | |
| 4e | | es \$ 0 including grants of \$ 0) (Revenue \$ ogram service expenses ► 183,396 | | |

| Form § | 990 (2019) We Defy | 47-4543790 | P | Page 3 |
|--------|---|-----------------|-----|-------------|
| Part | V Checklist of Required Schedules | | - | |
| | Is the encodering described in section $\Gamma(A/a)/2$ or $A(A/a)/4$ (other then a universe formulation)? If $N/a = N$ | | 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)? | | X | 1 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| 5 | election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | Х |
| 5 | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part | 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i> | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | 11 a | 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? <i>If "Yes," complete Schedule D, Part VII.</i> | 11b | | x |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | 110 | : | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . | 11d | | x |
| | 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)? <i>If "Yes," complete Schedule D, Part X.</i> | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," compl Schedule D, Parts XI and XII</i> | | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | Х |
| 14a | | 14 a | | 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 | | | |
| 15 | foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | X |
| 16 | for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | | X |
| 17 | assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | · · · <u>16</u> | | X |
| 18 | on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | x |
| | 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? <i>If "Yes," complete Schedule G, Part III</i> . | | | x |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | - | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <u>20b</u> | | + |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | х |

| Part IV Checklist of Required Schedule (continued) Ver No 22 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22 / Y (****, "complete Schedule / Part I and III. 22 / X 23 Did the organization nerver "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization reports are complexes. Part N, Section X, Part X, Section SG (1C)(3), 501(16), and section 4 and vince frame acrows account other than a refunding section 4 any time during the year to defease any tax-exempt bonds? 24e | Form § | 990 (2019) We Defy 47-454 | 3790 | P | age 4 |
|--|--------|---|------|-----|--------------|
| 22 Did the organization report more than 85,000 of grants or other assistance to or for domatic individuals on part VI, Stedion A, June 3, 4, or 5 shout compensation of the organization sourcent and former officers, divectors, trustees, key employees, and highest compensation of the organization sourcent and former officers, divectors, trustees, key employees, and highest compensation of the organization haves truck-compute bonds beyond a temporary period ecoxplicity. 23 X 43 Dot the organization haves truck-compute bonds beyond a temporary period ecoxplicity. 246 248 43 Dot the organization haves truck-compute bonds beyond a temporary period ecoxplicity. 246 248 44 Dot the organization haves truck was issued after becomber 31, 2002? If "Yes," answer lines 244 246 248 54 brough the organization haves are "heat have issued after becomber 31, 2002? If "Yes," answer lines 244 246 248 55 bot the organization haves that it engaged in an excess banefit transaction with a disqualified person during the year' if "Yes," complete Schedule L, Part II 258 X 56 Dot the organization averse that it engaged in an excess banefit transaction with a disqualified person during the year' if "Yes," complete Schedule L, Part II 258 X 57 Yes, 'complete Schedule L, Part II 258 X 264 271 X 50 Ded the organization pervised as an | Par | Checklist of Required Schedules (continued) | | | |
| Part IX, column (A), line 27 II "Yes." complete Schedule, I. Parts I and III. 22 X 20 bit the organization arease" Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees" IF Yes," complete Schedule I. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 and the ware, that was issued after Docember 31, 2002? If Yes," answer lines 24b X 24b Did the organization maintain an escore account other than a refunding escrow at any time during the year? 24c 24c 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule L, Part I. 25a X 25 Bit the organization aware that it angage in an excess benefit transaction of the organization aware that it angage in an excess benefit transaction of the organization angage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction hare of the resperson 31" Yes," complete Schedule L, Part I. 25b X 210 the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? 22b X 210 the organization provide a grant or other assistance to any current or former officer, direcdor, trustee, key employee, creator or founder, or s | | | | Yes | No |
| 23 Did the organization answer Yes* to Part VI, Section A, Iune 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, kay employees, and highest compensated employees? If Yes, 'complete Schedule J. 24 24 Did the organization have tarx exempt boold sus with an outstanding principal amount of more than 5100,000 as of the last day of the year. It hat was issued after December 31, 2002? If "Yes, "answer lines 24b through 24d and complete Schedule K. Tho's to the 25n. 24a 25 Did the organization invest any proceeds of tax-exempt boods beyond a temporary period exception? 24b 26 Did the organization amintah an escrow account ofher than a refunding escrow at any time during the year? 24d 26 Did the organization aware that langaged in an excess benefit transaction with a disqualitied person during the year? If Yes, "complete Schedule L, Part II. 24d 26 X Did the organization aware that langaged in an excess benefit transaction with a disqualitied person during the year? If Yes, "complete Schedule L, Part II. 26d 27 Did the organization aware that langaged in an excess benefit transaction with a disqualitied person during the year? If Yes, "complete Schedule L, Part II. 26d 28 Did the organization aware that langaged in an excess benefit transaction with a disqualitied person during a method ware, substantial contributors provide schedule L, Part II. 26d 29 Dis tho organization aware thany of these persons? If ' | 22 | | | | |
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| 243 Did the organization have a tax-ascempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Decomber 31,2002 H 'Yes, "answer lines 240 through 244 and complete Schedule K. If 'No,'' go to line 25a. 24a X b Did the organization naintain an escrow account other than a refunding escrow at any time during the year to defaase any tax-axempt bonds? 24b X 243 Did the organization cate as an 'On behaff of 'issuer for bonds outstanding at any time during the year? 24c X 244 Did the organization cate as an 'On behaff of 'issuer for bonds outstanding at any time during the year? 24c X 245 Botch or organization expanse the year? I''yes, 'complete Schedule L, Part I. 25a X 246 Did the organization regord may amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these parsons? I' 'Yes,' complete Schedule L, Part I. 26 27 Did the organization regord may amount on the 28a' If 'Yes,' complete Schedule L, Part I. 26 28 Accurrent former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? I' 'Yes,' complete Schedule L, Part I. 26 29 Did the organi | | | | | |
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| transaction with a disqualified person during the ver? If "Yes," complete Schedule L, Part I. 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms '990 or '990-E2? If 'Yes," complete Schedule L, Part I. 25b X 2 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 (nullung an employee) thereof, a grant selection committee member, or to a 35% controlled entity (nullung an employee) thereof, a raniny member of any of these persons If "Yes," complete Schedule L, Part II. 26 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 27 X 30 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 4 A current or former officer, director, trustee, key employee, creator or onganization secontrolled entity (nullung an employee) thereof or any of these persons 0 any (or hear persons 0 reganization a secontrolled entity (nullung an employee). Complete Schedule L, Part IV. 28a X 5 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If If 'Yes," complete Schedule L, Part IV. 28a X <td></td> <td></td> <td>24u</td> <td></td> <td><u> </u></td> | | | 24u | | <u> </u> |
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| 990-E27 if "Yes," complete Schedule L, Part I. 25b X 12 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 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 IV. 27 X 28 Was the organization papticable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If If"Yes," complete Schedule L, Part IV. 28b X 29 Did the organization payticable filing thresholds, conditions, and exceptions? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 20 X 30 Did the organization receive contributions of a transfer more than 25% of its net assets? 31 X 31 Did the organization receive any tarkin disegrated as separate from terganization under Regul | ~ | | | | |
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| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If If "Yes," complete Schedule L, Part IV. A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. A family member of any individual described in line 32as or complete Schedule L, Part IV. A state organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in ron-cash contributions? If "Yes," complete Schedule N. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R. Part II. Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. Mas the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization neales that section 512(b)(13)? Did the organization neales that within the meaning of section 512(b)(13)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," | | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
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| If"Yes," complete Schedule L, Part IV. 28a x b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X 20 X 28b X 21 If"Yes," complete Schedule L, Part IV. 28c X 22 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 23 Did the organization receive contributions of art historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 23 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 24 Did the organization vom 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 and 301.7701-2 and 3 | | | | | |
| 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 lines 28a or 28b? If If "Yes," complete Schedule L, Part IV. 28b X 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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 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 X 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 355 Did the organization. Slid the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization conduct more than 5% | а | | | | |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Image: Controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Image: Controlled entity of one or more individuals and/or organizations? If "Yes," complete Schedule N. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization neated 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 organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V. 35b 35b 36 X 37 X X 36 X 37 <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| If "Yes," complete Schedule L, Part IV. 28c X 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 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 33 Did the organization was achicle to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I. 31 X 34 Was the organization neated 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. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 K: "ses" complete Schedule R, Part V, line 2 35b 35b 35a 37 Did the organization complete Schedule R, Part V, line 2 37 37 X 38 X Part V Statements Regarding Other | | | 280 | | X |
| 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 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? If "Yes," complete Schedule R, Part I. 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. 34 X 35a Did the organization ave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 36 X 37 Did the organization complete Schedule R, Part V, line 2 38 X 38 X Yes," complete Schedule R, Part V, line 2 | С | - | 200 | | v |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 33 Did the organization with 00% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 32 X 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 X 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Complianc | 20 | | | | |
| conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 X 33 JX 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 32 X 34 Was the organization neated 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 neated 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 neated to enty within the meaning of section 512(b)(13)? 35a X 35a Did the organization. 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 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X | | | 29 | | <u> </u> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 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 X 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 X 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 X 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 files are required to complete Schedule O. 38 X 39 Did the organization complete in Box 3 of Form 1096. Enter -0- if not applica | 50 | • | 30 | | x |
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| If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-23 nd 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 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 X b If "Yes," complete Schedule R, Part V, line 2 35b 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 35b 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Yes Yes in the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 1a 2 1b 0 | | | • | | |
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| 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 X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 36 X 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Yes Yes Yes Yes Yes Yes Note: All Form 990 filers are required to complete Schedule O. Yes Yes A statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. | | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | Х |
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| 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 2 Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0 Ib 0 Ib Ib Ib Ib Ic X c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Ib 0 Ic X | | | 34 | | |
| entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | 35a | | Х |
| 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Yes Yes Yes Yes Yes Note: All Form 990 filers are required to complete Schedule O. Yes Yes Yes Yes Note: All Form 990 filers are required to complete Schedule O. Yes Note: Schedule O contains a response or note to any line in this Part V Yes No In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | b | | | | |
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| 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule | | | 37 | | X |
| Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 4 <t< th=""><td>38</td><td></td><td></td><td>v</td><td></td></t<> | 38 | | | v | |
| Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 1a 2 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 6 0 1b 0 1c X c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c X X | Dev | | 38 | X | <u> </u> |
| Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | Par | | | | |
| 1a 2 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | • • | • | |
| 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 1c X gaming (gambling) winnings to prize winners? X 1c X | 4 - | Ententhe number remarked in Day 2 of Form 1000. Enter 0, if not employed | | Yes | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | | | | | |
| gaming (gambling) winnings to prize winners? | | | | | |
| | C | | 10 | Y | |
| | | | - | | (2019) |

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|----------|--|----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | - | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a (| - | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| • | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) | • | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 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 | 4a | | ^ |
| Ň | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | l_ | | |
| | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7. | | V |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | ^ |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 79 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | - | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 40- | against amounts due or received from them.). | 40- | | |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | - | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | Tou | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year | 15 | | х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| - | If "Yes," complete Form 4720, Schedule O. | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |

| Form 9 | 90 (2019) We Defy 47-454 | 3790 | Р | age 6 | |
|----------|---|------------|--------|------------|--|
| Par | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI. | ee ins | struct | ions. X | |
| Sect | ion A. Governing Body and Management | | | | |
| | | _ | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 5 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. 1a 5 | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 5 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | |
| | any other officer, director, trustee, or key employee? | 2 | | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | V | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? | 5 6 | | X | |
| 6 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 0 | | ^ | |
| 7 a | 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, | | | V | |
| • | stockholders, or persons other than the governing body? | 7b | | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | |
| а | the year by the following: The governing body? | 8a | Х | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | |
| 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 | |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | ode. |) | | |
| | | | 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 in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | | | |
| 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," | 40- | v | | |
| 40 | describe in Schedule O how this was done | 12c | Х | v | |
| 13 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 13 14 | | X X | |
| 14 | Did the process for determining compensation of the following persons include a review and approval by | 14 | | ^ | |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official. | 15a | | Х | |
| b | Other officers or key employees of the organization | 15b | | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 40 | | v | |
| L | with a taxable entity during the year? | 16a | | Х | |
| b | 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 | | | |
| Sect | ion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed • <u>TX</u> | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) | 501(c |) | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po | icy. | | | |
| | 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 | ► | | | |
| | Suzanne Palasek (763) 688-3988 | | | | |
| | 4100 El Dorado Parkway Ste 100-375 McKinney TX 75070 | | | | |

| Form 990 (2019) | We Defy | 47-4543790 | Page 7 | | | | | | | |
|-----------------|--|------------|---------------|--|--|--|--|--|--|--|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens | ated | | | | | | | | |
| | 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 Employe | es | | | | | | | | |
| 1a Complete t | a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the | | | | | | | | | |

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

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

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

• List all of the organization's **former** officers, key employees, 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.

organization's tax year.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles er an | (C) Position check more than one ess person is both an nd a director/trustee) Former Highest compensated Officer | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | | |
|----------------------------------|--|------|----------------|---|--|--|---|--|----------|----------|
| | 10.00 | | | | | ă | | | | |
| (1) Travis Larson | 10.00 | v | | x | | | | | | |
| President | 0.00 | Х | | ^ | | | | | | |
| (2) Megan Michael Vice President | 0.00 | х | | х | | | | | | |
| (3) TJ Kreutzer | | | | | | | | <u> </u> | <u> </u> | · |
| Vice President | 0.00 | х | | х | | | | | | |
| (4) Dave Kiedaisch | 10.00 | | | | | | | | | |
| Secretary | 0.00 | х | | х | | | | | | |
| (5) Michael Anderson | 10.00 | | | | | | | | | |
| Treasurer | 0.00 | Х | | Х | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | <u> </u> |
| (14) | | | | | | | | | | |
| | | | | | | | | | | 000 |

Form 990 (2019)

| Form | 990 (2019) We Defy | | | | | | | | | 47-45 | 43790 | Page 8 |
|----------|---|---|-----------------------------------|-----------------------|-------------------------------|----------------|--------------------------------------|-----------|--|--|-------------|---|
| Pa | Section A. Officers, Directors, Tru | istees, Key Em | ploye | es, | and | iH t | ghest | t Co | ompensated Em | ployees (cont | inued) | |
| | (A) Name and title | (B) Average hours per week | box, office | unles er an | Pos neck ss pe d a d | rson irecto | e than o is both or/truste | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | со | (F) nated amount of other mpensation |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | ey employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | orga | from the anization and d organizations |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | - | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 0 | | 0 | 0 |
| D D | Total from continuation sheets to Part VII, Se | | | | | | | | 0 | | 0 | 0 |
| d 2 | Total (add lines 1b and 1c) | mited to those lis | | | | | | ► ved | 0 more than \$100 | | 0 | 0 |
| | reportable compensation from the organization | | | | | | | | | | | 0 |
| 3 | Did the organization list any former officer, dire | | | | | | | | | | | Yes No |
| 4 | employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the sum of | | | | | | | | | | 3 | X |
| | the organization and related organizations grea | iter than \$150,00 | • | | | | | | • | h | 4 | X |
| 5 | Did any person listed on line 1a receive or accr | ue compensatio | | | | | | | | | | |
| - Sec. | for services rendered to the organization? If "Ye | es," complete Sc | cneau | lle J | tor | suc | n per | son | 1 | | 5 | X |
| <u> </u> | tion B. Independent Contractors Complete this table for your five highest compe | neated independ | dont (| ont | ract | ore | that r | 000 | vived more than 9 | \$100.000 of | | |
| · | compensation from the organization. Report co | | | | | | | | | | s tax ye | ear. |
| | (A) Name and business add | ress | | | | | | | (B) Description of serv | vices | (C Compe | nsation |
| | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (inclue more than \$100,000 of compensation from the | - | | tho | se l | iste | d abo | ve) 0 | who received | | | 0 |

| | 990 (20 ² | , | | | | 47-45437 | '90 Page |
|---|----------------------|--|---------------------|----------------------|--|--------------------------------------|---|
| Par | t VIII | Statement of Revenue Check if Schedule O contains a response or I | note to any line in | this Part VIII | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclude from tax under |
| (0 | 1a | Federated campaigns | 0 | | | | sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 0 | | | | |
| nou Dou | c | Fundraising events | 56,488 | | | | |
| fts, Ar | d | Related organizations | 0 | | | | |
| , Gi liar | е | Government grants (contributions) 1e | 0 | | | | |
| Contributions, and Other Simi | f | All other contributions, gifts, grants, and | | | | | |
| ler utio | | similar amounts not included above 1f | 169,316 | | | | |
| et o | g | Noncash contributions included in | | | | | |
| Con | | lines 1a–1f | | | | | |
| 0 10 | h | Total. Add lines 1a–1f | | 225,804 | | | |
| a) | - | | Business Code | | | | |
| Program Service Revenue | | | | 0 | | | |
| nue nue | b | | | 0 | | | |
| ram ser Revenue | C d | | | 0 | | | |
| Re | u e | | | 0 | | | |
| o D | f | All other program service revenue | | 0 | | | |
| ר | q | Total. Add lines 2a–2f. | | 0 | | | |
| | 3 | Investment income (including dividends, interest | | 0 | | | |
| | Ŭ | other similar amounts). | | 0 | | | |
| | 4 | Income from investment of tax-exempt bond pro | | 0 | | | |
| | 5 | | | 0 | | | |
| | | Royalties | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses . 6b | | | | | |
| | С | Rental income or (loss) 6c 0 | 0 | | | | |
| | d | Net rental income or (loss) | | 0 | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| a | | other than inventory 7a 0 | 0 | | | | |
| nue | b | Less: cost or other basis | 0 | | | | |
| eve | с | and sales expenses . 7b 0 Gain or (loss) . . 7c 0 | 0 | | | | |
| Other Rever | d | Net gain or (loss) . | Ş | 0 | | | |
| ihei | 8a | | | 0 | | | |
| ō | | events (not including \$ 56,488 | | | | | |
| | | of contributions reported on line 1c). | | | | | |
| | | See Part IV, line 18 | 33,647 | | | | |
| | b | Less: direct expenses 8b | 55,135 | | | | |
| | С | Net income or (loss) from fundraising events | ► | -21,488 | | | |
| | 9a | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 | 0 | | | | |
| | b | Less: direct expenses | 0 | | | | |
| | C | Net income or (loss) from gaming activities . | 🟴 | 0 | | | |
| | TUa | Gross sales of inventory, less returns and allowances | 24,048 | | | | |
| | b | Less: cost of goods sold | | | | | |
| | D C | Net income or (loss) from sales of inventory | | 0 | | | |
| , | U | recence of reception dues of inventory. | Business Code | 0 | | | |
| e c | 11a | | | 0 | | | |
| ine inu | b | | | 0 | | | |
| Revenue | C | | | 0 | | | |
| Miscellaneous Revenue | d | All other revenue | | 0 | | | |
| ≥ | е | Total. Add lines 11a–11d | | 0 | | | |
| | 12 | Total revenue. See instructions | <u>.</u> . Þ | 204,316 | 0 | 0 | |

| | Check if Schedule O contains a response or note t | o any line in this Pa | ntIX | | 📘 |
|----|--|------------------------------|---|--|---------------------------------------|
| | oot include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | Grants and other assistance to domestic organizations | | | | |
| | domestic governments. See Part IV, line 21 | 0 | 0 | | |
| | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 152,250 | 152,250 | | |
| | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| | Benefits paid to or for members | 0 | 0 | | |
| | Compensation of current officers, directors, | _ | - | | _ |
| | trustees, and key employees | 0 | 0 | 0 | 0 |
| | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| | Other salaries and wages | 0 | 0 | 0 | 0 |
| | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits | 0 | 0 | 0 | 0 |
| 10 | Payroll taxes | 0 | 0 | 0 | 0 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 0 | 0 | 0 | 0 |
| b | Legal | 0 | 0 | 0 | 0 |
| С | Accounting | 0 | 0 | 0 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| е | Professional fundraising services. See Part IV, line 17. | 0 | | | 0 |
| | Investment management fees | 0 | 0 | 0 | 0 |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 5,604 | 3,524 | 318 | 1,762 |
| | Advertising and promotion | 11,316 | 0 | 0 | 11,316 |
| | Office expenses | 6,240 | 1,367 | 1,034 | 3,839 |
| | Information technology | 0 | 0 | 0 | 0 |
| | Royalties | 0 | 0 | 0 | 0 |
| | | 16,680 | 5,560 | 11,120 | 0 |
| | Travel | 20,281 | 20,281 | 0 | 0 |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| | Conferences, conventions, and meetings | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 |
| | Payments to affiliates | 0 | 0 | 0 | 0 |
| | Depreciation, depletion, and amortization | 0 | 0 | 0 | 0 |
| | | 483 | 0 | 483 | 0 |
| | Other expenses. Itemize expenses not covered | 405 | 0 | 403 | 0 |
| | 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.) | | | | |
| | | 1 056 | 0 | 1.056 | ^ |
| | Bank Charges & Merchant Fees | 1,956 | - | 1,956 | 0 |
| | Program Awareness Events | 414 | 414 | ° | 0 |
| | Repairs & Maintenance | 24 | 0 | 24 | 0 |
| | Miscellaneous Expenses | 1,167 | 0 | 1,167 | 0 |
| | All other expenses | 0 | 0 | 0 | 0 |
| | Total functional expenses. Add lines 1 through 24e | 216,415 | 183,396 | 16,102 | 16,917 |
| | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

| m 990 (20 art X | , | | | 71 | 7-4543790 Page 1 |
|----------------------------------|---|--------------|---------------------------------|-----|-------------------------------|
| | Check if Schedule O contains a response or note to any line in the | nis Part X . | | | |
| | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash—non-interest-bearing | | 44,458 | 1 | 21,68 |
| 2 | Savings and temporary cash investments | | 0 | 2 | 21,00 |
| 3 | Pledges and grants receivable, net | | 0 | 3 | |
| 4 | Accounts receivable, net | | 0 | 4 | |
| 5 | Loans and other receivables from any current or former officer, direct | | 0 | - | |
| Ŭ | trustee, key employee, creator or founder, substantial contributor, or | | | | |
| | controlled entity or family member of any of these persons | | 0 | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defin | | 0 | Ŭ | |
| Ŭ | under section 4958(f)(1)), and persons described in section 4958(c)(3 | | 0 | 6 | |
| 7 | Notes and loans receivable, net | | 0 | 7 | |
| 8 | Inventories for sale or use | | 0 | 8 | 10,18 |
| 9 | Prepaid expenses and deferred charges | | 0 | 9 | 10,10 |
| 10a | Land, buildings, and equipment: cost or | · · · | 0 | 3 | |
| 104 | other basis. Complete Part VI of Schedule D 10a | 10,322 | | | |
| b | Less: accumulated depreciation 10b | 1,643 | 7,023 | 10c | 8,67 |
| 11 | Investments—publicly traded securities | | 0 | 11 | 0,07 |
| 12 | Investments—other securities. See Part IV, line 11. | | 0 | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | |
| 14 | | | 0 | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 1,166 | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 52,647 | 16 | 40,54 |
| 17 | Accounts payable and accrued expenses | | 02,047 | 17 | |
| 18 | Grants payable | | 0 | 18 | |
| 19 | Deferred revenue | | 0 | 19 | |
| 20 | Tax-exempt bond liabilities | | 0 | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule | | 0 | 21 | |
| 22 | Loans and other payables to any current or former officer, director, | | 0 | 21 | |
| ~~ | trustee, key employee, creator or founder, substantial contributor, or | r 35% | | | |
| | controlled entity or family member of any of these persons | | 0 | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related this | | 0 | 27 | |
| | parties, and other liabilities not included on lines 17–24). Complete | | | | |
| | Part X of Schedule D. | | 0 | 25 | |
| 26 | Total liabilities. Add lines 17 through 25. | | 0 | 26 | |
| | Organizations that follow FASB ASC 958, check here ► X | | | | |
| | and complete lines 27, 28, 32, and 33. | | | | |
| 27 | Net assets without donor restrictions | | 52,647 | 27 | 40,54 |
| 27 | Net assets with donor restrictions | | 0 | 28 | 40,04 |
| 20 | Organizations that do not follow FASB ASC 958, check here | | 0 | 20 | |
| | and complete lines 29 through 33. | | | | |
| 29 | Capital stock or trust principal, or current funds | | 0 | 29 | |
| 29 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 0 | 30 | |
| 30 | Retained earnings, endowment, accumulated income, or other fund | | 0 | 30 | |
| 31 | Total net assets or fund balances | | 52,647 | 31 | 40,54 |
| 27 28 30 31 32 33 | Total liabilities and net assets/fund balances | | 52,647 | - | 40,54 |
| 55 | | | 52,047 | JJ | 40,54 Form 990 (201 |

| Form § | 990 (2019) We Defy | 4 | 7-4543790 | Pa | ge 12 |
|--------|--|-----|-------------|----------|--------------|
| Part | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 204 | 1,316 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 210 | 5,415 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -12 | 2,099 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 52 | 2,647 |
| 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 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | | 4(| 0,548 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u>.</u> | |
| | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Cash Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| _ | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | • • | . <u>2a</u> | X | |
| | 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: | | | | |
| | X 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 | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | . 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 | | |

Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

2 19 (0)**Open to Public**

OMB No. 1545-0047

| Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public | | | | | | | | |
|--|--|--|---|--|---------------------|---------------------------------------|---|---|
| Internal Revenue Service Go | | to www.irs.gov/Forn | vww.irs.gov/Form990 for instructions and the latest information. | | | | Inspection | |
| | he organization | | | | | | Employer identification | |
| We Defy | | | | | | | | 43790 |
| Part I | | | | ganizations must co | | | | |
| | | | | or lines 1 through 12, | - | | • | |
| 1 | | | | of churches described i | | | (A)(I). | |
| 2 | | | | tach Schedule E (Form | | | | |
| 3 | A hospital or a | cooperative hos | pital service organiz | zation described in sec | tion 170(| b)(1)(A)(iii | i). | |
| 4 | | arch organizatic e, city, and state | | nction with a hospital o | lescribed | in section | 170(b)(1)(A)(iii). Er | nter the |
| 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.) | | | | | | | |
| 6 | A federal, state | , or local govern | nment or governmer | ntal unit described in s e | ection 170 |)(b)(1)(A)(| v). | |
| 7 X | | | eceives a substantia (A)(vi). (Complete F | al part of its support fro Part II.) | om a gove | rnmental ι | unit or from the gene | eral public |
| 8 | A community tr | ust described in | section 170(b)(1)(| A)(vi). (Complete Part | II.) | | | |
| 9 | | | | section 170(b)(1)(A)(ix ture (see instructions). | | | | |
| 10 | receipts from a support from g | ctivities related oss investment | to its exempt function income and unrelated | nan 33 1/3% of its supp ons—subject to certain ted business taxable in See section 509(a)(2) . | exception come (les | is, and (2) s section { | no more than 33 1/3 511 tax) from busine | 3% of its |
| 11 | An organization | n organized and | operated exclusive | ly to test for public safe | ety. See se | ection 509 |)(a)(4). | |
| 12 | of one or more | publicly support | ed organizations de | ly for the benefit of, to escribed in section 50 9 ibes the type of suppor | 9(a)(1) or s | section 50 | 09(a)(2). See sectio | n 509(a)(3). |
| а | the supporte organization | ed organization(. You must cor | s) the power to regunner to r | | majority | of the direc | ctors or trustees of t | he supporting |
| b | control or m | anagement of th | | r controlled in connect ization vested in the sa sections A and C. | | | | |
| с | Type III fun | ctionally integr | ated. A supporting of | organization operated i You must complete I | | | | grated with, |
| d | that is not fu | inctionally integr | ated. The organizat | ting organization operation generally must sat plete Part IV, Sections | isfy a distr | ibution rea | quirement and an at | |
| е | Check this b | ox if the organiz | zation received a wr | itten determination from ally integrated supporting | m the IRS | that it is a | | be III |
| f | | | | | | | | 0 |
| g | Provide the follo | wing informatio | n about the support | ed organization(s). | | | | |
| (i) | Name of supported o | organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Total | | | | | | | 0 | 0 |

| | dule A (Form 990 or 990-EZ) 2019 We Defy | | | | | 47-45437 | 90 Page 2 |
|------|--|------------------------|---------------------|--------------------|------------------|------------------|--------------------|
| Pa | rt II Support Schedule for Orga | anizations Des | cribed in Sect | ions 170(b)(1) | (A)(iv) and 170 | 0(b)(1)(A)(vi) | |
| - | (Complete only if you checke | ed the box on li | ne 5, 7, or 8 of | Part I or if the c | organization fai | led to qualify u | nder |
| | Part III. If the organization fa | ils to qualify un | der the tests lis | sted below, plea | ase complete F | Part III.) | |
| Sec | tion A. Public Support | | | - | · | · | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | <i>、</i> | | |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 12,732 | 52,790 | 115,273 | 158,277 | 225,804 | 564,876 |
| 2 | Tax revenues levied for the | 12,752 | 52,750 | 110,275 | 150,277 | 220,004 | 304,070 |
| 2 | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | 0 |
| • | | | | | | | 0 |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 12,732 | 52,790 | 115,273 | 158,277 | 225,804 | 564,876 |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 564,876 |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 12,732 | 52,790 | 115,273 | 158,277 | 225,804 | 564,876 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| | similar sources | | | | | | 0 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | 0 |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 564,876 |
| 12 | Gross receipts from related activities, etc. (se | ee instructions). | | | | 12 | 57,695 |
| 13 | First five years. If the Form 990 is for the or | - | | • | | | |
| | organization, check this box and ${\color{black}{\textbf{stop here}}}$. | | | | | | ▶ X |
| Sec | tion C. Computation of Public Su | oport Percenta | ige | | | | |
| 14 | Public support percentage for 2019 (line 6, c | olumn (f) divided by | y line 11, column (| | | 14 | 0.00% |
| 15 | Public support percentage from 2018 Schede | ule A, Part II, line 1 | 4 | | | 15 | 0.00% |
| 16a | 33 1/3% support test-2019. If the organization | | | | | | |
| | and stop here. The organization qualifies as | a publicly support | ed organization . | | | | |
| b | 33 1/3% support test-2018. If the organization | | | , | | , | |
| | box and stop here. The organization qualified | es as a publicly sup | ported organizatio | n | | | Þ 📘 |
| 17a | 10%-facts-and-circumstances test-2019 | 0 | | | | | |
| | 10% or more, and if the organization meets t | | | | | | |
| | Part VI how the organization meets the "facts | | • | • | . , | | 、 □ |
| ۲. | organization | | | | | | · · · · · P |
| U | 15 is 10% or more, and if the organization m | Ũ | | | | | |
| | Explain in Part VI how the organization meet | | | | | ly | |
| | supported organization . | | | - | • | • | |
| 18 | Private foundation. If the organization did r | not check a box on | line 13. 16a. 16b | 17a, or 17b. check | this box and see | | |
| - | instructions | | | | | | ▶□ |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Pa | <u>till</u> Support Schedule for Orgative (Complete only if you checked) | | | | zation failed to | qualify under I | Part II. |
|------------------|--|-----------------|-----------------|--------------|------------------|-----------------|-----------|
| | If the organization fails to qu | | | • | | | |
| Sec | tion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| • | received. (Do not include any "unusual grants.") | | | | | | 0 |
| 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 | | | | | | 0 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513. | | | | | | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| _ | or expended on its behalf | | | | | | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | 0 |
| ~ | organization without charge | 0 | 0 | 0 | 0 | C | 0 |
| 6 70 | Total. Add lines 1 through 5 | 0 | 0 | 0 | 0 | Ĺ | |
| 7 a | received from disqualified persons | | | | | | 0 |
| h | Amounts included on lines 2 and 3 | | | | | | 0 |
| U | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | 0 |
| c | Add lines 7a and 7b | 0 | 0 | 0 | 0 | C | |
| 8 | Public support (Subtract line 7c from | | - | | | ~ | |
| • | line 6.) | | | | | | 0 |
| Sec | tion B. Total Support | | | | | | • |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | 0 | 0 | 0 | 0 | C |) 0 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | | | | | 0 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | 0 |
| С | Add lines 10a and 10b | 0 | 0 | 0 | 0 | C | 0 0 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on . | | | | | | 0 |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | - |
| | (Explain in Part VI.) | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.). | 0 | 0 | 0 | 0 | <u> </u> | 0 |
| 14 | First five years. If the Form 990 is for the or organization, check this box and stop here . | • | | • | | , | |
| <u> </u> | | | | | | | |
| | tion C. Computation of Public Su | | | (f)) | | 15 | 0.00% |
| 15 | Public support percentage for 2019 (line 8, c | | | | | 16 | |
| <u>16</u> Sec | Public support percentage from 2018 Sched stion D. Computation of Investmer | | | | | 10 | 0.00% |
| | Investment income percentage for 2019 (line | | | column (f)) | | 17 | 0.00% |
| 17 18 | Investment income percentage for 2019 (intelligence of 2019) | | - | | | 18 | 0.00% |
| | 33 1/3% support tests—2019. If the organi | | | | - | - | 0.0076 |
| | not more than 33 1/3%, check this box and s | | | | | | |
| b | 33 1/3% support tests—2018. If the organi | | | | - | | |
| | line 18 is not more than 33 1/3%, check this | | | | | | 🕨 🗌 |
| 20 | Private foundation. If the organization did r | - | - | | | | ▶□ |

Schedule A (Form 990 or 990-EZ) 2019

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Page **3**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
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| Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons described in (b) and (c) below, the governing body of a supported organization? 116 1 | Schedu | le A (Form 990 or 990-EZ) 2019 We Defy | 47-4543790 | Р | age 5 |
|---|--------|--|---------------------------------------|---------|--------------|
| 11 Has the organization accepted a gift or contribution from any of the following persons described in (b) and (c) below, the governing body of a supported organization? Image: Control Contro Control Conte Contro Control Control Conte Control Control Contro | Part | V Supporting Organizations (continued) | | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 30% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. c B the analysis of the organizations are appointed organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "Yes" to a, b, or c, provide detail in Part VI. c D did the directors, trustees, or membership of one or more supported organizations are buyed by apprint do the organization is directors or trustees at all times during the tax year? If "Yes" to a, b, or c, provide detail in Part VI. c D did the organization advections. If any supported organization of the supported organization, affectively oparated, supervised, or controlled the organization of the support of organization? If "Yes," explain in Part VI. c D did the organization or restrictions. If any, applied to such powers during the tax year? c D did the organization organization. c D did the organization organization organization? If "Yes," explain in Part VI how providing such benefic core or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organizations. c D did the organization organization's supported organization, and (ii) copies of the organization's support organization, and (iii) copies of the organization's support organization, and (iii) copies of the organization's support organization | | | | Yes | No |
| below, the governing body of a supported organization? 11a b A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization of persons during the supported organization, describe how the powers to appoint and/or remove directors or trustees at all times during the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operate for the benefit of any supported organization offer than the supported organization operated out the purposes of the supported organization? If "Yes," regular in Part VI how providing such benefit carried out the purposes of the supported organization? 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization supported organization(s)? If "No," describe in Part VI how control or masgement of the supporting organizations. Yes No 2 bid the organization is supported organizations, by the last day of the fifth month of the organization's supporting organizations. 1 1 3 bid the organization supporting organization. 2 Yes </td <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| A tamily member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. Section B. Type I Supporting Organizations Yes No To bid the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? (I*No: * describe n Part VI how the support or organization is directors or trustees at all times during the tax year? (I*No: * describe norwore directors or trustees are all times during the tax year? (I*No: * describe norwore directors or trustees are all times during the tax year? (I*No: * describe norwore directors or trustees are all times during the supported organization, all the organization are supported organization. describe how the powers to for the supporting organization organization organization setvities. If the organization are organization? (I*Yes, * explain in Part Yhow providing such benefic carrefo out the uproposes of the supported organization? (I*Yes, * explain in Part Yhow providing such benefic carrefo out the uproposes of the supported organization? Were a majority of the organizations supported organization(s) that operated, supervised, or controlled the supporting organization. Section D. All Type III Supporting Organizations Yes No organization provide to each of its supported organizations, by the last day of the fifth month of the organization supervention offers. Infecting organizations supported organizations were any of the organization's supported organization, supported organizations were any of the organization's and the supported organization's area organization's area organization's area organization and the supported organization's the supported organization's the supported organization's the supported organization's the | а | | 11a | | |
| C A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Section B. Type I Supporting Organizations regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization, describe how the powers to appoint and/or encove of uncertain and/or the provide organization, describe how the powers to appoint and/or encove of uncertain and/or the organization, describe how the powers to appoint and/or encove of uncertain and/or the supported organization, describe how the powers to appoint and/or encove of uncertains and what controlled organization other than the supported organization describe how the powers to appoint and/or encove of uncertains. The organization operate for the benefit of any supported organization? If 'Yes,' replain in Part Whow providing such benefit carried out the purposes of the supported organization? Section C. Type II Supporting Organizations Section C. Type II Supporting organization was vested in the same persons that controlled or managed the supporting organization supported organizations. Yes No the supporting organizations are tereatly filed as the day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization software, of the apverteent, of the supported organization's directors, or trustees the supporting organizations was recently filed as the day of the supported organization's organization's directors, or trustees there () appoint the support tax year. (i) a written notice describte previde with the support to arganization's the supporting Organizations. by the last of notification, and (in copies of the organization's dimectors, of trustees there () appointerating and the dave the organi | h | | · · · · · · · · · · · · · · · · · · · | - | |
| Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,'' describe in Part VI how the supported organization of effectively operated, supervised, or controlled the organization or restrictors. If any, applied to such powers during the tax year. 1 I 2 Did the organization or restrictors. If any, applied to such powers during the tax year. 2 2 3 Exection C. Type II Supporting Organization. I'''es', 'esplain in Part 'N how providing such benefic carred out the purposes of the supported organization's) that operated, supervised, or controlled the supporting organization. 2 2 4 Were a majority of the organization's directors or trustees ease and so 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. Yes No 1 Were a majority of the form 990 that was most reservity tiled as of the dift on full fill on organization's supported organizations (s)? If 'No,'' describe in Part VI how control or management of the supporting Organizations. Yes No 1 Did the organization provide to each of its supported organizations of the organization's supervised, or controlled the supporting Organization. Yes No <t< td=""><td></td><td></td><td></td><td>-</td><td></td></t<> | | | | - | |
| Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year' if 'No,' describe in Part VI how the supported organization of the organization, adescribe how the power to appoint and/or remove directors or trustees even ellocated among the supported organization, adescribe how the power to appoint and/or remove directors or trustees even ellocated among the supported organization of the organization or restrictions. if any, applied to such powers during the tax year. Did the organization operated, supported organization of the thre than the supported organization of the support organization of any supported organization? If 'Yes' explain in Part W how providing such benefit carried out the purposes of the supported organization? If 'Yes' explain in Part W how provides of each of the organization's directors or trustees during the tax year also a majority of the directors or runaragement of the supporting Organization. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or runaragement of the supporting Organization, by the last day of the fifth month of the organization's apported organization, supported organization's apported organization, (a): a opy or the form 900 that was most recently filed as of the date of ontification, and (a): acopies of the organization's officers, directors, or trustees ether (i) apported organization's activates and organization's apported organization's apported organization's apported organization's apported organization's supported organization's apported organization's apported organization's apported organization's apported organization's apported organization's supported organization's apported organization's supported organization's apported organization's apported organization's apported organization's supported org | - | | | 1 | 1 |
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| the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's incestment 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 3 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). a The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization was responsive to those supported organization, and how the organization determined that these activities described in (a) constitute activities. Yes No b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in ? If "Yes," explain in Part VI the reasons for the organization's novolvement. 2b 2b 2b 2b | 2 | | | | |
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| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | 2b | | |
| | | | | | |
| trustees of each of the supported organizations? Provide details in Part VI. 3a | а | | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | h | | | | |

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

| Schedule A (Form 990 or 990-EZ) 2019 We Defy | | | 543790 Page 6 |
|---|----|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C | | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting orga | • | | , |
| Section 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 | 0 | 0 |
| 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 | 0 | 0 |
| Section 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): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | 0 | 0 |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | 0 | 0 |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | 0 | 0 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 0 | 0 |
| 6 Multiply line 5 by .035. | 6 | 0 | 0 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 0 | 0 |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 0 |
| 2 Enter 85% of line 1 | 2 | | 0 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 0 |
| 4 Enter greater of line 2 or line 3. | 4 | | 0 |
| 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 | | 0 |
| | | | |

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

Schedule A (Form 990 or 990-EZ) 2019

| Schedule Part | A (Form 990 or 990-EZ) 2019 We Defy Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | | 7-4543790 Page 7 |
|------------------|--|-----------------------------|--|---|
| | on D - Distributions |) Supporting Organi | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| | Amounts paid to perform activity that directly furthers exemptions to accomplish exemptions and the performance of the performa | | 1 | |
| 2 | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organiz | ations | |
| 3 | Amounts paid to acquire exempt-use assets | es of supported organiza | | |
| | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | · · · | | | 0 |
| 8 | Distributions to attentive supported organizations to which the | he organization is respon | sivo | 0 |
| 0 | (provide details in Part VI). See instructions. | ne organization is respor | 15176 | |
| | Distributable amount for 2019 from Section C. line 6 | | | 0 |
| 9 | | | | 0 |
| 10 | Line 8 amount divided by line 9 amount | | (!!) | 0.000 |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | 0 |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required—explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | 0 | | |
| g | Applied to underdistributions of prior years | | 0 | |
| h | Applied to 2019 distributable amount | | | 0 |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | 0 | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ 0 | | | |
| а | Applied to underdistributions of prior years | | 0 | |
| b | Applied to 2019 distributable amount | | | 0 |
| С | Remainder. Subtract lines 4a and 4b from 4. | 0 | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | 0 | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | 0 |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | 0 | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 0 | | | |
| b | Excess from 2016 0 | | | |
| | Excess from 2017 0 | | | |
| d | Excess from 2018 0 | | | |
| e | Excess from 2019 0 | | | |
| | | | • · · · · | A (Form 990 or 990-EZ) 2019 |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (F Part VI | orm 990 or 990-EZ) 2019 We Defy Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or | | Page 8 |
|--------------------------|--|-------------|---------------|
| | 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | 1c, 2a, 2b, | |
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Schedule B (Form 990, 990-EZ,

or 990-PF)

ernal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

| Name of the organization | Employer identification numbe |
|--------------------------------|-------------------------------|
| We Defy | 47-4543790 |
| Organization type (check one): | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 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

X 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 or 990-EZ), 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, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. HTA

| Employer | identification | number |
|----------|----------------|--------|
| | 17 15 10 700 | |

| Name of organization |
|----------------------|
| We Defy |
| |

47-4543790

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is r | needed. |
|------------|--|---------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Jeff & Megan Michael 5745 Seven Oaks Ct. Minnetonka MN 55345 Foreign State or Province: Foreign Country: | \$55,135 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province: Foreign Country: | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province: Foreign Country: | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province: Foreign Country: | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province: Foreign Country: | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province: Foreign Country: | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number 47-4543790

We Defy Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (C) (d) (b) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I -----\$_____ (a) No. (C) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) -----\$_____ _____ (a) No. (C) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) -----\$ (a) No. (C) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) -----\$ _____ (a) No. (C) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I -----\$_____ _____ (a) No. (C) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$_____ _____

| Name of org We Defy | janization | | | Employer identification number 47-4543790 |
|---------------------------|--|---|--|---|
| Part III | Exclusively religious, charitable, etc., cont (10) that total more than \$1,000 for the year the following line entry. For organizations con contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional sp | r from any one contributo npleting Part III, enter the to Enter this information once. | r. Complete col tal of <i>exclusive</i> | section 501(c)(7), (8), or umns (a) through (e) and /y religious, charitable, etc., |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (1 | d) Description of how gift is held |
| | | | | |
| | Transferee's name, address, and ZIF | (e) Transfer of gift R | elationship of | transferor to transferee |
| (a) No. | For. Prov. Country | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | d) Description of how gift is held |
| | Transferee's name, address, and ZIF | (e) Transfer of gift + 4 R | elationship of | transferor to transferee |
| (a) Na | For. Prov. Country | | I | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | d) Description of how gift is held |
| | Transferee's name, address, and ZIF | (e) Transfer of gift | elationship of | transferor to transferee |
| | For. Prov. Country | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | d) Description of how gift is held |
| | | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIF | 9 + 4 R | elationship of | transferor to transferee |
| | For. Prov. Country | | | |

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

| OMB No. 1545-0047 | |
|-------------------|--|
| 2019 | |
| Open to Public | |

| Interna | I Revenue Service | Go to www.irs.go | //Form990 for instructions | and the | e latest inforn | nation. | | Inspectior | h |
|---------|---------------------|--|-------------------------------|----------|-----------------|---------------|----------------|--------------|---------|
| Name | of the organization | | | | En | nployer ident | ification numb | ber | |
| We D |)efv | | | | | | 47-45437 | 90 | |
| Par | Organizat | tions Maintaining Donor | Advised Funds or Ot | her Sir | milar Fund | s or Acco | | | |
| | | if the organization answer | | | | | | | |
| | | | (a) Donor advise | | , | (b) F | unds and other | r accounts | |
| 1 | Total number at | end of year | | | | (1) | | | |
| 2 | | contributions to (during year) . | | | | | | | |
| 3 | | grants from (during year) | | | | | | | |
| 4 | | e at end of year | | | | | | | |
| 5 | | ation inform all donors and dor | or advisors in writing that | the ass | ets held in do | onor advise | ed | | |
| - | • | ganization's property, subject | • | | | | | Yes | No |
| 6 | | ation inform all grantees, donor | | | | | | | |
| | | le purposes and not for the be | | | | | | | |
| | - | missible private benefit? | | | - | | | Yes | No |
| Par | | tion Easements. | | | | | I | <u> </u> | <u></u> |
| T GI | | if the organization answer | ed "Yes" on Form 990 | Part I | V line 7 | | | | |
| 1 | | onservation easements held by | | | | | | | |
| • | | of land for public use (for exam | | | | f a historica | allv importar | nt land are | a |
| | | | | | | | | | |
| | | of natural habitat | | | reservation o | r a certified | nistoric stri | ucture | |
| _ | | n of open space | | | | | _ | | |
| 2 | | 2a through 2d if the organization | on held a qualified conser | vation c | ontribution in | the form o | | | |
| | | e last day of the tax year. | | | | | Held at the | End of the T | ax Year |
| a | | conservation easements | | | | | | | |
| b | 0 | estricted by conservation ease | | | | | | | |
| C d | | ervation easements on a certil | | | | . 2c | | | |
| d | | ervation easements included i e listed in the National Registe | | | | . 2d | | | |
| 3 | | ervation easements modified, | | | | | organizatio | n durina | |
| Ŭ | the tax year | | | inguione | | | organizatio | n duning | |
| 4 | - | s where property subject to co | inservation easement is lo | ocated | ► | | | | |
| 5 | | zation have a written policy re | | | nspection. ha | ndlina of | | | |
| | - | enforcement of the conservation | | - | | - | [| Yes | No |
| 6 | | er hours devoted to monitoring, in | | | | | | ing the yea | ar |
| | • | - | | | - | | | | |
| 7 | Amount of expense | ses incurred in monitoring, inspec | ting, handling of violations, | and enfo | rcing conserva | ation easem | ents during th | he year | |
| | ▶ \$ | | | | | | | | |
| 8 | Does each cons | ervation easement reported o | n line 2(d) above satisfy t | he requi | rements of se | ection 170(| h)(4)(B)(i) | | |
| | and section 170 | (h)(4)(B)(ii)? | | | | | | Yes | No |
| 9 | | cribe how the organization rep | | | | - | | | |
| | | and include, if applicable, the t | | organiza | ation's financi | al statemer | nts that des | cribes the | |
| _ | | ccounting for conservation eas | | | | | | | |
| Par | | tions Maintaining Collect | | | | ther Simi | lar Asset | s. | |
| 4. | | if the organization answer | | | | | | - 1 4 | |
| 1a | • | on elected, as permitted under | | • | | | | | |
| | | torical treasures, or other simil | • | | | | | ance of | |
| L | | provide in Part XIII the text of the | | | | | | ot | |
| U | • | on elected, as permitted under | | | | | | | |
| | | torical treasures, or other simil | - | | n, education, | Unesearc | | | |
| | | provide the following amounts i | | | | | ► ¢ | | |
| | (ii) Assets include | luded on Form 990, Part VIII, I ded in Form 990, Part X . . . | IIICI | | | | ν φ • ¢ | | |
| 2 | | on received or held works of a | | | | | | | |
| 2 | • | its required to be reported und | | | | | yanı, provi | | |
| а | | ed on Form 990, Part VIII, line | | | | | ▶ \$ | | |
| | | in Form 990, Part X | | | | | . ↓ ▶ \$ | | |
| | | | | | | | | | |

| Sched | ule D (Form 990) 2019 We Defy | | | | | | 47-4543 | 3790 | Γ | Page 2 |
|-----------|---|----------------------------|-----------|--------------------|--------------------------|----------|-----------------------------|-----------------|-----------|---------------|
| Part | III Organizations Maintaining Collect | tions of A | rt, Hist | torical Tre | asures, or | Other | Similar Asset | s (contii | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other | record | s, check any | of the followi | ng that | make significant | use of it | s | |
| | <u>collection items (check all that apply):</u> | | _ | | | | | | | |
| а | Public exhibition | | d | Loan or | exchange pro | ogram | | | | |
| b | Scholarly research | | е | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and | explair | how they fi | urther the ora: | anizatio | on's exempt purpo | ose in Pa | art | |
| • | XIII. | | onpian | inon anoy it | | | in o oxompt purpt | | | |
| 5 | During the year, did the organization solicit o | r receive don | ations of | of art, histori | cal treasures, | or othe | er similar | | | |
| | assets to be sold to raise funds rather than to | | | | | | | Ye | ∍s | No |
| Part | IV Escrow and Custodial Arrangeme | ents. | | | | | | | | |
| | Complete if the organization answe | red "Yes" o | n Forn | n 990, Part | t IV, line 9, c | or repo | rted an amoun | t on For | m | |
| | 990, Part X, line 21. | | | , | , , | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other in | termed | iarv for cont | ributions or ot | her ass | sets not | | | |
| | included on Form 990, Part X? | | | - | | | | Υe | s | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | 1 |
| | , 1 3 | | | 5 | | | | Amount | | |
| С | Beginning balance | | | | | 10 | | | | |
| d | Additions during the year | | | | | 10 | | | | |
| е | Distributions during the year | | | | | 16 |) | | | |
| f | Ending balance | | | | | 11 | F | | | 0 |
| 2a | Did the organization include an amount on Fo | | | | | | unt liability? | | es X | No |
| _ | - | | | | | | - | | | NO |
| b | If "Yes," explain the arrangement in Part XIII. | Спеск пеге | li the ex | xpianation n | as been provi | ded on | | | | <u> </u> |
| Part | | | _ | | | | | | | |
| | Complete if the organization answe | | | | | | | | | |
| | | Current year | (b) | Prior year | (c) Two years | back | (d) Three years back | (e) Fo | our years | back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | |
| | and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | | | | | | | _ | | |
| f | Administrative expenses | | | | | | | _ | | |
| g | End of year balance | 0 | | 0 | | 0 | | 0 | | 0 |
| 2 | Provide the estimated percentage of the curr | ent year end | | e (line 1g, co | olumn (a)) hel | d as: | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment • % | | ~~/ | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the c | organiza | ation that are | e neid and adr | ninistei | red for the | 1 | Vee | Na |
| | organization by: | | | | | | | 0-(1) | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | | <u> </u> |
| 4 | Describe in Part XIII the intended uses of the | | is endo | wment tund | 5. | | | | | |
| Part | | | _ | 000 0 | | 0 | | V P | 10 | |
| | Complete if the organization answe | | | | | | | | | |
| | Description of property | (a) Cost or ot (investm | | . , | or other basis other) | . , | Accumulated lepreciation | (d) Bo | ook value | е |
| 4 - | Land | (investri | ient) | | , | | | | | |
| 1a ⊾ | | | | 0 | 0 | | | | | 0 |
| b | Buildings | | | 0 | 0 | | 0 | | | 0 |
| с С | Leasehold improvements | | | 0 | 10 222 | | 0 | | | 0 |
| d | Equipment | | | 0 | 10,322 0 | | 1,643 | | | 8,679 |
| e Tota | Other | augl Earm of | D Dard | | • | | 0 | | | 0 8 6 7 0 |
| rota | I. Add lines 1a through 1e. (Column (d) must en | <u>yuai roim 95</u> | o, ran | <u>, coiumn (i</u> | <u>ы, шие тис.).</u> | <u> </u> | 🚩 | | | 8,679 |

| Part VII | Investments—Other Securities. | | | |
|-------------------|---|--------------------|---|-----------------------|
| | Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11b. See Form | 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of va Cost or end-of-year | |
| () | l derivatives | 0 | | |
| | held equity interests | 0 | | |
| (3) Other | | | | |
| (A) | | | | |
| <u>(B)</u> | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) . ► | 0 | | |
| Part VIII | Investments—Program Related. | | - | |
| | Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11c. See Form 9 | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of va | |
| | | ., | Cost or end-of-year | market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| <u>(8)</u> (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) . ► | 0 | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11d. See Form | 990, Part X, line 15. |
| | (a) Descr | | · | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | ımn (b) must equal Form 990, Part X, col. (B) I | ino 15) | • | 0 |
| Part X | Other Liabilities. | me 15.) | · · · · · · · · · · · · · · · · | 0 |
| Fail A | Complete if the organization answered | "Ves" on Form 990 | Part IV line 11e or 11f See | Form 000 Part X |
| | line 25. | | | 1 0m 990, 1 art X, |
| 1. | | tion of liability | | (b) Book value |
| - | l income taxes | , | | 0 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, col. (B) l | ine 25.) | <u> </u> | 0 |

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

| Schedu | ule D (Form 990) 2019 We Defy | 47-4543790 | Page 4 |
|--------|--|------------|---------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.). | | |
| е | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) | 5 | 0 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| с | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.). | | |
| с | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) | 5 | 0 |
| Part | XIII Supplemental Information. | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | | |
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Part XIII Supplemental Information (continued)

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| (i) Name and address of individual or entity (fundraiser) (ii) Activity Coustody or control of contributions? (iii) Activity Coustody or control of control of contributions? (iii) Activity Coustody or control of cont | 19 |
|--|------------------------------------|
| Dependence of the Treasury Intermit Reverse Service Open to a powel/rs.gov/Form 990 for instructions and the latest information. Open to a powel/rs.gov/Form 990 for instructions and the latest information. Open to a powel/rs.gov/Form 990 for instructions and the latest information. Open to a powel/rs.gov/Form 990 for instructions and the latest information. Open to a powel/rs.gov/Form 990 for instructions and the latest information. Open to a powel/rs.gov/Form 990 for instructions and the latest information. Open to a powel/rs.gov/Form 990 for instructions and the latest information. Department of the organization form 990. Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the roganization raised funds through any of the following activities. Check all that apply. Indicatest apply and the organization of non-government grants a Indicate whether the organization for or all agreement with any individual (including of government grants g Solicitation of government grants d In-person solicitations g Special fundraising services? Yes 2a Did the organization have a written or oral agreement with any individual (including of fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is compensated at least \$5,000 by the organization. 1 Indicatest and address of individual Indicatest have organization Ind | |
| Imployer identification number of the organization Employer identification number of the organization answered "Yes" on Form 990, Part IV, line 17. 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. 2 Image: Indicate whether the organization raised funds through any of the following activities. Check all that apply. 3 Image: Internet and email solicitations 9 Solicitation of non-government grants Image: Internet and email solicitations 9 Solicitation of non-government grants Image: Image | |
| We Defy 47-4543790 PartI Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g Special fundraising events d In-person solicitations g Yes b Infurdication have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraiser) have control of for entity (fundraiser) (ii) Activity (iii) Did fundraiser have control of for entity fundraed by for entity fundraed by for entity fundraed by for entity (fundraiser) (iii) Activity (iii) Activity 1 Yes No< | n |
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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. a Mail solicitations e Solicitation of government grants b Internet and email solicitations f Solicitation of government grants c D Phone solicitations g Special fundraising events d In-person solicitations g Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser hore coefficient fore control of con | |
| 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. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g Solicitation of government grants d Internet and email solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Tosis 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Tosis exercise the 10 highest paid individual or entities (fundraiser have costory or control of or entity (fundraiser) (w) Amount paid to (or retained by form activity (w) Amount paid to (or retained by form activity (i) Name and address of individual or entity (fundraiser) (w) Activity (w) Gross receipts form activity (w) Amount paid to (or retained by form activity 1 Yes No 0 0 0 2 O O 0 | |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d Internet and email solicitations g Special fundraising events d In-person solicitations g Special fundraising events g d Internet and email solicitations g Yes Yes b If "Yes," list the 10 highest paid individuals or entities (fundraiser have control of control control of control control of control of control of control control control control control control contr | |
| b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is compensated at least \$5,000 by the organization. (w) Gross receipts fundraised by fundraiser isles in for retrive or ornitrivitors? (v) Amount paid to (or retrive or ornitrivitors? (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts for activity (v) Amount paid to (or retrive organization. 1 Yes No 0 0 0 2 0 0 0 0 0 3 0 0 0 0 0 4 0 0 0 0 0 5 0 0 0 0 0 6 0 0 <td< td=""><td></td></td<> | |
| c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) for retained by) for retained by for | |
| d □ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? □ Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser have custody or control of or entity (fundraiser) (ii) Did fundraiser have custody or control of controlutors? (iv) Amount paid to (or reliands by) fundraiser listed in col. (i) 1 Yes No (iii) Activity (iii) Did fundraiser have custody or control of controlutors? (v) Amount paid to (or reliands by) fundraiser listed in col. (i) 2 0 0 0 0 1 0 0 0 0 2 0 0 0 0 3 0 0 0 0 4 0 0 0 0 5 0 0 0 0 6 0 0 0 0 0 7 0 0 0 0 0 6 <td< td=""><td></td></td<> | |
| 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? | |
| key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraiser) (iii) Did fundraiser have ourldy or control of contributions? (iv) Amount paid to (or rest, or entity (fundraiser) (v) Amount paid to (or rest, organization. (i) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have ourldy or control of contributions? (v) Amount paid to (or rest, organization. 1 Yes No 0 0 2 0 0 0 0 3 0 0 0 0 4 0 0 0 0 5 0 0 0 0 6 0 0 0 0 7 0 0 0 0 8 0 0 0 0 0 9 0 0 0 0 0 0 1 0 0 0 0 0 <td></td> | |
| b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (iv) Amount paid to (or ref. organization. 1 Yes No 0 0 0 2 0 0 0 0 0 3 0 0 0 0 0 4 0 0 0 0 0 5 0 0 0 0 0 0 7 0 0 0 0 0 0 0 9 0 <td>,,</td> | , , |
| compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) 1 Yes No 0 0 0 2 0 0 0 0 0 3 0 0 0 0 0 4 0 0 0 0 0 5 0 0 0 0 0 6 0 0 0 0 0 7 0 0 0 0 0 9 0 0 0 0 0 10 0 0 0 0 0 10 0 0 0 0 0 10 0 0 0 0 0 10 0 0 0 0 0 0 10 0 0 0 0 0 0 | No |
| (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity from activity from activity fundraiser listed in col. (i) (i) Corst receipts from activity fundraiser listed in col. (ii) (i) Activity (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity fundraiser listed in col. (i) (i) Or the organization of the orga | o be |
| 1 0 0 0 2 0 0 0 3 0 0 0 4 0 0 0 5 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 Total. 0 0 0 | unt paid to ined by) ization |
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| 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 Total. 0 0 0 | 0 |
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| 8 0 0 9 0 0 10 0 0 Total. 0 0 | 0 |
| 9 0 0 10 0 0 Total. 0 0 | 0 |
| 10 0 0 Total 0 0 | 0 |
| 10 0 0 Total | 0 |
| Total▶ 0 0 | 0 |
| | 0 |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from a state of the organization of t | 0 m |
| registration or licensing. | |
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | evente war groos recer | (a) Event #1 | (b) Event #2 | (c) Other events | |
|-----------------|---------|------------------------------------|------------------------------|-------------------------|----------------------------|---|
| | | | GALA | (4) 21011112 | NONE | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| ne | | | (| ()() | (| |
| Revenue | 1 | Gross receipts | 90,135 | | 0 | 90,135 |
| Sev | - | C | | | | |
| ш. | 2 | Less: Contributions | 56,488 | | 0 | 56,488 |
| | 3 | Gross income (line 1 minus | | | | |
| | | line 2) | 33,647 | | 0 | 33,647 |
| | | | | | | |
| | 4 | Cash prizes | | | 0 | 0 |
| | _ | | | | | |
| | 5 | Noncash prizes | | | 0 | 0 |
| es | c | Dont/facility acata | 12 451 | | 0 | 10 454 |
| Direct Expenses | 6 | Rent/facility costs | 13,451 | | 0 | 13,451 |
| ďx | 7 | Food and beverages | 33,647 | | 0 | 33,647 |
| ш | ' | Tood and beverages | 55,047 | | 0 | 55,047 |
| irec | 8 | Entertainment | | | 0 | 0 |
| Δ | | | | | | |
| | 9 | Other direct expenses | 8,037 | | 0 | 8,037 |
| | | | | | | |
| | 10 | Direct expense summary. Add | | | | (55,135) |
| | 11 | | ct line 10 from line 3, colu | mn (d) | 🕨 | -21,488 |
| Pa | rt II | | | ed "Yes" on Form 990 | 0, Part IV, line 19, or re | eported more |
| | | than \$15,000 on Form | 990-EZ, line 6a. | | i | |
| ne | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| en. | | | (2) | bingo/progressive bingo | (-, | col. (a) through col. (c)) |
| Revenue | | 2 | | | | • |
| <u> </u> | 1 | Gross revenue | | | | 0 |
| ŝ | 2 | Cash prizes | | | | 0 |
| nse | 2 | | | | | 0 |
| Direct Expenses | 3 | Noncash prizes | | | | 0 |
| ш | • | ····· | | | | |
| ect | 4 | Rent/facility costs | | | | 0 |
| Dir | | - | | | | |
| | 5 | Other direct expenses | | | | 0 |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | | | | | | |
| | 7 | Direct expense summary. Add | d lines 2 through 5 in colu | mn (d) | | (0) |
| | | | | | | |
| | 8 | Net gaming income summary | . Subtract line 7 from line | 1, column (d) | | 0 |
| | _ | | | | | |
| 9 | | Enter the state(s) in which the or | | | | |
| | a la | s the organization licensed to co | | | | |
| | | | | | | |
| | b li | f "No," explain: | | | | |
| | b I1 | | | | | |
| | | | | | | |
| 10 | a V | | aming licenses revoked, s | uspended, or terminated | during the tax year? | . Yes No |

Schedule G (Form 990 or 990-EZ) 2019

| Sched | ule G (Form 990 or 990-EZ) 2019 We Defy | 47- | 4543790 | Page 3 |
|----------|--|-----------|------------|----------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | [| Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | [| Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | | % |
| b | | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books an records: | a | | |
| | Name ► | | | |
| | Address ► | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | - | | |
| | revenue? | [| Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the | | | |
| c | amount of gaming revenue retained by the third party > \$0 If "Yes," enter name and address of the third party: | | | |
| U | | | | |
| | Name ► | | | |
| | Address ► | | | |
| 16 | Gaming manager information: | | | |
| | Name ► | | | |
| | Gaming manager compensation | | | |
| | Description of services provided | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | - | | |
| _ | retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or | | | 0 |
| Part | spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns | ; (iii) a | ind (v); a | <u>0</u> nd |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional | | | |
| | See instructions. | | | |
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Schedule G (Form 990 or 990-EZ) 2019

| SCHEDULE I (Form 990) | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States |
|--------------------------|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |
| | ► Attach to Form 990. |

| 2019 |
|----------------|
| Open to Public |

Employer identification number

47-4543790

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

-<u>J</u>-----

We Defy

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|-----------------|------------------------------------|------------------------------------|---------------------------------------|--|--|---------------------------------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section | | | | | | | 0 |
| 3 Enter total number of other or | danizations lis | ted in the line 1 table | e | | | | 0 |

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

| thletic scholarships | | recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistanc |
|----------------------|-------------------------|------------|-----------------------------|----------------------------------|--|--------------------------------------|
| | | | | | | Uniforms & Equipment |
| | | 60 | 145,802 | 6,448 | FMV | |
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| V Supplemer | ntal Information. Provi | | | | | |
| are accomplishing | proposed objectives. | | | | | |
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Page **2**

| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questio Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. | ns on | OMB No. 1545-0047 | | | | |
|--|--|-------------------------------|-------------------|--|--|--|--|
| Name of the organization We Defy | | Employer identi 47-4543790 | fication number | | | | |
| Form 990, Part VI, Section B, Line 11b: The organization reviews the 990 form at a board | | | | | | | |
| meeting prior to subm | itting to the IRS. | | | | | | |
| Form 990, Part VI, Se | ction B, Line 12c: The organization enforced compliance with its conflict | | | | | | |
| of interest policy by re | viewing it at board meetings. | | | | | | |
| Form 990, Part VI, Se | ction C, Line 19: The organization makes its governing documents, | | | | | | |
| conflict of interest poli | cy, and financial statements available to the public upon request. | | | | | | |
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| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| | 47-4543790 |
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