# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑI	For the	e <b>2022</b> calendar year, or tax year beginning $OCT 1, 2022$ and $OCT 1$	ending Si	EP 30, 2023			
В	Check if applicabl	C Name of organization		D Employer i	dentific	cation number	
	Addre chang	ss weave, inc.					
	Name chang	e Doing business as		94-249	93158		
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 1900 K STREET	•	elephone number 916-448-2321			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	14,225,534.	
Г	Amen			H(a) Is this a g		eturn	
	Applic	F Name and address of principal officer: BETH HASSETT		for subore			
	pendi	SAME AS C ABOVE		H(b) Are all subor			
Ι.	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	If "No," at	ttach a	list. See instructions	
	Websi			H(c) Group ex	emptio	n number	
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 197	78 <b>N</b>	State of legal domicile; CA	
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: TO PROM	OTE SAFE	AND HEALTH	Y		
Governance		RELATIONSHIPS AND SUPPORT SURVIVORS OF SEXUAL ASSAULT, DOMEST					
na	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its	net ass	sets.	
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)			. 3	18	
		Number of independent voting members of the governing body (Part VI, line 1b)				18	
οğ Q	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				210	
/itie	6	Total number of volunteers (estimate if necessary)				22	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.	
				Prior Year		Current Year	
Φ	8	Contributions and grants (Part VIII, line 1h)	10,417	,435.	10,778,975.		
ğ	9	Program service revenue (Part VIII, line 2g)		338	,728.	384,226.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		98	,422.	123,459.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		121	,780.	-997.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,976	,365.	11,285,663.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,304	,852.	8,227,617.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
g	. b	Total fundraising expenses (Part IX, column (D), line 25) 779,0	052.				
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,678	,804.	3,211,078.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,983	,656.	11,438,695.	
		Revenue less expenses. Subtract line 18 from line 12		-7	,291.	-153,032.	
Assets or	g		Ве	ginning of Curren	t Year	End of Year	
sets	20	Total assets (Part X, line 16)		12,957	,063.	13,547,856.	
t As	21	Total liabilities (Part X, line 26)		4,088	,788.	4,717,674.	
je Lje	_	Net assets or fund balances. Subtract line 21 from line 20		8,868	,275.	8,830,182.	
	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			-	knowledge and belief, it is	
rue	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledg	e.		
		Circulations of officer		Data			
Sig	n	Signature of officer		Date			
Hei	re	BETH HASSETT, CEO					
		Type or print name and title	1 -	)oto I		DTIM	
	_	Print/Type preparer's name  Preparer's signature		Li	Check if	PTIN	
Paid		BRIAN YACKER BRIAN YACKER	0.		self-employ	•	
	parer	Firm's name BAKER TILLY ADVISORY GROUP, LP		Firm's I	EIN	39-0859910	
Jse	Only	Firm's address 18500 VON KARMAN AVE, 10TH FLOOR					
		IRVINE, CA 92612		Phone	no.949	.222.2999	
1/10	v tha II	RS discuss this return with the preparer shown above? See instructions				X Ves No	

Par	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly	ly describe the organization's mission:	
	то Р	PROMOTE SAFE AND HEALTHY RELATIONSHIPS AND SUPPORT SURVIVORS OF	
	SEXU	JAL ASSAULT, DOMESTIC VIOLENCE, AND SEX TRAFFICKING. WEAVE'S VISION	
	IS:	WHEN EVERYONE ACTS, VIOLENCE ENDS.	
2	Did th	he organization undertake any significant program services during the year which were not listed on the	
	prior	Form 990 or 990-EZ? Yes X	No
		es," describe these new services on Schedule O.	
3	Did th	he organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Ye	es," describe these changes on Schedule O.	
4	Desci	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
		ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	reven	nue, if any, for each program service reported.	
4a	(Code:		
		SING - THE ORGANIZATION PROVIDES EMERGENCY, TRANSITIONAL AND	
	PERM	MANENT HOUSING TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND	
	SEX	TRAFFICKING AT MULTIPLE CONFIDENTIAL AND NON-CONFIDENTIAL	
	LOCA	ATIONS. THE WEAVE SAFEHOUSE CAMPUS IS A THREE-ACRE SITE WITH AN 18	
	SUIT	TE SAFEHOUSE, A CHILDREN'S CENTER AND SIX TWO-BEDROOM TRANSITIONAL	
	HOUS	SING COTTAGES. OPEN HOUSE OFFERS FIVE ONE-BEDROOM EMERGENCY SHELTER	
	APAR	RIMENTS AND TWO TRANSITIONAL HOUSING APARTMENTS. CREEKSIDE VILLAGE	
	IS T	THE ORGANIZATION'S PERMANENT SUPPORTIVE HOUSING PROGRAM AND IS	
	COMP	PRISED OF NINE TWO-BEDROOM HOMES THAT ARE ALL ADA COMPLIANT. IN	
	ADDI	TION, WEAVE LEASES TWO APARTMENTS THAT ARE AVAILABLE FOR SHORT OR	
	LONG	GER-TERM STAYS FOR VICTIMS OF SEX TRAFFICKING.	
4b	(Code:	:) (Expenses \$1,915,595. including grants of \$) (Revenue \$	
	INTE	REVENTION - THE ORGANIZATION OPERATES TWO PROGRAMS PROVIDING	
	ADVO	CACY AND INTERVENTION TO VICTIMS. THE COMMUNITY RESPONSE PROGRAM	
	INCL	UDES THE 24/7 SART TEAM THAT DISPATCHES AN ADVOCATE TO PROVIDE	
	SUPP	PORT TO A VICTIM OF SEXUAL ASSAULT DURING A FORENSIC EXAM AND	
	ONGO	DING ADVOCACY AND ACCOMPANIMENT SERVICES AS WELL AS COMMUNITY	
	RESP	PONSE TO AREA HOSPITALS AND MEDICAL CLINICS TO SUPPORT VICTIMS OF	
	DOME	STIC VIOLENCE AND SEXUAL ASSAULT. THE COMMUNITY INTERVENTION	
		GRAM INCLUDES ADVOCATES EMBEDDED AT AREA LAW ENFORCEMENT AGENCIES.	
		CATES FOLLOW UP WITH VICTIMS WHO HAVE INVOLVEMENT WITH LAW	
		DRCEMENT AND RESPOND TO A DOMESTIC VIOLENCE CALL WHEN REQUESTED. THE	
		MUNITY INTERVENTION PROGRAM ALSO INCLUDES THE ANTI-TRAFFICKING TEAM	
		CH PROVIDES ADVOCACY, INTERVENTION, AND SUPPORTIVE SERVICES FOR	
		) (Expenses \$1,307,850. including grants of \$) (Revenue \$)	<u> </u>
		SELING - THE ORGANIZATION PROVIDES INDIVIDUAL AND GROUP THERAPEUTIC	
		SELING TO HELP VICTIMS OF SEXUAL ASSAULT, DOMESTIC VIOLENCE AND SEX	
		FFICKING TO HEAL, COUNSELING IS PROVIDED AT THE ORGANIZATION'S	
		TOWN SERVICES CENTER AND THROUGH COUNSELORS AT COMMUNITY PARTNER	
		ATIONS THROUGHOUT SACRAMENTO COUNTY. COUNSELING IS PROVIDED BY	
	LICE	ENSED THERAPISTS AND SUPERVISED MFT OR MSW INTERNS.	
<b>1</b> -1	O+b -	er program convisco (Deceribe en Schedule O.)	
		rr program services (Describe on Schedule O.)  lases \$ 4,581,669. including grants of \$ ) (Revenue \$ )	
		nses \$ 4,581,669. including grants of \$ ) (Revenue \$ )  program service expenses 10,215,414.	
	· Utul	, p. 5 g. s	

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# Form 990 (2022) WEAVE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	T.		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		<del></del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
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?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	•	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the state of the Helbert Obstace	14a		x
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>7</del> a		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<del></del>
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </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? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2			
Part IV	Ch	ecklist of Required Schedules	(continued)

	· (continued)		V	<b>N</b> 1-
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
<b>2</b> 04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a	х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<del>ان</del> ا		
UZ.	,	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
		36		х
37	If "Yes," complete Schedule R, Part V, line 2  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			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		Х
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		, 50		
	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	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	10	х	

Form	990 (2022) WEAVE, INC. 94-2493	158	F	age 5
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 2	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	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? If "No" to line 3b, provide an explanation on Schedule O			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	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 payo	? <b>7</b> a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7е		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

14a

14b

15

16

c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion 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 18										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 18										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	(The social Display and Display and Display and The Internal Helicity		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filedCA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble							
	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)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
-	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										
	THE ORGANIZATION - 916-448-2321										
	1900 K STREET, SACRAMENTO, CA 95811										

Form 990 (2022) WEAVE, INC. 94-2493158 Page **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(do		Pos heck	c) ition more rson is	than o	one h an	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BETH HASSETT	40.00								_	
CEO				Х				205,795.	0.	10,187.
(2) CYNTHIA WARD	40.00	-								
CFO		_	<u> </u>	Х			_	173,943.	0.	15,171.
(3) JULIE BORNHOEFT	40.00	-				l		422.044		
CHIEF SUSTAINABILITY OFFICER	40.00		_			Х	_	132,211.	0.	14,841.
(4) ALLISON KEPHART	40.00	-				l		424 022		44.456
CHIEF OPERATIONS OFFICER	40.00					Х		131,233.	0.	11,476.
(5) MARY SHUEY	40.00	-				,,		110 000	_	17.047
CHIEF TALENT OFFICER (6) GINA ROBERSON	40.00		-			Х		119,860.	0.	17,047.
(6) GINA ROBERSON CHIEF PROGRAM OFFICER	40.00	-				x		107 227	0.	6 690
(7) JAIME GERICK	40.00		┢			^		127,237.	٠.	6,689.
CHIEF PROGRAM OFFICER	40.00	-				x		127 205	0.	1 406
(8) ASHLEY WEST	1.00					_		127,305.	0.	1,406.
PRESIDENT	1.00	x		х				0.	0.	0.
(9) REBECCA RAWSON	1.00	21	$\vdash$						· ·	•
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(10) JILL RAGSDALE	1.00								••	<u>.</u>
SECRETARY		х		x				0.	0.	0.
(11) MATTHEW JACOBS	1.00		$\vdash$							
TREASURER		х		x				0.	0.	0.
(12) BRANDY BOLDEN	0.50							-	-	
DIRECTOR		х						0.	0.	0.
(13) BYRAN MERICA	0.50									
DIRECTOR		Х						0.	0.	0.
(14) DONNA DAVIS	0.50									
DIRECTOR		х						0.	0.	0.
(15) GARRY MAISEL	0.50									
DIRECTOR		Х						0.	0.	0.
(16) LORI RIANDA	0.50									
DIRECTOR		х	L	L			L	0.	0.	0.
(17) ARLEN ORCHARD	0.50									
DIRECTOR		Х					L	0.	0.	0.
										Earm 990 (2022)

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WEAVE INC 94-2493158

Form 990 (2022) **********************************									J4 Z4J313	o raye •
Part VII   Section A. Officers, Directors	s, Trustees, Key Emp	oloy	ees,	anc	l Hi	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)	1 1 5 1						(D)	(E)	(F)
Name and title	Average hours per week	hours per (do not check more than o box, unless person is both						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) PHYLLIS BALTZ	0.50									
DIRECTOR		Х						0.	0.	0.
(19) PRIYA BATRA, MD DIRECTOR	0.50	Х						0.	0.	0.
(20) SOYLA FERNANDEZ	0.50									
DIRECTOR		х						0.	0.	0.
(21) DELILAH CLAY	0.50									
DIRECTOR		Х						0.	0.	0.
(22) LINDA WHITE DIRECTOR	0.50	Х						0.	0.	0.
(23) PATRICK HARBISON	0.50									
DIRECTOR		х						0.	0.	0.
(24) THOMAS FORD	0.50									
DIRECTOR		х						0.	0.	0.
(25) NEIL FORESTER	0.50									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,017,584.	0.	76,817.
c Total from continuation sheets to F								0.	0.	0.
d Total (add lines 1b and 1c)								1,017,584.	0.	76,817.
Total number of individuals (including								coived more than \$100	000 of roportable	

compensation from the organization

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation					
MARKETONE BUILDERS, 1200 R STREET, SUITE							
150, SACRAMENTO, CA 95811	CONSTRUCTION SERVICES	164,191.					
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than						

Form **990** (2022)

\$100,000 of compensation from the organization

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		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
			<u> </u>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
		Fundraising events 1c	74,400.				
fts,		d Related organizations 1d	, , , , , , , ,				
ية إق			6,994,710.				
ons,		Government grants (contributions)  1e	0,334,710.				
utic	1	All other contributions, gifts, grants, and	3 700 865				
ĕ		similar amounts not included above 1f	3,709,865.				
ont		Noncash contributions included in lines 1a-1f	1,134,323.	10 770 075			
O g		1 Total. Add lines 1a-1f		10,778,975.			
		CONTROL INC. EDG.	Business Code	204.006	204 006		
ce	2 8	COUNSELING FEES	900099	384,226.	384,226.		
ervi	ı	·	_				
S	•		_				
ran Sev	(	d	_				
Program Service Revenue	•	e	_				
<u>-</u>	1	All other program service revenue					
		Total. Add lines 2a-2f		384,226.			
	3	Investment income (including dividends, into	erest, and				
		other similar amounts)		57,223.			57,223.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	a Gross rents <b>6a</b> 125,66	2.				
		Less: rental expenses 6b 171,29	2.				
		Rental income or (loss) 6c -45,63	0.				
		d Net rental income or (loss)	<u> </u>	-45,630.	-45,630.		
		a Gross amount from sales of (i) Securities					
		assets other than inventory <b>7a</b> 1,679,22	5.				
		Less: cost or other basis					
<u>o</u>		and sales expenses <b>7b</b> 1,612,98	9.				
her Revenue		Gain or (loss) 7c 66,23	_				
ě		d Net gain or (loss)		66,236.			66,236.
౼		a Gross income from fundraising events (not		, -			,
Oth	0 .	including \$ 74,400. of					
١		contributions reported on line 1c). See					
		, ,	3a 17,227.				
			3b 21,267.				
				-4,040.			-4,040.
		Net income or (loss) from fundraising events Gross income from gaming activities. See		_,=_,=			2,320.
	9 (		20				
			9a   9b				
			9D				
		Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns	1 134 323				
			0a 1,134,323.				
			<b>0b</b> 1,134,323.	0			
-	(	Net income or (loss) from sales of inventory	Pusiness Ord	0.			
જ		TNGIDANCE DROGEERG	Business Code	47 404			47.404
eor re	11 8	INSURANCE PROCEEDS	900099	47,424.			47,424.
Miscellaneous Revenue	ı	MISCELLANEOUS	900099	1,249.			1,249.
See.	•		-				
Mis	(	d All other revenue		10.57			
		Total. Add lines 11a-11d		48,673.			
	12	Total revenue. See instructions		11,285,663.	338,596.	0.	168,092.

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### Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	448,395.	166,870.	281,525.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,547,932.	6,311,266.		236,66
8	Pension plan accruals and contributions (include	44= 4==	446		
	section 401(k) and 403(b) employer contributions)	115,858.	113,744.		2,11
9	Other employee benefits	560,120.	534,971.	10.000	25,14
10	Payroll taxes	555,312.	519,131.	12,303.	23,87
11	Fees for services (nonemployees):				
a		02 272	70 700	11 274	2 27
b	•	93,373.	78,722.	11,374.	3,27
С.	5 F	52,841.		52,841.	
d	, 3 F				
e	, F	7,734.		7 724	
f	Investment management fees	7,734.		7,734.	
g	,	396,170.	365,521.	5,409.	25,24
	column (A), amount, list line 11g expenses on Sch O.)	378,163.	30,771.	3,486.	343,90
12	Advertising and promotion	266,906.	246,532.	4,769.	15,60
13	Office expenses	333,064.	298,028.	12,060.	22,97
14	Information technology	333,004.	250,020.	12,000.	22,57
15	Royalties	563,090.	547,609.	4,804.	10,67
16	Occupancy	54,746.	51,852.	842.	2,05
17	Travel	31,710.	31,032.	042.	2,03
18	for any federal, state, or local public officials				
10		75,619.	69,410.	3,990.	2,21
19 20	Conferences, conventions, and meetings	72,857.	65,138.	5,993.	1,72
20 21	Payments to affiliates	, = , = 3 , •	55,250.	3,223.	-, , 2
22	Depreciation, depletion, and amortization	354,565.	326,607.	21,705.	6,25
23	Insurance	126,613.	122,311.	1,539.	2,76
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CLITTUM THEN CHICK THE	143,163.	143,144.	15.	
b	GUDDI TEG	113,937.	101,755.	8,755.	3,42
c	mayea c deda	79,092.	30,313.	651.	48,12
d		61,580.	59,659.	803.	1,11
	All other expenses	37,565.	32,060.	3,631.	1,87
25	Total functional expenses. Add lines 1 through 24e	11,438,695.	10,215,414.	444,229.	779,05
26	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

WEAVE, INC. Form 990 (2022)
Part X Balance Sheet 94-2493158 Page **11** 

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	y line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,430,803.	1	615,111
	2		28,495.	2	1,074,603		
	3	Savings and temporary cash investments  Pledges and grants receivable, net			1,903,310.	3	1,673,250
	4	Accounts receivable, net			148,729.	4	49,988
	5	Loans and other receivables from any current				_	
	"	trustee, key employee, creator or founder, sul		· · · · ·			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	•			Ŭ	
	"	under section 4958(f)(1)), and persons describ	•	,		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			180,600.	8	195,051
Ass	9	B			126,864.	9	162,851
-		Land, buildings, and equipment: cost or other				9	102,002
	IUa	basis. Complete Part VI of Schedule D		11,414,348.			
	h		"	4,022,445.	7,615,011.	10c	7,391,903
	b   11				1,503,172.	11	2,149,026
	12	Investments - publicly traded securities  Investments - other securities. See Part IV, lin			1,303,172.	12	2,113,020
	13						
		Investments - program-related. See Part IV, lin				13 14	
	14	Intangible assets			20,079.		236,073
	15	Other assets. See Part IV, line 11	12,957,063.	15 16	13,547,856		
	16	Total assets. Add lines 1 through 15 (must e			591,229.	17	768,412
	17	Accounts payable and accrued expenses	331,223.		700,412		
	18 19	Grants payable			98,124.	18 19	391,703
	20	Deferred revenue			50,121.	20	331,703
	21	Tax-exempt bond liabilities		at Calcadula D		21	
	22	Escrow or custodial account liability. Complet Loans and other payables to any current or for				21	
ies	22	trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
<u>E</u> .	23	Secured mortgages and notes payable to unr		: F	2,815,709.	23	2,709,703
	24	Unsecured notes and loans payable to unrela			2,020,700.	24	2,.05,.00
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lir					
		of Schedule D	165 17-24)	. Complete Fart A	583.726.	25	847.856
	26	Total liabilities. Add lines 17 through 25			4,088,788.	26	4,717,674
	20	Organizations that follow FASB ASC 958, c			2,000,100,	20	2,.2.,0,2
S		and complete lines 27, 28, 32, and 33.	HECK HEI	·			
ĕ	27				8,274,926.	27	8,366,005
ala	28	Net assets with donor restrictions			593,349.	28	464,177
P E	20	Organizations that do not follow FASB ASC			,	20	
ᆵ		and complete lines 29 through 33.	, 936, CHE	ck liefe			
ō	20		do			29	
ets	29	Capital stock or trust principal, or current fund				30	
\SS(	30	Paid-in or capital surplus, or land, building, or					
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			8,868,275.	31	8,830,182
ž	32	Total net assets or fund balances				32	
	33	Total liabilities and net assets/fund balances			12,957,063.	33	13,547,85

WEAVE, INC. 94-2493158 Page **12** Form 990 (2022)

Pai	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	11	,285,	663.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	438,	695.
3	3 Revenue less expenses. Subtract line 2 from line 1				032.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				275.
5	Net unrealized gains (losses) on investments	5		114,	939.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8	,830,	182.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

**Employer identification number** 

WEAVE INC 94-2493158 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Se	ction A. Public Support	71	· · · · · · · · · · · · · · · · · · ·	,			
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(=,) == : =	(-)	(-)	(,	(-)	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	1,933,608.	8,244,011.	13,401,464.	10,417,435.	10,778,975.	44,775,493.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,933,608.	8,244,011.	13,401,464.	10,417,435.	10,778,975.	44,775,493.
	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.						44,775,493.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,933,608.	8,244,011.	13,401,464.	10,417,435.	10,778,975.	44,775,493.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,391.	20,638.	22,670.	21,340.	57,223.	126,262.
۵	Net income from unrelated business		_ ,,	,	,	, , , , , , , , , , , , , , , , , , , ,	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						-
10	or loss from the sale of capital						
	·	1,329,367.	941,737.	2,847.	15,645.	48,673.	2,338,269.
44	assets (Explain in Part VI.)	1,323,307.	341,737.	2,047.	13,013.	40,073.	47,240,024.
	<b>Total support.</b> Add lines 7 through 10	ata (aga inatuustia	ma)			12	2,174,727.
	Gross receipts from related activities,			outh or fifth towy			2,171,727.
13	First 5 years. If the Form 990 is for the organization, check this box and stop			•			
Se	ction C. Computation of Publi		centage				
	Public support percentage for 2022 (li			olumn (f))		14	94.78 %
	Public support percentage from 2021	, ,,,	•	.,,		15	94.63 %
	a 33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies						
ı							
•	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
174	and stop here. The organization qualifies as a publicly supported organization						
1/6	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
		-				70 and line 15 is 1	
K	10% -facts-and-circumstances test						U70 UI
	more, and if the organization meets the						
10	organization meets the facts-and-circu				• • •		
18	Private foundation. If the organization	n did not check a c	JOA OIT III IE TO, TOS	i, 100, 17a, 01 17b	, check this box ar		Form 990) 2022

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

WEAVE, INC.

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
- 0		
9a		
9b		
9с		
10a		
401		
10b		

Par	Tiv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	3	
	A family member of a person described on line 11a above?	)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		4
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations	1	_
		Yes	No_
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>	tion 6. Type it supporting Organizations		Τ
_	Ways a spaintiful of the appropriation to direct one out to stand during the target of the direct one	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
<b>5</b> Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
<b>a</b> Average	e monthly value of securities	1a		
<b>b</b> Average	e monthly cash balances	1b		
<b>c</b> Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
<b>7</b> Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

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instructions).

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity			2				
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
_6	Other distributions (describe in Part VI). See instructions.			6				
_7_	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	1		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022			
_1_	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_								
a	a From 2017							
b	<b>b</b> From 2018							
c	From 2019							
d	From 2020							
<u>e</u>	From 2021							
f	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
<u>i</u>	Carryover from 2017 not applied (see instructions)							
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years			_				
<u>b</u>	Applied to 2022 distributable amount							
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.			_				
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
_8_	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
С	Excess from 2020							

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d Excess from 2021e Excess from 2022

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# Schedule B

Department of the Treasury

### Schedule of Contributors (Form 990)

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** 94-2493158 WEAVE INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization	Employer identification number
WEAVE, INC.	94-2493158

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ 3,831,327.	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	\$ 827,891.	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
3		\$648,186.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 505,687.	Person X Payroll
(a)	(b)	(c)	(d)
<b>No.</b> 5	Name, address, and ZIP + 4	\$ 372,763.	Person X Payroll
(a)	(b)	(c)	(d)
<b>No.</b> 6	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

WEAVE, INC.

94-2493158

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

WEAVE, INC.

94-2493158

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

Schedule B (Form 990) (2022) Name of organization Page 4

varne or or	ganization		Employer identification nu				
Part III	Exclusively religious, charitable, etc., contributio	through (e) and the following line entry	94-2493158 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ry. For organizations				
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	t .				
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Ful pose of gift	(c) Use of gift	(u) Description of now girt is field				
-		(e) Transfer of gift					
-	Transferee's name, address, an		Relationship of transferor to transferee				
(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 ZIP + 4		Relationship of transferor to transferee				
(a) No							
(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, an	d ZIP + 4	Relationship of transferor to transferee				

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

WEAVE, INC.

**Employer identification number** 94 - 2493158

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		nds or Accounts. Complete if the
	organization answered Tes On Form 990, Fait IV, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Berief daviesa farias	(b) i dilas ana sinsi associns
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		advised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservat	on of a historically important land area
	Protection of natural habitat	Preservat	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated b	y the organization during the tax
	year		
4	Number of states where property subject to conservation eas		<u></u>
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing con	convetion accompants during the year
,	Amount of expenses incurred in monitoring, inspecting, nanc	and emorcing cons	servation easements during the year
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section	170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statem	ent and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 WEAVE, INC.					94-249	3158	P	age 2
	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	er Similar	Assets	(contin	nued)	g-
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpos	e in Part I	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	ures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	ete if the organization	n answered "Yes" o	n Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	t included		_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance						_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liab	oility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete it					1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye		(e) Four		
1a	Beginning of year balance	8,674.	11,079.	8,566	•	8,124.		7,	880.
b	Contributions	1 045	0.405	0.540		440			202
С	Net investment earnings, gains, and losses	1,047.	-2,405.	2,513	•	442.			303.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	0 501	0.684	11 000		0.566			59.
g	End of year balance	9,721.	8,674.	11,079	•	8,566.		8,	124.
2	Provide the estimated percentage of the curre	,	. ,	) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 100	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c should be a sh								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the		1	Yes	No
	organization by:						- m		No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		Х
_	If "Yes" on line 3a(ii), are the related organization						3b		
4 Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		vment tunas.						
· u	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part )	( line 10				
	<del>-</del>	T		i		<u>. T</u>	(d) Poo	k volu	
	Description of property	(a) Cost or of basis (investm		, ,	Accumulated lepreciation	۱	( <b>d</b> ) Boo	r valu	E
	Land	,	, 54313	630,000.	.55,55,41,011			630	000.
_	Land		q	,388,595.	4,022,4	45	5		150.
b	Buildings Leasehold improvements			, = = = , = = =	-, -22, -			, , , ,	
ر ا				224,681.				224	681.
u	Equipment Other		1	171 072.			1		072.

Schedule D (Form 990) 2022

7,391,903.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 WEAVE, INC. 94-2493158 Page 3

Schedule D (Form 990) 2022 WEAVE, INC.			94-2493158 Page <b>3</b>
Part VII Investments - Other Securities.	ra Farres 000 Part IV line	11h Can Farms 000 Dark V line 10	
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	n Form 990, Part IV, line	(c) Method of valuation: Cost or e	nd-of-vear market value
(A) F: 1111 P	(b) Book value	(c) Method of Valuation. Cost of C	nd of year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			601 006
(2) DEFERRED INTEREST PAYABLE			621,226.
(3) LEASE LIABILITY			226,630.
<u>(4)</u>			
<u>(6)</u>			
<u>(7)</u>			+
<u>(8)</u> (9)			+
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25 \		847,856.
2. Liability for uncertain tax positions. In Part XIII, provide t			<u> </u>
organization's liability for uncertain tax positions under F			· —
, tar positione diluoi i			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WEAVE, INC. 94 94-2493158

Pai	Reconciliation of Revenue per Audited Financial State		revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			10 740 404
1				1	12,742,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		114,939.		
b	Donated services and use of facilities		15,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	129,939.
3	Subtract line 2e from line 1			3	12,612,545.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-1,326,882.		
С	Add lines 4a and 4b			4c	-1,326,882.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	11,285,663.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	12,780,577.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	15,000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d			1,326,882.		
е	Add lines 2a through 2d			2e	1,341,882.
3	Subtract line 2e from line 1			3	11,438,695.
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 <b>4a</b> and <b>4b</b>	·		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	11,438,695.
	rt XIII Supplemental Information.	·/		1	
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV. lines 1b a	nd 2b: Part V. line 4	: Part X. li	ne 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	•		,	,,
		, addinona.			
PART	Y V, LINE 4:				
PROV	VIDE UNRESTRICTED FUNDS TO SUPPORT OPERATING COSTS OR TO FU	JND PILOT			
PROG	FRAMS IDENTIFIED BY THE AGENCY'S BOARD AND STAFF LEADERSHIP	· .			
PART	YX, LINE 2:				
THE	ORGANIZATION HAS APPLIED FOR AND RECEIVED A DETERMINATION	LETTER FROM			
THE	INTERNAL REVENUE SERVICE (IRS) TO BE TREATED AS A TAX-EXEM	MPT ENTITY			
PURS	SUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND	DID NOT			
HAVE	ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED SEPTEM	BER 30, 2023			
		-			
AND	2022. DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NO	T SUBJECT TO			
INCO	OME TAXES. THE ORGANIZATION IS REQUIRED TO FILE TAX RETURNS	WITH THE			
IRS	AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL	L STATEMENTS			

Schedule D (Form 990) 2022 WEAVE, INC.  Part XIII Supplemental Information (continued)		94-2493158	Page 5
Part Alli Supplemental information (continued)			
DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE	ORGANIZATION HAS NO		
OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DIS	CCLOSURE. ORGANIZATION		
IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS	; HOWEVER, THERE ARE		
CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.	MANAGEMENT BELIEVES		
IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS F	FOR YEARS PRIOR TO		
2020.			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
	-1,134,323.		
	-171,292.		
	-21,267.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
	1,134,323.		
	171,292.		
	21,267.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,326,882.		

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						94-249315	ntification number
Part I Fundraising Activities.	Complete if the organization answe	rod "V	oc" or	Form 900 Part IV li	no 17		
required to complete this part		reu r	es 0i	1 FOITH 990, Part IV, III	ile i	. FUIIII 990-EZ	mers are not
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> </ul>	e Solicita	tion of	non-g gover	overnment grants nment grants			
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, Pa</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ced in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration
				-			

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

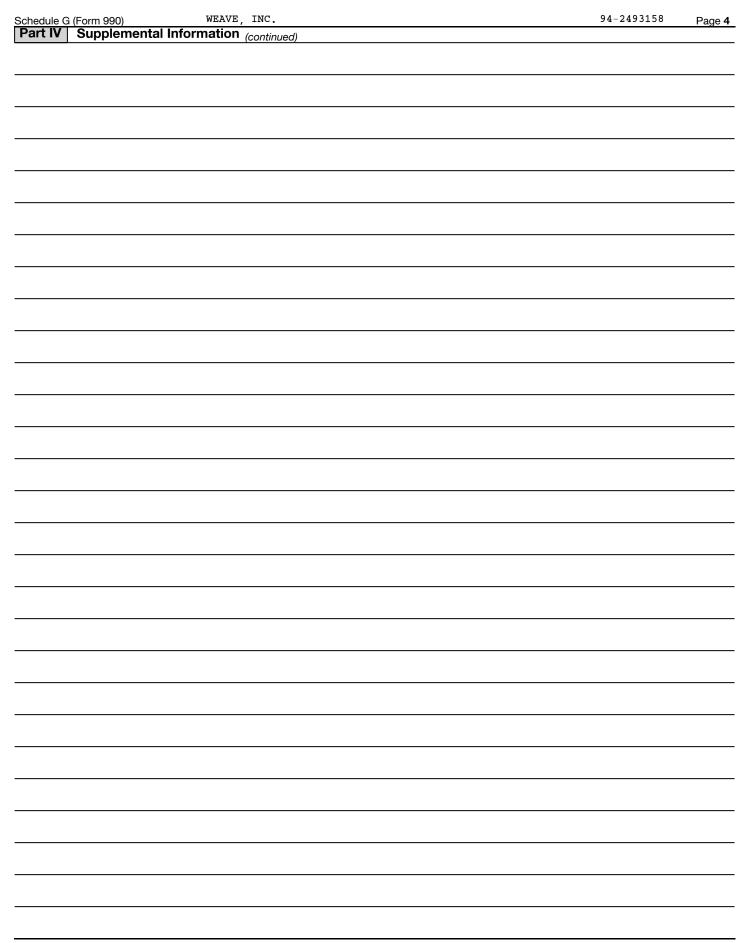
Schedule G (Form 990) 2022

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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through FEAST FOR WEAVE col. (c)) (event type) (total number) (event type) 88,200 88,200. Gross receipts 74,400 2 Less: Contributions 74,400. Gross income (line 1 minus line 2) 13,800 13,800. 4 Cash prizes 5 Noncash prizes 220 220. Direct Expenses Rent/facility costs 14,644. 14,644. 7 Food and beverages 3,909. 3,909. 8 Entertainment 1,879. 1,879. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 20,652. -6,852. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 WEAVE, INC.	94-24	93158	Page <b>3</b>
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 part of the state of th			
to administer charitable gaming?	•	Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
<b>b</b> An outside facility		13b	
14 Enter the name and address of the person who prepares the organization's gam		100	
Enter the flame and address of the person who prepares the organization's gain	ing/special events books and records.		
Maria			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organiz	ation receives gaming revenue?	Yes	No
Does the organization have a contract with a third party from whom the organiz	monreceives garning revenue?	163	140
In IC IIV.			
, , ,	and the amount		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
<u> </u>			
Description of services provided			
Director/officer Employee Independer	t contractor		
Director/officer Employee Independer	t contractor		
A			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from	the gaming proceeds to		<u> </u>
retain the state gaming license?		Yes	∟ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to o	her exempt organizations or spent in the		
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by	y Part I, line 2b, columns (iii) and (v); and Part	III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	ation. See instructions.		



## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

WEAVE, INC.

Part I Questions Regarding Compensation

Employer identification number
94-2493158

	att   Quodiono nogaramig compendation			
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel		Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Written employment contract  Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?	<b>4</b> a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
6	If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BETH HASSETT	(i)	205,795.	0.	0.	8,231.	1,956.	215,982.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CYNTHIA WARD	(i)	173,943.	0.	0.	4,601.	10,570.	189,114.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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

Page 3

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization						Employer identification number						
Dowt I Evenes I	WEAVE, INC		=== // \/=						3158			
					ion 501(c)(4), and sec							
	the organization				art IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V, II	ne 40	D.	(-1)		-110
(a) Name of disqualified person		(b) Relationship between disqualified person and organization			(c	c) Description of trans	sactio	n		<u> </u>	(d) Corrected?	
		1								+'	25	No
										+	-	
2 Enter the amount o	f tax incurred by	the organization ma	nagers	or disc	qualified persons duri	ing the year under						
section 4958								\$				
3 Enter the amount o	f tax, if any, on lir	ne 2, above, reimbu	rsed by	the oro	ganization			\$				
Dort II Loope to	and/or From	n Interested Pe	roono									
•	· ·				, Part V, line 38a or F	orm 990, Part IV, line	e 26; d	or if th	e orga	nızatıc	n	
(a) Name of	(b) Relation	n 990, Part X, line 5, nship (c) Purpose	1	an to or	(e) Original	(f) Palanca dua	(a)	. In	<b>(h)</b> Ap	proved	(i) \/	/ritton
interested person	with organiz		fror	m the ization?	principal amount			by bo		proved ard or nittee? (i) Written agreement		
·				From			Yes	No	Yes		Yes	1
			1 10	110111			103	140	103	110	103	110
Part III   Grants o	r Assistance	Benefiting Inte	reste	d Per	\$							
		answered "Yes" or										
					(c) Amount of	(d) Type	of		10	1 Durn	000 0	.f
(a) Name of interested person		(b) Relationship between interested person and		assistance	assistance			•	(e) Purpose of assistance			
	the organization											

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

Schedule L (Form 990) 2022

Complete if the organization answere	d "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.		1	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
MARKET ONE BUILDERS, INC.	PART OWNED BY TOM F	164,191.	CREEKSIDE V		Х
					-
Part V Supplemental Information.			]		
	oonses to questions on Schedule L (see ir	nstructions).			
Trovide additional information for tes	serios te questione en conscaule 2 (ecc ii	ion donorioj.			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: MARKET ONE BUILDE	RS, INC.				
/D) DELAMIONGUID DEMUEEN INMEDEGMED D	EDGON AND ODGANIZATION				
(B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION:				
PART OWNED BY TOM FORD, BOARD MEMBER					
,					
(D) DESCRIPTION OF TRANSACTION: CREEK	SIDE VILLAGE CONSTRUCTION				

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WEAVE, INC.

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 94-2493158

Pai	rt I Types of Property							
		(a)	(b) Number of	(c) Noncash contribution	(d)	tormin.	ina	
		Check if applicable		amounts reported on	Method of de noncash contribu		•	s
		арриодого	items contributed	Form 990, Part VIII, line 1g	Tioriodori contribo	itioir ai		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		1,134,323.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for							
	exempt purposes for the entire holding period?							Х
b	<b>b</b> If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						Х	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?							Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
LHA	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022							

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete
	this part for any additional information.
SCHEDULE 1	M, PART I, COLUMN (B):
NUMBER OF	CONTRIBUTIONS.

232142 09-09-22

### **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 94-2493158 WEAVE, INC. PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND SEX TRAFFICKING. WEAVE'S VISION IS: WHEN EVERYONE ACTS VIOLENCE ENDS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ADULT VICTIMS OF SEX TRAFFICKING AND COMMERCIALLY SEXUALLY EXPLOITED CHILDREN FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PREVENTION AND EDUCATION: THE ORGANIZATION IMPLEMENTS SCHOOL AND COMMUNITY-BASED PREVENTION AND EDUCATION AND TRAINING SERVICES THROUGHOUT SACRAMENTO COUNTY. ADVOCATES ARE EMBEDDED AT SCHOOL SITES TO LEAD PREVENTION EDUCATION SERVICES AND TO REFER CHILDREN AND PARENTS FOR SUPPORT AND SERVICES WHEN NEEDED. THE ORGANIZATION PROVIDES COMMUNITY EDUCATION AND PROFESSIONAL TRAINING FOR ADULTS. EDUCATION FOCUSES ON UNDERSTANDING THE TYPES OF VIOLENCE. INDICATORS. AND HOW TO SAFELY INTERVENE IF ABUSE IS EXPECTED. PROFESSIONAL TRAININGS ARE TAILORED TO THE AUDIENCE OR WORKPLACE AND ADDRESS REPORTING OBLIGATIONS TO VICTIMS TRAUMA-INFORMED RESPONSES, AND HOW TO REFER VICTIMS FOR SERVICES. THE ORGANIZATION ALSO OPERATES WEAVE LEARN WHICH IS AN ONLINE TRAINING PROGRAM DELIVERING EDUCATION AND TRAINING TO EDUCATORS AND SCHOOL ADMINISTRATORS THROUGHOUT THE STATE AND COUNTIES, LEGAL SERVICES: THE ORGANIZATION PROVIDES COMPREHENSIVE LEGAL ASSISTANCE TO VICTIMS OF SEXUAL ASSAULT. DOMESTIC VIOLENCE AND SEX

Schedule O (Form 990) 2022

TRAFFICKING. SERVICES INCLUDE ASSISTANCE IN OBTAINING DOMESTIC VIOLENCE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization WEAVE, INC. 94-2493158 OR CIVIL HARASSMENT RESTRAINING ORDERS, FAMILY LAW MATTERS, VACATUR PETITIONS AND HOUSING AND CREDIT PROTECTIONS RELATED TO VICTIMIZATION. CLIENT SERVICES: THE ORGANIZATION OPERATES A 24 HOUR SUPPORT AND INFORMATION LINE AND A 24/7 ONLINE CHAT TO PROVIDE EMOTIONAL SUPPORT, SAFETY PLANNING, AND REFERRALS TO VICTIMS OF SEXUAL ASSAULT, DOMESTIC VIOLENCE, AND SEX TRAFFICKING; THEIR FAMILY AND FRIENDS; AND COMMUNITY MEMBERS SEEKING RESOURCES. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 4,581,669. FORM 990, PART VI, SECTION A, LINE 2: ASHLEY WEST (BOARD PRESIDENT) PROVIDES LEGAL REPRESENTATION TO BRYAN MERICA'S (DIRECTOR) COMPANY UNEARTH CAMPAIGNS. SHE IS ALSO LEGAL COUNSEL FOR GARRY MAISEL (DIRECTOR). FORM 990, PART VI, SECTION B, LINE 11B: EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990 PRIOR TO FILING. THE CEO, CFO, AND CSO REVIEW THE 990 IN DETAIL AND SEND THE DRAFT 990 TO THE FINANCE COMMITTEE, LED BY THE TREASURER OF THE BOARD, TO REVIEW PRIOR TO FINALIZING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND KEY STAFF ARE REQUIRED TO DISCLOSE ANY INTERESTS AND SIGN A CONFLICT OF INTEREST POLICY DOCUMENT ANNUALLY. THE EXECUTIVE COMMITTEE OF THE BOARD COLLECTS THEM, REVIEWS THEM, AND ENFORCES COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: IN 2022, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS COMPLETED A

Schedule O (Form 990) 2022	Page z
Name of the organization  WEAVE, INC.	Employer identification number 94-2493158
REVIEW OF THE CEO'S SALARY USING THE 2022 FAIR PAY SALARY SURVEY FOR	
BENCHMARCH AND A SALARY ADJUSTMENT WAS MADE ACCORDINGLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIALS AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	