Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For the	e 2019 ca	lendar year, or tax year beginning		, and ei				
В	Check if	applicable:	C Name of organization WEDONTWA	STE INC		D	Employer i	dentification	number
	Address	change	Doing business as WEDONTWAST	=					
\equiv		ū	Number and street (or P.O. box if mail is no	delivered to street address)	Room/suite	27	-0585966		
Ш	Name ch	ange	5971 BROADWAY			Е	Telephone	number	
	Initial retu	ırn	City or town	State	ZIP code				
\equiv			Denver	CO	80216	72	0-443-611	3	
Ш	Final return	/terminated		province/state/county	Foreign postal	code			
	Amended	l return		,	0 ,		Gross recei	pts \$	13,830,448
\exists			- N						
Ш	Application	on pending	F Name and address of principal officer:			H(a) Is this a	group return for	subordinates?	Yes X No
			MICHAEL S. RICHARDS 370 17TH	STREET STE 2500, DE	NVER, CO	H(b) Are all	subordinates	included?	Yes No
ı	Tax-exe	mpt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)) or 527	If "No,	" attach a list.	. (see instruction	ons)
_			dontwaste.org	· , <u> </u>	<u> </u>	H(c) Group	exemption nu	ımher 🕨	
				ation Other ▶	1 V				In mal domainile.
_		organization		ation Uther	L Yea	r of formation	n: 2009	IVI State of	legal domicile: CO
	art I		mmary						
Ф	1		escribe the organization's mission or				irplus food	from venu	es,
ŭ			caterers, restaurants and other major						
Governance		commur	nity-based non-profit agencies serving	y vunerable populations	to increase fo	ood securi	ty		
ĕ	2	Check tl	nis box ▶ if the organization dis	continued its operations	or disposed	of more th	nan 25% o	f its net ass	sets.
တိ	3	Number	of voting members of the governing	body (Part VI. line 1a) .			1	3	9
∘ర	4		of independent voting members of the					4	9
ies	5		mber of individuals employed in cale					5	12
₹	6		mber of volunteers (estimate if neces				<u> </u>	6	624
Activities &	_		related business revenue from Part \					7a	024
_	7a			. , , , , , , , , , , , , , , , , , , ,			<u> </u>		
_	b	ivet unre	elated business taxable income from	Form 990-1, line 39				7b	0
		0(.1)	Constant (Dod VIII Co. 41)			Pr	ior Year	470	Current Year
e	8		utions and grants (Part VIII, line 1h).				18,075,		13,438,412
Revenue	9		n service revenue (Part VIII, line 2g) .					0	0
ě	10			olumn (A), lines 3, 4, and 7d)				600	8,818
	11	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					252,		323,013
	12	Total rev	enue—add lines 8 through 11 (must equ	ıal Part VIII, column (A), li	ne 12)		18,328,	,062	13,770,243
	13	Grants a	and similar amounts paid (Part IX, col	umn (A), lines 1-3)				0	0
	14	Benefits	paid to or for members (Part IX, colu	mn (A), line 4)				0	0
Ś	15	Salaries,	other compensation, employee benefits	(Part IX, column (A), line	s 5–10) . .		446,	,583	515,661
JSe	16a		onal fundraising fees (Part IX, column	, , ,			<u> </u>	0	0
Expenses	b		ndraising expenses (Part IX, column (
ŭ	17		openses (Part IX, column (A), lines 11				17,806,	247	12,918,304
	18		penses. Add lines 13–17 (must equa	-	1		18,252,		13,433,965
			e less expenses. Subtract line 18 fror						
- 5	ู 19	Nevenu	e less expenses. Subtract line To Itol	11 11116 12		Reginning	of Current Y	,232 /ear	336,278 End of Year
Net Assets or	20	Total ac	sets (Part X, line 16)			Dogmining	1,096.		1,432,495
Asse	21		bilities (Part X, line 26)					,468	
et.	22		ets or fund balances. Subtract line 21		1		1,082,		13,459
				irom line 20			1,002,	736	1,419,036
	art II		nature Block y, I declare that I have examined this return, incl	uding accompanying schodules	and statements	and to the h	act of my kno	wlodgo	
			ect, and complete. Declaration of preparer (other				•	•	
				,				7/10/	/2020
Si	_		Signature of officer				Date	17107	
He	ere	i i	ARLAN PREBLUD		EYE		IRECTOR	,	
						COTIVED	INECTOR		
		Dei-	Type or print name and title t/Type preparer's name	Preparer's signature		Date	1		PTIN
Pa	id	- -	v i ypo preparer a rianne	i reparer s signature		Date	Ch	eck if	1111
		. Pati	ricia DeLuna-Zickefoose	Patricia DeLuna-Zickefo	oose	7/10/2	2020 se	lf-employed	P00055165
	eparei		r's name ► Patricia DeLuna-Zickefoo	se. P.C.		Fir	m's EIN ► 2	27-007616	4
US	e Only	,	s's address ► 303 East 17th Avenue St		13			720-291-68	
_						Ph	ione no.	- 20-231 - 00	X Ves No
N/Is	w tha IF	Alectie Alectie	s this return with the preparer shown	anove / (see instructions	61				IXIVOS I MA

Form ^c	90 (2019)	WEDONTWASTE INC		27-0585966 Page 2
	rt III	Statement of Program Service	Accomplishments response or note to any line in this P	
1	To resou provider population	escribe the organization's mission: urce surplus food from venues, events, c	caterers, restaurants and other major food -based non-profit agencies serving vune	1
2	Did the o	organization undertake any significant pr	rogram services during the year which we	
3	Did the of services If "Yes,"	organization cease conducting, or make?describe these changes on Schedule O	significant changes in how it conducts, a 	Yes X No
4	expense		complishments for each of its three larges nizations are required to report the amount program service reported.	· · ·
4a	In 2019 distribute	the total number of servings of food and ed to local community-based non profit a individuals as deemed appropriate also	other items were 19,109,322.These were agencies at no cost. They in turn provide	these
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other pr	ogram services (Describe on Schedule o	O.)	

0)(Revenue \$

0 including grants of \$

13,216,081

(Expenses \$

4e Total program service expenses

0)

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

Part	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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		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?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
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		
	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		_
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
	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.			
	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			
	the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		r
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
		45		Х
	excess parachute payment(s) during the year	15		Ĥ
	If "Yes," see instructions and file Form 4720, Schedule N.			1,7
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) WEDONTWASTE INC 27-0585966

Part VI

Sect	tion A. Governing Body and Management				
	<u> </u>			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct				
•	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets:		6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint		•		
1 a	one or more members of the governing body?		7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1 a		
b			76		_
•	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
_	the year by the following:		0.0	~	
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				V
Coot	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	,	Χ
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	oue.		Na
40-	Did the agreemention have local characters broughes as affiliates?	Ī	10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?		IUa		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		40h		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f		10b	Х	
11a		OHH?.	11a	^	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	V	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	onflictor	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c	Offilicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		420	V	
40		L L	12c	Χ	
13	Did the organization have a written whistleblower policy?		13	V	Χ
14	Did the organization have a written document retention and destruction policy?		14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by	- 2			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisio		450	V	
a	The organization's CEO, Executive Director, or top management official.		15a	Χ	
b	Other officers or key employees of the organization		15b		Х
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		40-		V
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		4 C h		
Coot	the organization's exempt status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 000 is required to be filed.				
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Section 5	01(0)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(COULDIT)	J 1(U)		
	Own website Another's website X Upon request Other (explain on Sc.	hedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in		CV		
	and financial statements available to the public during the tax year.	norosi poli	Ј у,		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	ecords	•		
	ADLAN DDEDLUD (720)	443-3668	-		
	5971 BROADWAY, DENVER, CO 80216 (720)				

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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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any	/ related organiz	ation	con	npei	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
(A) Name and title	(B) Average hours	box,	unles er an	neck ss pe d a d	ition more rson irect	than o	an ee)	n Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARLAN PREBLUD	40.00									
EXECUTIVE DIRECTOR	0.00			Χ				112,525	0	0
(2) JORGE DE LA TORRE	2.50									
DIRECTOR	0.00	Х								
(3) ANN TRAKIMAS	2.50									
DIRECTOR	0.00	Х								
(4) ALLISON FRIES	2.50									
DIRECTOR	0.00	Х								
(5) ADAM HAMMOND	2.50									
DIRECTOR	0.00									
(6) RICHARD SCHNEIDER	2.50	1								
DIRECTOR	0.00	Х								
(7) MICHAEL S. RICHARDS	2.50									
PRESIDENT	0.00			Χ						
(8) JEREMY ANDERSON	2.50									
VICE-PRESIDENT	0.00			Χ						
(9) MATT KELLY	2.50									
TREASURER	0.00			Х						
(10) ELAINE HOLOBOFF	2.50									
SECRETARY	0.00			Χ						
(11)										
(12)										
(13)										

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Pá	art VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,			ghes	t C	ompensated Em	ployees (contin	ued)
		(A) Name and title	(B) Average hours per week	(C) Position (do not check more than obox, unless person is both officer and a director/trust					an Reportable		(E) Reportable compensation from related	(F) Estimated amount of other compensation
			(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	ormer	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal .								┢	112,525	0	0
C	Total fron	n continuation sheets to Part VII, S	ection A							0	0	0
<u>d</u> 2	Total num	d lines 1b and 1c) ber of individuals (including but not li	mited to those lis	 sted a	bov	e) v	vho	recei	vec	112,525 d more than \$100		0
	reportable	compensation from the organization	<u> </u>									Yes No
3		ganization list any former officer, dir on line 1a? <i>If "Yes," complete Sched</i>		-				-				3 X
4	For any in	dividual listed on line 1a, is the sum zation and related organizations greations	of reportable con ater than \$150,00	npens 00? <i>If</i>	satio	on a es,"	nd o	other	cor	mpensation from chedule J for such		
5	Did any pe		rue compensatio	n fror	n ar	ıy u	nrel	ated	org	anization or indiv		4 X
_		es rendered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	h per	sor	1		5 X
<u>Sec</u>		ependent Contractors this table for your five highest compe	ansated indepen	dont (cont	ract	ore	that r	000	aived more than	\$100 000 of	
•		ation from the organization. Report co										tax year.
		(A) Name and business add	dress							(B) Description of serv	vices ((C) Compensation
												0
									_			0
									_			0
												0
2		ber of independent contractors (inclu \$100,000 of compensation from the	•		tho	se l	iste	d abo	ve) 0) who received		Ů

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Form 990 (2019) WEDONTWASTE INC Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
ants ints	1a b	Federated campaigns					sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events					
	d	Related organizations 1d	0				
s, G nila	е	Government grants (contributions) <u>1e</u>	0				
ons	f	All other contributions, gifts, grants, and					
buti ther		similar amounts not included above 1f	13,438,412				
ntri 101	g	Noncash contributions included in	¢ 40.045.075				
Co	h	lines 1a–1f	\$ 12,615,675 •	13,438,412			
	- ''	Total. Add lines 1a-11	Business Code	13,430,412			
çe	2a			0			
ervi Je	b			0			
ıram Ser Revenue	С			0			
ran ?ev	d			0			
Program Service Revenue	e	All all and a second and a second as a		0			
₫	q	All other program service revenue	•	0			
	3	Investment income (including dividends, interes		0			
		other similar amounts)		8,818			8,818
	4	Income from investment of tax-exempt bond pro		0			·
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	+				
	b	Less: rental expenses . 6b Rental income or (loss) 6c (0	0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
4.		other than inventory (0				
nue	b	Less: cost or other basis					
Revenue	_	and sales expenses					
r Re	c d	Not goin or (loss)		0			
Othe	8a	Gross income from fundraising	1				
Ó		events (not including \$ 383,218					
		of contributions reported on line 1c).					
		See Part IV, line 18					
	b	Less: direct expenses	,	222 012			
	c 9a	Gross income from gaming activities.		323,013			
	- ou	See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0				
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold		0			
(0	С	Net income or (loss) from sales of inventory .	Business Code	0			
ou! e	11a			0			
ane •nu	b			0			
scellaneo Revenue	С			0			
Miscellaneous Revenue	d	All other revenue		0			
2	e	Total. Add lines 11a–11d		0		_	2.212
	12	Total revenue. See instructions		13.770.243	0	0	8.818

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Part IX Section 501 Statement of Functional Expenses

ion	501(c)(3)	and 501(c)(4	4) organizations mus	t complete all columns	a. All other organization	s must complet	te column (A).	

	Check if Schedule O contains a response or note t	to any line in this Pa	nrt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	,	·
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	112,525	83,268	5,626	23,631
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	353,035	242,624	23,239	87,172
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	8,582	6,351	429	1,802
10	Payroll taxes	41,519	30,724	2,076	8,719
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
С	Accounting	12,426	11,169	1,077	180
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	4,807	1,703	2,624	480
14	Information technology	0			
15	Royalties	0			
16	Occupancy	127,005	118,998	5,464	2,543
17	Travel	3,207	1,641	-555	2,121
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	44,392	44,392	0	0
23	Insurance	26,144	19,756	6,388	
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		0			
b		0			_
С		0			
d		0			
е	All other expenses 12700323	12,700,323	12,655,455	10,338	34,530
25	Total functional expenses. Add lines 1 through 24e	13,433,965	13,216,081	56,706	161,178
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)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	834,032	2	1,224,693
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	50,000	4	40,000
	5	Loans and other receivables from any current or former officer, director,	,		,
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	-
Ä	9	Prepaid expenses and deferred charges	9,000	9	9,000
	10a	Land, buildings, and equipment: cost or	-,		2,222
		other basis. Complete Part VI of Schedule D 10a 399,711			
	b	Less: accumulated depreciation 10b 240,909	203,194	10c	158,802
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,096,226	16	1,432,495
	17	Accounts payable and accrued expenses	13,468	17	13,459
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0	22	
コ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	13,468	26	13,459
es		Organizations that follow FASB ASC 958, check here ► X			
Š		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,032,758	27	1,199,026
B	28	Net assets with donor restrictions	50,000	28	220,010
Ĕ		Organizations that do not follow FASB ASC 958, check here ▶			
Ē		and complete lines 29 through 33.			
Ō	29	Capital stock or trust principal, or current funds	0	29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,082,758	32	1,419,036
Ź	33	Total liabilities and net assets/fund balances	1,096,226	33	1,432,495

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	3,770	,243
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	3,433	,965
3	Revenue less expenses. Subtract line 2 from line 1	3		336	,278
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,082	,758
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
D(column (B))	10		1,419	,036
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			I	\neg
	Check it Scriedule O contains a response of note to any line in this Part Air			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 in Schedule O.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			X	
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Χ	
	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				
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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<u></u>	. 3b	000	

Form **990** (2019)