Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Α	For the	e 2024 ca	lendar year,	or tax year b	eginning			, aı	nd er	nding			-		
В	Check if a	applicable:	C Name of or	rganization	WEDONTWA	STE INC					D Em	ployer	identification	number	
<u> </u>	Address	change	Doing busi	ness as WE	DONTWAST	E.ORG									
П	Name ch	ango		nd street (or P.O.	box if mail is no	t delivered to s	treet address)	Room/su	ite		27-058				
ᆜ	Name Ch	ange	6090 E 39								E Tele	ephone	number		
Ш	Initial retu	urn	City or tow	vn .			State	ZIP code			720-44	43-611	.3		
П	Final return	n/terminated	DENVER				CO	80207							
_			Foreign co	ountry name	Foreigr	province/state	e/county	Foreign p	ostal	code				04.0	75.050
Ш.	Amended	d return									<b>G</b> Gro	ss rece	ipts \$	24,6	75,050
П.	Application	on pending	F Name and	address of princi	ipal officer:					H(a) Is th	is a group	return fo	r subordinates?	Yes	X No
			KYLE D EN	NDRES 6090	E 39TH AVI	E, DENVER	R, CO 80207						s included?	Yes	No
_	Tav. av.a.	ment status.			( )				527			_	. See instructi		
		mpt status:			( )	(insert no.)	4947(a)(1	) (1	321		<b>—</b>				
J	Website	: wec	dontwaste.o	rg						H(c) Gro	oup exem	nption n	umber		
K	Form of	organization	n: X Corpo	oration Tru	ıst Associ	ation O	ther	1	<b>L</b> Yea	r of forma	ation: 2	2009	M State of	legal domicile	: CO
-	art I	Sui	mmary												
	1			organization'	s mission or	most signif	icant activitie	s: 4	4						
		-		reases food											
ဥ				by rescuing a		ina food. wl	nile educatino	and adv	voca	ting to					
nai				rity and decre						3					
Activities & Governance	2	Check tl					ts operations	or dieno	cod	of more	than '	25% 0	f ite not ac	coto	
Ĝ	3			embers of the				oi uispo				1	3	3CI3.	10
య	4			dent voting m				VI line 1					4		10
ies	5			ividuals empl									5		35
₹	6												6		1,550
₽ct	7a	Total number of volunteers (estimate if necessary)										7a		0	
•	b			ess taxable i			` *						7b		0
		riot unit	olatoa baolii	000 (0)(0)		0111110001	, 1 411, 1110	· · · · ·			Prior Y			Current Yea	<u>_</u>
4	8	Contribu	utions and a	rants (Part V	III. line 1h).				. 1			6,803	.395		44,600
Revenue	9	Program service revenue (Part VIII, line 2g)				.)		. †	0				,	0	
Ş.	10	Investm	estment income (Part VIII, column (A), lines				7d)		. 1	107,757			.757	1	74,126
ď	11			t VIII, column							,789		211,545		
	12			-add lines 8 through 11 (must equal Part VIII, column (A), line 12).					17,076,941					30,271	
	13			amounts paid									0	·	0
	14	Benefits	s paid to or f	or members (	(Part IX, colu	mn (À), line	€ 4) .   .   .   .		. [				0		0
ø	15	Salaries,	, other compe	ensation, emp	loyee benefits	(Part IX, co	lumn (A), line	s 5–10) .				1,786	,105	1,8	84,496
Expenses	16a	Professi	ional fundra	ising fees (Pa	art IX, colum	n (A), line 1							0		0
ber	b	Total fur	ndraising ex	penses (Part	IX, column	(D), line 25)		461							
ă	17			art IX, column					1	2,276	,341	19,4	59,077		
	18	Total ex	penses. Ad	d lines 13–17	' (must equa	Part IX, co	lumn (A), line	e 25) .   .	. [		1	4,062	,446	21,3	43,573
	19	Revenu	e less exper	nses. Subtrac	ct line 18 fror	n line 12 .				3,014,495			3,1	86,698	
Net Assets or Fund Balances									1	Beginn	ing of C			End of Year	
ssets	20		sets (Part X						.			2,581			66,795
A As	21			X, line 26) .					. [			2,971			59,322
				palances. Sul	otract line 21	from line 2	0		•			9,609	,894	12,9	07,473
Pá	art II		<u>inature Bl</u>												
Und	er penalti	ies of perjur	y, I declare that	t I have examined te. Declaration of	d this return, incl	uding accompa	anying schedules	and staten	nents,	and to th	e best of	f my kno , knowlo	owledge		
anu	bellet, it i	is true, corre	ect, and omple	te. Deparation of	i preparer (other	man onicer) is	based on all lillo	ormation of	WITICIT	preparer	lias ally	KIIOWIE		10005	
Sig	yn 💮		15/									2-4-	0/21	/2025	
Here		, ,	ature of officer	F0					-\/-	OLITIN (F		Date			
			E D ENDR						EXE	CUTIVE	DIKE	CIOF	ζ		
			or print name	and title		DocuSig	•			D.t.				DTIN	
D-	: al	Prep	parer's name			Preparer's sign	a Duluna-	Richal	SACO	Date	=	Ch	eck if	PTIN	
Pa		Pati	ricia DeLuna	a-Zickefoose		Ratricia, De	Lupa-Zickef	oose	0000	8/2	21/2025		lf-employed	P0005516	65
Preparer Use Only				Patricia DeL	una-7ickefoo						Firm's E	•	27-007616		
		y					7 80303						(720) 291-		
				303 E 17th A							Phone r				
Ma	y the IF	₹S discus	ss this return	n with the pre	parer shown	above? Se	e instructions	3						X Yes	No

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Pa	rt III	Statement of Program Service Check if Schedule O contains	ce Accomplishments a response or note to any line in this Part III		
1	Briefly d	escribe the organization's mission:	,		
	We Don	t Waste increases food access and p	protects the planet by rescuing and repurposing ease food security and decrease food waste.		
2	the prior If "Yes,"	Form 990 or 990-EZ? describe these new services on Scho	edule O.	Ye	s X No
3	services		ake significant changes in how it conducts, any pro	ogram Ye	s X No
4	expense		accomplishments for each of its three largest progranizations are required to report the amount of grach program service reported.		
4a	distribut items to	the total number of servings of food a ed to local community-based non pro individuals as deemed appropriate al			
41	(0. 1	) /5		\	`
4b	(Code:	) (Expenses \$			
4c	(Code:	) (Expenses \$	including grants of \$	)(Revenue \$	)
4d	Other pr	ogram services (Describe on Schedu	ıle O.) g grants of \$ 0 ) (Revenue \$	0 )	
40		ogram service expenses	20.376.780	- /	

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 Х 2 Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Χ c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e Χ 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . . . 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . . . . . . . . . . . . . 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . . . . . . . . . . **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . 20b 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 . . . . . .

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Par	Checklist of Required Schedules (continued)			
			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		Х
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	25		^
<b>2</b> 70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	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
	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		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	21		<u>^</u>
20	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			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Χ	
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		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
24	sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Х
34	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		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	Jour		
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			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 on 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	~	
	16p0rtable garring (garribing) wirining to prize wiriners:	1 16		

Form 990 (2024) WEDONTWASTE INC 27-0585966 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) No Part V Yes Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 35 Statements, filed for the calendar year ending with or within the year covered by this return . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . 2b Χ b Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . . . 3a 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 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . 4a Χ 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 Χ 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions?. Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a Χ 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 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . 7e е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . . 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources 12a 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. 13 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 С Χ Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ 15 If "Yes," see the instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities If "Yes," complete Form 6069.

Form 990 (2024) WEDONTWASTE INC 27-0585966 Page 6 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. Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year . . . 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. Enter the number of voting members included on line 1a, above, who are independent . . . . 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Χ at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Did the organization have local chapters, branches, or affiliates? 10a Χ 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 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 13 14 Χ 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х Χ 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement 16a Х 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website X Upon request 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 **KYLE ENDRES** (720) 443-6113

6090 E 39TH AVE, DENVER, CO 80207

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)			
(A)	(B)	Position (do not check more than one	(D)	(E)	(F)
` '	(5)	`	` '	\ /	( , )
Name and title	Average	box, unless person is both an	Reportable	Reportable	Estimated am
	la a coma	affican and a discatelytestant			- f - H

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	s pe	more rson i irecto	than one is both an in/trustee) Former Highest compensated	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KYLE ENDRES	40.00						405.700		
EXECUTIVE DIRECTOR	0.00		Ť	Х			135,763	0	9,836
(2) ARLAN PREBLUD EXECUTIVE DIRECTOR	40.00			Х			131,573	0	2 410
(3) ALLISON HOFFMAN	40.00			^			131,373	0	3,418
DIRECTOR OF PROGRAMS	0.00			Х			101,698	0	9,845
(4) SHANNON GARCIA-LEWIS	2.50			,			101,000		0,010
PRESIDENT	0.00	Х		Х			0	0	0
(5) ALLISON FRIES	2.50								
VICE-PRESIDENT	0.00	Х		Х			0	0	0
(6) MATT KELLY	2.50								
TREASURER	0.00	Х		Х			0	0	0
(7) BRUCE KIRCHHOFF	2.50								
SECRETARY	0.00	Х		Х			0	0	0
(8) LESLIE HAGELE	2.50								
DIRECTOR	0.00	Х					0	0	0
(9) ADAM HAMMOND	2.50						_	_	_
DIRECTOR	0.00	Х					0	0	0
(10) CHARLES JORDY	2.50	.,							
DIRECTOR (44)	0.00	Х					0	0	0
(11) LISANA MUNOZ	2.50	v					0		0
DIRECTOR (12) JESSICA TROWBRIDGE	0.00 2.50	Х					0	0	0
DIRECTOR	0.00	Х					0	0	0
(13) CLARE WILSON	2.50						0	0	0
DIRECTOR	0.00	Х					0	0	0
(14)	3.00	<u> </u>					1		
······································									

Form 990 (2024) WEDONTWASTE INC 27-0585966 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (B) (do not check more than one (D) (A) Name and title Reportable Reportable Estimated amount Average box, unless person is both an hours officer and a director/trustee) compensation compensation of other per week from the from related compensation Institutional trustee Highest compensated employee Individual trustee Key employee organization (W-2/ organizations (W-2/ (list any from the 1099-MISC/ 1099-MISC/ hours for organization and related 1099-NEC) 1099-NEC) related organizations organizations below dotted line) (15) (16) (18)(19) (21)(22) (23) (24) (25) 369.034 0 23.099 Total from continuation sheets to Part VII, Section A 0 0 Total (add lines 1b and 1c) . . . 23.099 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 Χ For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х 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 . . . . . . 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. Name and business address Description of services Compensation JORDY CONSTRUCTION 1212 S BROADWAY STE 100 DENVER, CO 80210 CONSTRUCTION 657,951 0 0 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

d All other revenue . . . . Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2024) WEDONTWASTE INC 27-0585966 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . . . (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . 1a Contributions, Gifts, Grants and Other Similar Amounts 1b 0 Membership dues . . . . . . . . . 1c 0 **c** Fundraising events . . . . . . . . d Related organizations . . . . . . 1d 0 Government grants (contributions) . . . 1e 1,387,066 All other contributions, gifts, grants, and similar amounts not included above . . . 1f 22,757,534 Noncash contributions included in lines 1a-1f . . . . . . . . . . . . . 18,433,887 Total. Add lines 1a-1f 24,144,600 **Business Code** Program Service 0 0 Revenue 0 0 0 0 **f** All other program service revenue. Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . 174,126 4 Income from investment of tax-exempt bond proceeds . 5 Royalties . . . . . . . (i) Real 6a Gross rents . . . . 6a **b** Less: rental expenses . 6b c Rental income or (loss) 6c d Net rental income or (loss) 0 7a Gross amount from (i) Securities sales of assets other than inventory . . 7a Other Revenue b Less: cost or other basis and sales expenses . . 7b 0 0 c Gain or (loss) . . . . 0 d Net gain or (loss) . . . Gross income from fundraising 356,324 events (not including \$ of contributions reported on line 1c). See Part IV, line 18. 356,324 Less: direct expenses . 8b c Net income or (loss) from fundraising events . 211,545 9a Gross income from gaming activities. See Part IV, line 19. Less: direct expenses . . . . . . . . 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . Less: cost of goods sold . . . . . . 10b Net income or (loss) from sales of inventory 0 **Business Code** Miscellaneous 0 Revenue 0

0 0

0

0

24.530.271

174,126

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## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) (B) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. . . 0 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 . . . . . . . Benefits paid to or for members . . . . . . . . . . 0 5 Compensation of current officers, directors, 146,691 trustees, and key employees . . . . . . . . . . . . 369,034 131,081 91,262 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . Other salaries and wages . . . . . . . . . . 1.224.398 999.740 140.312 84.346 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . 31,072 3,392 3.418 9 Other employee benefits . . . . . . . . . . . . . 113.816 81.947 19,349 12,520 10 Payroll taxes . . . . . . . . . . . . . . . . . 146,176 105,096 24,941 16,139 Fees for services (nonemployees): 11 а 0 b 37,195 37,195 С Accounting . . . . . . . . . . . . Lobbying . . . . . . . . . . . . . . . d 0 Professional fundraising services. See Part IV, line 17. . . . е 0 f Investment management fees . . . . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.). . . 12 Advertising and promotion . . . . . 0 35,369 24,821 4,526 6,022 13 Office expenses . . . . . . 27,815 14 Information technology . . . . . . 20,717 5,419 1,679 15 Royalties . . . . . . . . . . . . 0 83,292 71,238 3,587 16 8,467 17 Travel . . . . . . . . . . . . . . . . 2,702 2,044 521 137 18 Payments of travel or entertainment expenses for any federal, state, or local public officials n 19 Conferences, conventions, and meetings. 0 20 165.166 165,166 Interest . . . . . . . . . . . . Payments to affiliates . . . . 21 n 22 Depreciation, depletion, and amortization. 261,865 261,865 23 Insurance . . . . . 51,740 31,044 20,696 0 Other expenses. Itemize expenses not covered 24 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.) 0 а b 0 0 C d 0 18793933 18,793,933 18,607,324 25,258 161,351 е All other expenses Total functional expenses. Add lines 1 through 24e 21.343.573 20.376.789 586.323 380.461 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 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 . . . . . . . . . . . . . (B) (A) Beginning of year End of year 641,983 1,593,660 2 3,545,788 2 1,979,242 3 436,810 3 894,626 0 4 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Assets 0 7 ō 8 8 0 53,613 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 8.743.620 h Less: accumulated depreciation . . . . . 10b 699.141 7,919,456 10c 8,044,479 Investments—publicly traded securities . . . . . 11 11 0 12 Investments—other securities. See Part IV, line 11. . . 0 12 13 0 13 0 Investments—program-related. See Part IV, line 11... 18,333 14 0 14 801,175 15 Other assets. See Part IV, line 11 . . . . . . . . 19,277 15 16 12,581,647 16 13,366,795 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses . . . . . . 304,906 17 416,800 18 Grants payable . . . . . . . . . . . . . . . 18 Deferred revenue . . . . . . . . . . . . . . . . 19 0 19 42,522 20 0 20 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . 2,666,847 23 Unsecured notes and loans payable to unrelated third parties . . . . . 24 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 25 26 Total liabilities. Add lines 17 through 25. 2,971,753 459,322 **Net Assets or Fund Balances** Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. 8.254.422 11.053.391 27 27 1,355,472 28 1,854,082 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds . . . . . . . . . . . . . . . 0 29 0 Paid-in or capital surplus, or land, building, or equipment fund . . . . . 30 30 0 31 Retained earnings, endowment, accumulated income, or other funds . . . 31 32 12.907.473 9,609,894 32 Total liabilities and net assets/fund balances . 12.581.647 33 13,366,795

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WEDONTWASTE INC 27-0585966 Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI... 1 24,530,271 2 21,343,573 2 3 3 3,186,698 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . 4 9,609,894 5 5 110,881 6 6 7 7 Investment expenses . . . . . . 8 8 9 Other changes in net assets or fund balances (explain on Schedule O). . . . 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 12,907,473 **Part XII Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII. Yes Nο Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . Χ 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis 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 Both consolidated and separate basis Consolidated basis 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. 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?. 

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

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