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

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. OMB No. 1545-0047

AF	or the 2	2022 calendar year, or tax year beginning JUL 1, 2022 and	ending JU	JN 30, 2023				
B c a	heck if pplicable:	C Name of organization		D Employer ider	ntificatior	n number		
	Address change							
	Name change	Doing business as DUMB FRIENDS LEAGUE	84-04052	54				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone nun	nber				
	Final return/	2080 S QUEBEC STREET		(303) 751-	-5772			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	36,482,88			
	Amende	DENVER, CO 80231		H(a) Is this a grou	p return			
	Applica- tion pending	F Name and address of principal officer: APRYL STEELE		for subordina	ates?	. Ves X No		
		2080 S. QUEBEC STREET, DENVER, CO 80231		H(b) Are all subordinat	tes included'	? Yes No		
		npt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) c	or 527	,		See instructions		
	Vebsite			H(c) Group exem				
		rganization: X Corporation Trust Association Other	L Year of	of formation: 1910	M State	e of legal domicile: CO		
Pa		Summary						
ø		riefly describe the organization's mission or most significant activities:		R COMPASSIONAT	'E			
anc	-	DMMUNITY, WE WILL END PET HOMELESSNESS AND ANIMAL SUFFERING						
Governance		heck this box if the organization discontinued its operations or dispos		1	1	20		
Š					3	20		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		umber of independent voting members of the governing body (Part VI, line 1b)		<u>4</u> 5	426			
Activities &		otal number of individuals employed in calendar year 2022 (Part V, line 2a)		<u>5</u> 6	1442			
ti		otal number of volunteers (estimate if necessary)		0 7a	0.			
Ac		otal unrelated business revenue from Part VIII, column (C), line 12	7a 7b	0.				
		et unrelated business taxable income from Form 990-1, Part I, line 11		Current Year				
	<b>8</b> C	ontributions and grants (Part VIII, line 1h)	Prior Year 21,013,05	8.	19,209,657.			
Revenue			contributions and grants (Part VIII, line 1h)       21,013,         rogram service revenue (Part VIII, line 2g)       4,227,         vestment income (Part VIII, column (A), lines 3, 4, and 7d)       2,503,					
sver								
ž		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		481,85	4.	-51,110.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	1	32,14	5.	28,276.		
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	<b>15</b> S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		18,667,40	9.	21,199,488.		
nse	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)		230,93	1.	129,180.		
Expenses								
ш	<b>17</b> 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,599,18	5.	11,528,524.			
	<b>18</b> To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,529,67	0.	32,885,468.		
		evenue less expenses. Subtract line 18 from line 12		-2,303,03	4.	-7,831,468.		
s or			Beg	ginning of Current Ye		End of Year		
Assets	<b>20</b> To	otal assets (Part X, line 16)		128,872,84		128,064,580. 7,215,944.		
t As								
ER.		et assets or fund balances. Subtract line 21 from line 20		122,693,07	22,693,071. 120,848,636			
		Signature Block						
Ind	or nonalti	as at parwing I dealars that I have avamined this rature, including accompanying achadulas	and atotoma	nto and to the heat o	tmullinow	lodgo ond boliof it io		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of offi	icer			Date					
Here	APRYL STEELE, PRESIDENT & CEO									
	Type or print name and title									
	Print/Type prepa	arer's name	Date	Check	PTIN					
Paid	DORI J. EGG	ETT	DORI J. EGGETT	10/16/23	if self-employed	P00645252				
Preparer	Firm's name	PLANTE & MORAN, PLLC			Firm's EIN 3	8-1357951				
Use Only	Firm's address	8181 E TUFTS AVE, SUITE 6	00							
	DENVER, CO 80237 Phone no. 303-740-9400									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									

	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: WORKING WITH OUR COMPASSIONATE COMMUNITY, WE WILL END PET HOMELESSNESS		
	AND ANIMAL SUFFERING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L_	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as means Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t		
	revenue, if any, for each program service reported.		65, and
4a	(Code:) (Expenses \$14,957,547. including grants of \$28,276. ) (Revenue \$		2,445,648.
	COMPANION ANIMAL SHELTER SERVICES		
	THE LEAGUE PROVIDES COMPASSIONATE CARE THROUGH COMPREHENSIVE, DIRECT		
	SERVICES FOR PETS AND HORSES IN COLORADO THAT ARE VULNERABLE TO		
	HOMELESSNESS, SUFFERING, AND ABUSE.		
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$5,394,363. including grants of \$0. ) (Revenue \$		2 206 012.
	COMMUNITY VETERINARY SERVICES		, ,
	IN JANUARY 2022, THE LEAGUE OPENED THE DUMB FRIENDS LEAGUE VETERINARY		
	HOSPITAL AT CSU SPUR. THIS VETERINARY HOSPITAL PROVIDES URGENT CARE		
	HOSPITAL AT CSU SPUR. THIS VETERINARY HOSPITAL PROVIDES URGENT CARE SERVICES FOR ILL OR INJURED PETS BELONGING TO FAMILIES WHO OTHERWISE		
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	HOSPITAL AT CSU SPUR. THIS VETERINARY HOSPITAL PROVIDES URGENT CARE SERVICES FOR ILL OR INJURED PETS BELONGING TO FAMILIES WHO OTHERWISE WOULD NOT HAVE ACCESS TO VETERINARY CARE BECAUSE OF INCOME, LANGUAGE, AND OTHER BARRIERS. THE HOSPITAL'S FEES ARE HIGHLY SUBSIDIZED BY DONOR SUPPORT. IF A FAMILY CAN OTHERWISE AFFORD TO PROVIDE CARE FOR THEIR PET, THEY ARE DIRECTED TO OBTAIN THAT CARE FROM ONE OF THE EXCELLENT VETERINARIANS IN OUR COMMUNITY. SEE SCHEDULE 0. (Code:)(Expenses \$4,727,874. including grants of \$0.) (Revenue \$ SHELTER VETERINARY SERVICES THE LEAGUE PROVIDES ALL NEEDED MEDICAL CARE TO THE ANIMALS IN OUR SHELTERS. BEFORE BEING READY FOR ADOPTION, OUR SKILLED TEAM EXAMINES, EVALUATES, VACCINATES, SPAYS/NEUTERS UNALTERED CATS AND DOGS, IMPLANTS MICROCHIPS, AND PERFORMS MANY OTHER LIFE SAVING SURGERIES. ALSO, THE LEAGUE OFFERS FREE TREATMENT TO ANIMALS FOR UP TO TWO WEEKS POST ADOPTION AND PARTNERS WITH VETERINARINS IN THE DENVER AREA THROUGH A CONNECT FOR CARE PROGRAM, WHICH SETS PETS UP TO RECEIVE THE VITAL ONGOING VETERINARY CARE THEY NEED TO BE HAPPY AND HEALTHY. SEE SCHEDULE 0. Other program services (Describe on Schedule O.)		
4d	HOSPITAL AT CSU SPUR. THIS VETERINARY HOSPITAL PROVIDES URGENT CARE SERVICES FOR ILL OR INJURED PETS BELONGING TO FAMILIES WHO OTHERWISE WOULD NOT HAVE ACCESS TO VETERINARY CARE BECAUSE OF INCOME, LANGUAGE, AND OTHER BARRIERS. THE HOSPITAL'S FEES ARE HIGHLY SUBSIDIZED BY DONOR SUPPORT. IF A FAMILY CAN OTHERWISE AFFORD TO PROVIDE CARE FOR THEIR PET, THEY ARE DIRECTED TO OBTAIN THAT CARE FROM ONE OF THE EXCELLENT VETERINARIANS IN OUR COMMUNITY. SEE SCHEDULE O. (Code:)(Expenses4,727,874. including grants of \$0.) (Revenue \$ SHELTER VETERINARY SERVICES THE LEAGUE PROVIDES ALL NEEDED MEDICAL CARE TO THE ANIMALS IN OUR SHELTERS. BEFORE BEING READY FOR ADOPTION, OUR SKILLED TEAM EXAMINES, EVALUATES, VACCINATES, SPAYS/NEUTERS UNALTERED CATS AND DOGS, IMPLANTS MICROCHIPS, AND PERFORMS MANY OTHER LIFE SAVING SURGERIES. ALSO, THE LEAGUE OFFERS FREE TREATMENT TO ANIMALS FOR UP TO TWO WEEKS POST ADOPTION AND PARTNERS WITH VETERINARIANS IN THE DENVER AREA THROUGH A CONNECT FOR CARE PROGRAM, WHICH SETS PETS UP TO RECEIVE THE VITAL ONGOING VETERINARY CARE THEY NEED TO BE HAPPY AND HEALTHY. SEE SCHEDULE 0. Other program services (Describe on Schedule O.) (Expenses \$248,559. including grants of \$) (Revenue \$ DETERMINE \$		235,914.
4d	HOSPITAL AT CSU SPUR. THIS VETERINARY HOSPITAL PROVIDES URGENT CARE SERVICES FOR ILL OR INJURED PETS BELONGING TO FAMILIES WHO OTHERWISE WOULD NOT HAVE ACCESS TO VETERINARY CARE BECAUSE OF INCOME, LANGUAGE, AND OTHER BARRIERS. THE HOSPITAL'S FEES ARE HIGHLY SUBSIDIZED BY DONOR SUPPORT. IF A FAMILY CAN OTHERWISE AFFORD TO PROVIDE CARE FOR THEIR PET, THEY ARE DIRECTED TO OBTAIN THAT CARE FROM ONE OF THE EXCELLENT VETERINARIANS IN OUR COMMUNITY. SEE SCHEDULE 0. (Code:)(Expenses \$4,727,874. including grants of \$0.) (Revenue \$ SHELTER VETERINARY SERVICES THE LEAGUE PROVIDES ALL NEEDED MEDICAL CARE TO THE ANIMALS IN OUR SHELTERS. BEFORE BEING READY FOR ADOPTION, OUR SKILLED TEAM EXAMINES, EVALUATES, VACCINATES, SPAYS/NEUTERS UNALTERED CATS AND DOGS, IMPLANTS MICROCHIPS, AND PERFORMS MANY OTHER LIFE SAVING SURGERIES. ALSO, THE LEAGUE OFFERS FREE TREATMENT TO ANIMALS FOR UP TO TWO WEEKS POST ADOPTION AND PARTNERS WITH VETERINARINS IN THE DENVER AREA THROUGH A CONNECT FOR CARE PROGRAM, WHICH SETS PETS UP TO RECEIVE THE VITAL ONGOING VETERINARY CARE THEY NEED TO BE HAPPY AND HEALTHY. SEE SCHEDULE 0. Other program services (Describe on Schedule O.)	57,271.)	

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Part IV Checklist of Required Schedules

DENVER DUMB FRIENDS LEAGUE

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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			1
	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	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
<b>ا</b> م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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 reported in	444	x	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
e 4	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	Ĺ
232003	12-13-22	Form	990	(2022)

232003 12-13-22

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Part IV Checklist of Required Schedules (continued) Ye<u>s</u> No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 Х Schedule J 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 Х 24a Schedule K. If "No," go to line 25a х b 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 С x 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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule I Part I 25b 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% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 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 ...... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "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 c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If x 28c "Yes," complete Schedule L, Part IV ..... х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation x contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 41 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? 10 Form 990 (2022) 232004 12-13-22

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	m 990 (2022) DENVER DUMB FRIENDS LEAGUE	84-040525	4	P	age 5			
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
				Yes	No			
2a	a 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	426						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х				
3a			3a		X			
b			3b					
4a								
	financial account in a foreign country (such as a bank account, securities account, or other financial accou	-	4a		x			
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			5a		x			
b			5b		x			
c			5c		<u> </u>			
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the org				<u> </u>			
u	any contributions that were not tax deductible as charitable contributions?		6a		x			
h	<ul> <li>If "Yes," did the organization include with every solicitation an express statement that such contributions c</li> </ul>		Ua		<u> </u>			
D		U I	6h					
-	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		-	v				
a			7a	X	├──			
b			7b	X	<u> </u>			
С								
	to file Form 8282?	1	7c		X			
d		-						
е		ct?	7e		X			
f			7f		<u>x</u>			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g		┝──			
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	he						
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
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	a Initiation fees and capital contributions included on Part VIII, line 12 10a	a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	<b>b</b>						
11	Section 501(c)(12) organizations. Enter:							
а	a Gross income from members or shareholders	a						
b								
	amounts due or received from them.)							
12a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	1?	12a					
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b								
	organization is licensed to issue qualified health plans							
с								
14a		~	14a		x			
	<ul> <li>If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> </ul>		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				<u> </u>			
	excess parachute payment(s) during the year?		15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.		15	1				
16		me?	16		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	ישחות (	16		<u> </u>			
47	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 activitie		47		1			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.		Farr	900	(2022)			
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Form	990 (2022) DENVER DUMB FRIENDS LEAGUE			405254		P	age 6		
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and	d for a "N	o" re	espon	ise		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.								
	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	1a		20					
	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		20					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other						
	officer, director, trustee, or key employee?		,		2		x		
3									
-					3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 99			······ —	4		x		
5	Did the organization become aware during the year of a significant diversion of the organization's asse			·····	5		x		
6	Did the organization have members or stockholders?				6		x		
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			····· ⊢					
74	more members of the governing body?			-	'a		x		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			····· ⊢'	a				
D					'b		x		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			····· ⊢'					
8			-			х			
a L	The governing body?				la In	X			
a o	Each committee with authority to act on behalf of the governing body?			·····   a	b	л			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				9		x		
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9		A		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)			V.			
40-						Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			<u> </u> "	0a				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha								
			- Cline - Ale - Com	······ —	0b	v			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form	m?	1a	X			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				-	v			
	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	2b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,							
	on Schedule O how this was done				2c	X			
13	Did the organization have a written whistleblower policy?			·····	3	X			
14	Did the organization have a written document retention and destruction policy?			_1	4	X			
15	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			1	5a	X	L		
b	Other officers or key employees of the organization			1	5b	X			
	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 arrangem	ent w	th a						
	taxable entity during the year?			10	6a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's						
	exempt status with respect to such arrangements?			10	6b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedNONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501	1(c)(3)s or	ıly) a	vailat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	cy, and fin	anc	ial			
	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 boo	ks and	l records						
	MARSHALL JEFFRESS - (303)-751-5772								
	2080 S. QUEBEC STREET, DENVER, CO 80231-3298								
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	6						. /		
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated						
	Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person		person is both an		n an	compensation	compensation	amount of
	week		officer and a director/trust		tee)	from	from related	other		
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	n stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) APRYL STEELE	40.00		-	0	-	1				
PRESIDENT & CEO		1		х				267,716.	0.	21,337.
(2) KATIE PARKER	40.00									
VP SHELTER OPERATIONS						x		170,360.	0.	18,092.
(3) MARSHALL JEFFRESS III	40.00									
VP FINANCE AND ADMINSTRATION/ASST. T				Х				167,097.	0.	13,351.
(4) REBECCA HOLMES	40.00									
VP PEOPLE AND STRATEGIC INITIATIVES						x		166,430.	0.	13,254.
(5) JODI BUCKMAN	40.00									
VP VETERINARY SERVICES						X		165,238.	0.	13,826.
(6) LAURIE PETERSON	40.00									
VP DEVELOPMENT, MARKETING AND EDUCAT						X		118,018.	0.	4,932.
(7) KRISTI ARELLANO	1.00									
SECRETARY		Х		Х				٥.	0.	0.
(8) CARLA BEAL	1.00									
ASST. SECRETARY		Х		Х				0.	0.	0.
(9) CINDY BRABANDER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) VICKI EPPARD, DVM	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JANICE KERCHEVILLE	1.00									
CHAIR		Х		Х				0.	0.	0.
(12) PAUL LATHAM	1.00									
DIRECTOR		Х						٥.	0.	0.
(13) MASHENKA LUNDBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ROB MORRILL	1.00									
DIRECTOR		Х						0.	0.	0.
(15) AMANDA PHILLIPS-DESAVERIO	1.00									
DIRECTOR		Х						٥.	0.	0.
(16) KATIE PHILPOTT SCHOELZEL	1.00									
DIRECTOR		Х						٥.	0.	0.
(17) STEVEN SOECHTIG	1.00									
DIRECTOR		Х						٥.	0.	0.
										Form 990 (2022)

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Form 990 (2022)

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Part VII       Section A. Officers, Directors, Trastees. Key Employees, and Highest Compensated Employees. Conditional        Conditional        Formation         Name and Nile       Average Name and Nile       Average New Note       Pastion Position       Pastion Postion       Pastion Position	Form 990 (2022) DENVER DUMB F	RIENDS LEA	GUE							84-04052	54	Р	age <b>8</b>
Name and title         Average week         Description to the compensation from interval accord.text in the underset is built in the constraint of the compensation from interval accord.text in the compensation from the c	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
Number         Pourt per list description of the component	Deathing							(E)		(F)			
Week (i) the ord of second team         Tom multiple (main and marked organization (W2/1099-MISC)         Tom multiple (main and marked organization (W2/109-MISC)         Tom multiple (W2/109-MISC)         Tom multiple (W2/109-MISC) <th< td=""><td>Name and title</td><td>e e</td><td></td><td>not c</td><td>heck</td><td>more</td><td>than c</td><td></td><td>· ·</td><td>•</td><td></td><td></td><td></td></th<>	Name and title	e e		not c	heck	more	than c		· ·	•			
Interview         Interview <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>· ·</td><td></td><td>a</td><td></td><td></td></t<>									· ·		a		
Incurs for organizations (18) MARGATX TRAMEEL         The method organizations (18) MARGATX TRAMEEL         The method organizations (18) MARGATX TRAMEEL         The method organizations (19) METO (10) METO													
(18) MARCAUX TRAMEELL       1,00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			lirect							•		•	
(18) MARCAUX TRAMEELL       1,00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.			e or (	stee			Isated			•			
(18) MARCAUX TRAMEELL       1,00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		organizations	truste	al tru		yee	im pei			,		•	
(18) MARCAUX TRAMEELL       1,00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		below	idual	ution	er	mplo	est cc oyee	er			orç	ganizati	ons
DIFECTOR       X       0.       0.       0.       0.         (19) EMILY WILLIAMS       1.00       X       X       0.       0.       0.         (19) EMILY WILLIAMS       1.00       X       X       0.       0.       0.       0.         (20) ANN HINKINS       1.00       X       X       0.       0.       0.       0.         (21) DAVID FOWELL       1.00       X       0.       0.       0.       0.       0.         (21) DAVID FOWELL       1.00       X       0.       0.       0.       0.       0.         (22) CHEIS HINDS       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0		line)	Indiv	Instit	Offic	Key e	High empl	Form					
119)       ENILY WILLIAMS       1.00       x       x       x       0.       0.       0.         VICE CRAIR       x       x       x       0.       0.       0.       0.         VICE CRAIR       x       x       x       0.       0.       0.       0.         TREADURER       x       x       0.       0.       0.       0.       0.         TREADURER       1.00       x       0.       0.       0.       0.       0.         C121 CHIS HINDS       1.00       x       0.       0.       0.       0.       0.         C121 CHIS HINDS       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0	(18) MARGAUX TRAMMELL	1.00											
VICE CHAIR       x       x       x       0.       0.       0.         (20) ANN HINKINS       1.00       x       0.       0.       0.       0.         (21) DAVID POWELL       1.00       x       0.       0.       0.       0.       0.         (21) DAVID POWELL       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>٥.</td><td>0</td><td></td><td></td><td>0.</td></t<>	DIRECTOR		Х						٥.	0			0.
(20) ANN HINKTNS       1,00       x       x       x       0       0       0         TREASTREAR       1,00       x       x       0       0       0       0         TREASTREAR       1,00       x       0       0       0       0       0         DTRECTOR       x       0       0       0       0       0       0       0         C21 CHRIT HINDS       1,00       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td>(19) EMILY WILLIAMS</td> <td>1.00</td> <td></td>	(19) EMILY WILLIAMS	1.00											
TREASURER       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x       x	VICE CHAIR		Х		Х				0.	0	·		0.
(11) DAVID POWELL       1.00       x       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(20) ANN HINKINS	1.00											
DERECTOR       X       0.       0.       0.       0.         (22) CRRIS HINDS       1.00       X       0.       0.       0.       0.         (23) SANAR KEYS       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         URECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td>TREASURER</td> <td></td> <td>X</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0</td> <td>•</td> <td></td> <td>0.</td>	TREASURER		X		Х				0.	0	•		0.
(22) CIRLIG HINDS       1,00       X       0.       0.       0.         DIRBCTOR       X       0.       0.       0.       0.         DIRBCTOR       X       0.       0.       0.       0.         DIRBCTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (24) TAMMERON TRUJILIO       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (25) KANTHERINE PAUL       1.00       X       0.       0.       0.       0.       0.         Total indumes to maintuation sheets to Part VII, Section A       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td>(21) DAVID POWELL</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(21) DAVID POWELL	1.00											
DERECTOR       Image: constraint of the second	DIRECTOR		X						0.	0	•		0.
(23) SARAH KEYS       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(22) CHRIS HINDS	1.00											
DIRECTOR       Image: Construction of the constructin of the construction of the construction of the const	DIRECTOR		Х						0.	0			0.
(24) TAMMERON TRUJILLO       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(23) SARAH KEYS	1.00											
DIRECTOR       x       0.       0.       0.       0.         (25) KATHERINE PAUL       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         1b Subtatal       1.054,859.       0.       84,792.       0.       0.       0.       0.       0.         2 Total rome continuation sheets to Part VII, Section A       1.054,859.       0.       84,792.       0.       84,792.         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J tor such individual       1       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual       3       X         5 Did any person listed on line 1a receive or accrue compensation from may unrelated organization and related organizations greater than \$150,000? if "Yes," complete Schedule J for such person       3       X         4 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 is tax year.       6       (C)         1 Complete this table for your five highest com			Х						0.	0	·		0.
(25) KATHERINE PAUL       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00											
DIRECTOR       X       0.       0.       0.       0.         1b       Subtotal       1.054,859.       0.       84,792.         c       Total from continuation sheets to Part VII, Section A       0.       0.       0.         1       Dumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       18         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization sits any former officer, director, trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         3       Did the organization is tary former officer, director, trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         4       For any individual 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       4       X         5       X       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of		1.00	х			<u> </u>			0.	0	·		0.
1b       Subtotal       1,054,859.       0.       84,792.         c       Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         d       Total (add lines 1b and 1c)       1,054,859.       0.       84,792.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       18         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       X         4       For any individual list on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? If *yes,* complete Schedule J for such individual       3       X         5       Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If *yes,* complete Schedule J for such individual       4       X         1       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 is tax year.       6)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Rep		1.00											
10       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td< td=""><td>DIRECTOR</td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0</td><td>· </td><td></td><td>0.</td></td<>	DIRECTOR		х						0.	0	·		0.
10       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>													
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d Total (add lines to and tc)       1,054,859       0.       84,792.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       18         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       X         4 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 individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any reportable compensation from the organization?       4       X         Section B. Independent Contractors       5       X         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1 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.       (C)         SUITE 815, DENVER, CO 80210       PROFESSIONAL SERVICES       566,514.         THE PURSUANT GROUP       DIRECT MARKETING       492,655.											-	04,	
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       18         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       X         4       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 individual       4       X         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       X         Section B. Independent Contractors       1       Compensation form the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Compensation form the organization? If "Yes," complete Schedule J for such person       5       X         Surgenzation. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       (C)         Image and business address       Description of services       Compensation         GREYSTONE TECHNOLOGY, 3801 E FLORIDA AVE       SoftWarkE SERVICES       566, 514.         DEPT 0519 PO BOX 120519, DALLAS, TX 75312       DIRECT M												8.4	-
18         3 Did the organization from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3 X         4 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 individual       4 X         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       4 X         5 Evetion B. Independent Contractors       5 X         1 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)       (B)       (C)         Name and business address       Description of services       Compensation         GREYSTONE TECHNOLOGY, 3801 E FLORIDA AVE       5       Compensation         Sutt 8 15, DENVER, Co 80210       FROFESSIONAL SERVICES       566, 514.         THE PURSUANT GROUP       Direct MARKETING       492, 655.         PROSERVEIT CORPORATION, 6700 CENTURY AVE,       UNIT 104, MISSISSAUGA, ONTARIO, CANADA       SOFTWARE SERVICES       261, 100.         TOLIN MECHANICAL SERVICES       P.O. BOX 732293, DALL									, ,		<u>•  </u>	⁰⁴ ,	192.
Somparization number of ficer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       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 individual       4       X         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 individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       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.       6       6       CO         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization       6       6       CO         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.       6       6       CO         1       Complete Schedule J for su		ot limited to th	ose	liste	a ac	ove	e) wn	o re	eceived more than \$100,	000 of reportable			18
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       X         4       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 individual       4       X         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       4       X         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       X         5       Section B. Independent Contractors       5       X         6       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.       (C)         6       Mame and business address       Description of services       Compensation         9       Suttre 815, DENVER, co 80210       PROFESSIONAL SERVICES       566, 514.         7       He PURSUANT GROUP       DIRECT MARKETING       492, 655.         9       PO BOX 120519, DALLAS,	compensation from the organization											Ves	
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       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 individual       4       X         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       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         5       Section B. Independent Contractors       5       X         1       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)       (B)       (C)         Suttre 815, DENVER, co 80210       PROFESSIONAL SERVICES       566,514.       566,514.         THE PURSUANT GROUP       DIRECT MARKETING       492,655.       760.         PROFESSIONAL SERVICES       261,100.       701.       60.       60.       60.         DEPT 0519 PO BOX 120519, DALLAS, TX 75312       DIRECT MARKETING       492,655.       70.       70.       70.       753.	2 Did the exception list on former officer	diverter truct				~ ~	~ ~ ~	hia	wheat componented amo			103	
<ul> <li>4 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? <i>If</i> "Yes," <i>complete Schedule J for such individual</i></li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i></li> <li>6 X</li> <li>Section B. Independent Contractors</li> <li>1 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.</li> <li>(A)</li> <li>(B)</li> <li>(C)</li> <li>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.</li> <li>(A)</li> <li>(B)</li> <li>(C)</li> <li>Compensation</li> <li>Greystone technology, 3801 E FLORIDA AVE</li> <li>Suitte 815, DENVER, co 80210</li> <li>PROFESSIONAL SERVICES</li> <li>566, 514.</li> <li>THE PURSUANT GROUP</li> <li>DEPT 0519 PO BOX 120519, DALLAS, TX 75312</li> <li>DIRECT MARKETING</li> <li>492, 655.</li> <li>PROSERVEIT CORPORATION, 6700 CENTURY AVE,</li> <li>UNIT 104, MISSISSAUGA, ONTARIO, CANADA</li> <li>SOFTWARE SERVICES</li> <li>261,100.</li> <li>TOLIN MECHANICAL SERVICES</li> <li>261,100.</li> <li>GENERATE IMPACT</li> <li>P.O. BOX 553, HARRISONBURG, VA 22802</li> <li>SOFTWARE SERVICES</li> <li>183,250.</li> <li>2 Total number of independent contractors (including but not limited to those listed above) who received more than</li> </ul>	<b>c</b>	-		•	•			Ŭ		•			v
and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual											3		
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       X         Section B. Independent Contractors         1       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)       (B)       (C)         Name and business address       Description of services       Compensation         GREYSTONE TECHNOLOGY, 3801 E FLORIDA AVE       B       (C)         SUITE 815, DENVER, C0 80210       PROFESSIONAL SERVICES       566,514.         THE PURSUANT GROUP       DIRECT MARKETING       492,655.         PROSERVEIT CORPORATION, 6700 CENTURY AVE,       UNIT 104, MISSISSAUGA, ONTARIO, CANADA       SOFTWARE SERVICES       261,100.         TOLIN MECHANICAL SERVICES       261,100.       SOFTWARE SERVICES       250,198.         GENERATE IMPACT       E       E       183,250.       2         P.O. BOX 553, HARRISONBURG, VA 22802       SOFTWARE SERVICES       183,250.       2         2       Total number of independent contractors (including but not limited to those listed above) who received more than       183,250.	-			-						-		v	
rendered to the organization? If "Yes," complete Schedule J for such person5XSection B. Independent Contractors1Complete 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)(C)(A)(B)(C)Name and business addressDescription of servicesCompensationGREYSTONE TECHNOLOGY, 3801 E FLORIDA AVESuiTE 815, DENVER, C0 80210PROFESSIONAL SERVICES566,514.THE PURSUANT GROUPDIRECT MARKETING492,655.PROSERVEIT CORPORATION, 6700 CENTURY AVE,UNIT 104, MISSISSAUGA, ONTARIO, CANADASOFTWARE SERVICES261,100.TOLIN MECHANICAL SERVICES250,198.GENERATE IMPACTDILDING SERVICES250,198.P.O. BOX 553, HARRISONBURG, VA 22802SOFTWARE SERVICES183,250.2Total number of independent contractors (including but not limited to those listed above) who received more than											4		
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DEPT 0519 PO BOX 120519, DALLAS, TX 75312DIRECT MARKETING492,655.PROSERVEIT CORPORATION, 6700 CENTURY AVE,	SUITE 815, DENVER, CO 80210 PROFESSIONAL SERVICES 566,514.								514.				
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2 Total number of independent contractors (including but not limited to those listed above) who received more than												100	050
	· · ·				1.4.	1L ·		_				т83,	250.
		0	JUIN	mec	1 10			req	above) who received mo				

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	990 () <b>t VII</b>			DUMB FRI U <b>UE</b>					84-040525	4 Pag
		Check if Schedule O			onse	or note to any line	e in this Part VIII			Г
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 -
ŝ	1 a	Federated campaigns		1a		36,440.				
nut		Membership dues				,				
e E		Fundraising events				1,099,803.				
ar A		Related organizations								
Ĩ		Government grants (contr								
5	f	All other contributions, gifts,	grant	ts, and						
and Other Similar Amounts		similar amounts not included	l abov	/e <b>1f</b>		18,073,414.				
D	g	Noncash contributions included in	lines 1	1a-1f <b>1g</b>	\$	659,317.				
an	h	Total. Add lines 1a-1f					19,209,657.			
						Business Code				
	2 a	SHELTER FEES		813312	4,330,220.	4,330,220.				
P	b	SHELTER SVCS & CLAS				813312	390,708.	390,708.		
/ent	C	GOVT FEES & CONTRAC				813312	193,881.	193,881.		
Kevenue	d	RENT FROM PRGRM SVC	.5			813312 813312	24,606.	24,606.		
]	•	RESTITUTION & CARE		2110		813312	5,433.	5,433.		
		All other program service					4,944,848.			
+	<u>y</u> 3	Total. Add lines 2a-2f Investment income (include				st and	1,511,010.			
	U		Ũ	-			997,818.			997,8
	4	other similar amounts) Income from investment of tax-exempt bond proceeds				,			,	
	5	Royalties			•	F	40,729.			40,7
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	) <u></u>							
	7 a	Gross amount from sales of		(i) Secur		(ii) Other				
		assets other than inventory	7a	10,790,	031.	104,956.				
	b	Less: cost or other basis								
		and sales expenses		10,864,						
		Gain or (loss)	7c			27,269.	45.012			45.0
		Net gain or (loss)			······		-47,213.			-47,2
	8 a	Gross income from fundraisi								
'		including \$ <u>1</u> , contributions reported on								
		Part IV, line 18		,	8a	100,707.				
	b	Less: direct expenses								
		Net income or (loss) from				,	-323,341.			-323,3
		Gross income from gamin								
		Part IV, line 19	-		9a					
	b	Less: direct expenses								
	с	Net income or (loss) from	gam	ing activitie	es					
	10 a	Gross sales of inventory,								
		and allowances								
		Less: cost of goods sold				62,636.				
+	С	Net income or (loss) from	sales	s of invento	ory		78,962.	78,962.		
		MIGGELL MEANS DECOR	3.160			Business Code	150 540			150 5
Revenue		MISCELLANEOUS PROGR	AMS			900099	152,540.			152,5
ven	b									
é	с с	All other revenue								
		All other revenue				L	152,540.			
1		Total. Add lines 11a-11d					25,054,000.	5,023,810.	0.	820,5
	12	Total revenue. See instructio	0115				,001,000,	1 2,023,010.		Form <b>990</b> (2

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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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	his Part IX (B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations			general expenses	enpencee
and domestic governments. See Part IV, line 21	28,276.	28,276.		
2 Grants and other assistance to domestic	,	,		
individuals. See Part IV, line 22				
<b>3</b> 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	445,748.	220,763.	177,234.	47,751
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	17,688,890.	15,025,443.	1,302,065.	1,361,382
8 Pension plan accruals and contributions (include	, ,	, ,	, ,	, ,
section 401(k) and 403(b) employer contributions)	493,338.	409,304.	34,904.	49,130
9 Other employee benefits	1,472,504.	1,287,636.	51,211.	133,657
10 Payroll taxes	1,099,008.	927,114.	70,061.	101,833
11 Fees for services (nonemployees):		,		
a Management				
	24,419.	12,503.	10,643.	1,273
b Legalc Accounting	69,678.		69,678.	
d Lobbying	44,993.	44,993.		
e Professional fundraising services. See Part IV, line 17	129,180.	,		129,180
f Investment management fees	252,083.		252,083.	,
g Other. (If line 11g amount exceeds 10% of line 25,	202,000.			
column (A), amount, list line 11g expenses on Sch 0.)	1,157,201.	887,084.	221,394.	48,723
	727,635.	108,042.	24,121.	595,472
12 Advertising and promotion	449,242.	218,432.	17,837.	212,973
13 Office expenses	881,139.	637,498.	74,459.	169,182
14 Information technology			, 1, 100.	105,102
15 Royalties	1,800,623.	1,780,390.	12,035.	8,198
16 Occupancy	206,109.	200,791.	5,261.	57
<ul> <li>17 Travel</li> <li>18 Payments of travel or entertainment expenses</li> </ul>	200,203.			57
for any federal, state, or local public officials <b>19</b> Conferences, conventions, and meetings	121,944.	107,667.	8,092.	6,185
	104,756.	107,007.	104,756.	0,100
– – – – – – – – – – – – – – – – – – –	104,750.		104,750.	
21 Payments to affiliates	2,296,497.	2,236,348.	27,067.	33,082
<ul><li>22 Depreciation, depletion, and amortization</li><li>23 Insurance</li></ul>	2,230,497.	174,025.	56,333.	7,681
	230,035.	174,023.		7,001
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 0.)	1,215,875.	1,215,875.		
	1,210,052.	1,210,052.		
	421,794.	419,455.		2,339
d ANIMAL IDENTIFICATION	99,473.	99,473.		2,339
~	206,972.	77,179.	21,762.	108,031
e All other expenses	32,885,468.	27,328,343.	2,540,996.	3,016,129
25 Total functional expenses. Add lines 1 through 24e	52,003,400.	21,320,343.	2,540,330.	3,010,129
<b>26 Joint costs.</b> 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)				
Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

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Part	. ^	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	<b>(A)</b> Beginning of year		
	1	Cash - non-interest-bearing			1,819,676.	1	1,437,867
	2	0			134,942.	2	237,681
		Savings and temporary cash investments		1,540,102.	2	995,275	
	3	Pledges and grants receivable, net			575,544.	4	620,433
	4	Accounts receivable, net			375,511.	4	020,43
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub		-			
	~	controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	•	tion (058(o)(2)(D))		6	
	7	under section 4958(f)(1)), and persons describ				6	
ets	7	Notes and loans receivable, net	20,987.	7	16,774		
Assets	8	Inventories for sale or use			152,034.	8	150,390
	9				152,034.	9	150,550
	10a	Land, buildings, and equipment: cost or other		67 053 871			
		basis. Complete Part VI of Schedule D			56 220 217	10	F1 257 261
		Less: accumulated depreciation		15,796,609.	56,230,317.	10c	51,257,262
	11	Investments - publicly traded securities			37,687,974.	11	23,852,401
	12	Investments - other securities. See Part IV, line	25,651,796.	12	38,787,600		
	13	Investments - program-related. See Part IV, lin	20.0 0.07	13	200.007		
	14	Intangible assets		208,997.	14	208,995	
	15	Other assets. See Part IV, line 11			4,850,473.	15	10,499,898
	16	Total assets. Add lines 1 through 15 (must ed	128,872,842.	16	128,064,580		
	17	Accounts payable and accrued expenses	2,381,810.	17	2,065,365		
	18	Grants payable	110.005	18	00.50		
	19	Deferred revenue			112,825.	19	80,739
	20	Tax-exempt bond liabilities		······  -		20	
:	21	Escrow or custodial account liability. Complet				21	
es l	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
lab		controlled entity or family member of any of th	ese pers	ons		22	
-   :	23	Secured mortgages and notes payable to unre			3,685,136.	23	2,990,624
1	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
1	25	Other liabilities (including federal income tax, p	bayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D	0.	25	2,079,214		
:	26	Total liabilities. Add lines 17 through 25			6,179,771.	26	7,215,944
		Organizations that follow FASB ASC 958, cl	neck her	e X			
Ces		and complete lines 27, 28, 32, and 33.					
ă la	27	Net assets without donor restrictions		117,568,222.	27	115,099,804	
Ba	28	Net assets with donor restrictions	5,124,849.	28	5,748,832		
pu		Organizations that do not follow FASB ASC					
2		and complete lines 29 through 33.					
<u>،</u>   ق	29	Capital stock or trust principal, or current func	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As   :	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			122,693,071.	32	120,848,636
	33	Total liabilities and net assets/fund balances			128,872,842.	33	128,064,580

Form 990 (2022)

232011 12-13-22

Form	990 (2022) DENVER DUMB FRIENDS LEAGUE	84-040525	54	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,	,054,	000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,	,885,	468.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,	,831,	468.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	122,	,693,	071.
5	Net unrealized gains (losses) on investments	5	5,	,725,	551.
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		261,	482.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	120,	,848,	636.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	-			
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. 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

## -

Nam	eort		DIMP EDTENDO I	EACHE							
Pa	rt I	Reason for Public (	DUMB FRIENDS L		omplete th	nis nart ) S	ee instruction		84-0405254		
								5.			
	Sigan	zation is not a private found									
1 2		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).)									
2											
3 4											
4	city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in		
Ŭ		section 170(b)(1)(A)(iv). (C		loge of anifoldity enfor	or operation	ou by u go					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)				
	X	An organization that norma	0					e general r	oublic described in		
-		section 170(b)(1)(A)(vi). (C	-		on a gore			general			
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in conju	inction with a	land-grant	college		
		or university or a non-land-g				-		-	-		
		university:					-	-			
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membershi	p fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	support fi	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sat	fety.See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to car	ry out the	purposes of one or		
		more publicly supported or	-						Check the box on		
	_	lines 12a through 12d that	• •		-			-			
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-					
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting		
	_	organization. You must o	-					· ( - )			
b		<b>Type II.</b> A supporting org	-				•		-		
		control or management o organization(s). <b>You mus</b>			ame persoi	ns that co	ntroi or manag	je trie supp	Joned		
с		<b>Type III functionally inte</b>			in connect	ion with	and functional	vintegrate	d with		
U	L	its supported organization						y integrate	a with,		
d		Type III non-functionally		-				ted organiz	ration(s)		
		that is not functionally int						-			
		requirement (see instructi			•		-				
е		Check this box if the orga	-					I, Type III			
		functionally integrated, or									
f	Ente	r the number of supported c	organizations								
g		ride the following information									
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Tota	I										
	_										

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	20,070,117.	17,237,643.	16,336,010.	21,013,058.	19,209,657.	93,866,485.
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			4.6. 00.6. 04.0	04 040 050	10.000.000	00.000.005
	Total. Add lines 1 through 3	20,070,117.	17,237,643.	16,336,010.	21,013,058.	19,209,657.	93,866,485.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,430,298.
6	Public support. Subtract line 5 from line 4.						88,436,187.
	ction B. Total Support						00,400,107.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	20,070,117.	17,237,643.	16,336,010.	21,013,058.	19,209,657.	93,866,485.
	Gross income from interest,				,,		, , , , .
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,086,868.	980,681.	623,399.	944,209.	1,038,547.	4,673,704.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	207,014.	193,791.	77,901.	122,540.		601,246.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	51,676.	44,331.	47,966.	236,686.	152,540.	533,199.
11	Total support. Add lines 7 through 10						99,674,634.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	19,439,527.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•			14	88.72 %
	Public support percentage from 2021					15	76.19 %
16a	a 33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2021.</b> If the c						
47	and <b>stop here.</b> The organization qual		•				
1/8	10% -facts-and-circumstances test	e e					-
	and if the organization meets the fact			•		•	
F	meets the facts-and-circumstances te	-		• • • •	-	7a and line 15 is 1	
C	10% -facts-and-circumstances test more and if the organization meets the	-					1070 01
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization				•••••		
				.,,,			(Form 990) 2022

232022 12-09-22

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

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

Section A. Public Support						
Calendar 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 512						
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>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
<b>15</b> Public support percentage for 2022			column (f))		15	%
16 Public support percentage from 202 Section D. Computation of Inve					16	%
17 Investment income percentage for 2	022 (line 10c, colui	mn (f), divided by	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	e organization did r				33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the	e organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
line 18 is not more than 33 1/3%, cho						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
232023 12-09-22					Sched	lule A (Form 990) 2022
		15	5			

1

2

3a

Yes No

## 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.)

232024 12-09-22

3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

16

Part IV	Supporting Organiz	ations (	contin	ued)
Schedule A	(Form 990) 2022	DENVER	DUMB	FRI
		Schedule A (Form 990) 2022 Part IV Supporting Organiz		Schedule A (Form 990) 2022         DENVER         DUMB           Part IV         Supporting Organizations (continue)

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> Yes No

Yes No

2

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?	11a
b	A family member of a person described on line 11a above?	11b
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	
	detail in Part VI.	11c

## Section B. Type I Supporting Organizations

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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
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,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			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			
	the supported organization(s)	1		

## Section 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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 Part VI the role the organization's			
	supported organizations played in this regard	3		

## Section E. Type III Functionally Integrated Supporting Organizations

e instruction	the vear	Test durina th	Integral Part Te	v the li	to satist	zation used	the organ	method that	xt to the	k the box nex	1 Che
e 11151	the year v	i est auring th	integrai Part Te	y the li	to satisi	zation usec	the organ	method that	χτ το τηθ	k the box nex	• Cne

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

<b>c</b> [		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
------------	--	---------------------------------------------------	------------------------------------------------------------------------------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.

a 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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

10181016 147228 115661

Sche	dule A (Form 990) 2022 DENVER DUMB FRIENDS LEAGUE			84-0405254	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations		6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain i	n Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting or	ganization (see	

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

	mi	

Schedule A (Form 990) 2022

Secti	ection D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	3				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which th	e 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		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	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

DENVER DUMB FRIENDS LEAGUE

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

Schedule A (Form 990) 2022

84-0405254

Page 7

Schedule A	(Form 990) 2022 DENVER DUMB FRIENDS LEAGUE	84-0405254	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
	(See instructions.)		
232028 12-09-2	2 20	Schedule A (Form	990) 2022

#### ** PUBLIC DISCLOSURE COPY **

## Schedule of Contributors

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

# 2022

Employer identification number

84-0405254

Department of the Treasury
Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

DENVER DUMB	FRIENDS	LEAGUE
-------------	---------	--------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( ³ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)	I_	Page <b>2</b>
Name of o	rganization	Emp	oyer identification number
DENVER D	UMB FRIENDS LEAGUE		84-0405254
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,757,276.	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
2		\$1,233,063.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
3	Name, address, and ZIP + 4	\$700,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$503,904.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$435,484.	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
6		\$401,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

10181016 147228 115661

Schedule E	3 (Form 990) (2022)		Page <b>3</b>
Name of or	ganization		Employer identification number
DENVER D	UMB FRIENDS LEAGUE		84-0405254
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page <b>4</b>
Name of o	organization		Employer identification number
DENVER I	DUMB FRIENDS LEAGUE		84-0405254
Part III	Exclusively religious, charitable, etc., contributi		ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	) through <b>(e) and</b> the following line entry charitable, etc., contributions of <b>\$1,000 or le</b> s	. For organizations ss for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	I
	Transferee's name, address, a	nd ZIP + 4	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, a	nd 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, a		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, a		Relationship of transferor to transferee

Schedule B (Form 990) (2022)

SCHEDULE C	Pc	litical Campaign a	and Lobbying	g Activities	L	OMB No. 1545-0047
(Form 990)			-	-		2022
	-	anizations Exempt From Income if the organization is described			-	
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for in			<b>Z</b> .	Open to Public Inspection
		Form 990, Part IV, line 3, or For			n Activiti	
-		plete Parts I-A and B. Do not corr			Activit	
		1(c)(3)) organizations: Complete F	•	Do not complete Part I-E	3.	
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	Part I-A only.				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activiti	es), then	
	•	nave filed Form 5768 (election und	( )/	•	•	
		nave NOT filed Form 5768 (electio				-
If the organization ans Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	istructions) or Form 99	0-EZ, Pa	rt V, line 35c (Proxy
		ions: Complete Part III.				
Name of organization	, or (o) organizat			En	nployer id	dentification number
		B FRIENDS LEAGUE				4-0405254
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 (	organiz	ation.
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities in	Part IV.		
2 Political campaign	, ,				\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the ora	anization is exempt unde	r section $501(c)(3$			
		incurred by the organization unde		-	¢	
		incurred by organization manager			\$	
		n 4955 tax, did it file Form 4720 fo				Yes No
					_	Yes No
b If "Yes," describe ir	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c), e	except section 501	(c)(3).	
1 Enter the amount d	irectly expended	by the filing organization for sect	ion 527 exempt function	on activities	\$	
		ization's funds contributed to othe	-			
exempt function ac					\$	
-	-	. Add lines 1 and 2. Enter here an			¢	
		<b>1120-POL</b> for this year?			»Г	Yes No
00		ployer identification number (EIN)		tical organizations to wh		
		tion listed, enter the amount paid		-		
		omptly and directly delivered to a				
political action com	mittee (PAC). If a	additional space is needed, provid	le information in Part IV	<i>J</i> .		
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's	contr	Amount of political ibutions received and
				funds. If none, enter -(	del po	omptly and directly ivered to a separate blitical organization. If none, enter -0
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 99	0 or 990-EZ.	1	Schedu	ıle C (Form 990) 2022

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	DENVER DUMB FRIE				105254 Page <b>2</b>
Part II-A Complete if the org	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
	-		Part IV each affiliated g	group member's name	, address, EIN,
	e of excess lobbying e	, ,			
<b>B</b> Check if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.	() =:::	
	ts on Lobbying Expenditures" means amou	nditures Ints paid or incurred.)		(a) Filing organization's	(b) Affiliated group totals
				totals	
<b>1a</b> Total lobbying expenditures to influ	ience public opinion (	grassroots lobbying)		40,732.	
<b>b</b> Total lobbying expenditures to influ				4,261.	
c Total lobbying expenditures (add lii				44,993.	
d Other exempt purpose expenditure				29,572,150.	
e Total exempt purpose expenditure				29,617,143.	
f Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable amo	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exce			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
				250,000	
g Grassroots nontaxable amount (en	,			250,000.	
h Subtract line 1g from line 1a. If zero	, , , ,		•••••••••••••••••••••••••••••••••••••••	0.	
i Subtract line 1f from line 1c. If zero			-	0.	
j If there is an amount other than zer reporting section 4911 tax for this				Г	Yes No
		eraging Period Under	Section 501(h)	L	
(Some organizations the				f the five columns be	low.
		ate instructions for lin	•		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d</b> ) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	61,471.	41,147.	39,250.	44,993.	186,861.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	5,956.	20,970.	37,659.	40,732.	105,317.

Schedule C (Form 990) 2022

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# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(1	<b>)</b>
	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	tion	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3 is
	answered "Yes."		by r art i	n A, inic	0,13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	. lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

	HEDULE D n 990)		al Financial Statements nization answered "Yes" on Form 990,	5		OMB No. 1545-0047
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2b.		Open to Public
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest informa	ation.		Inspection
Nam	e of the organizati				Emp	loyer identification number
Da	t I Organiz	DENVER DUMB FRIENDS LEAGUE	d Eundo or Othor Similar Eundo	or Aor		84-0405254
Pa		n answered "Yes" on Form 990, Part IV, lin		OF ACC	coun	IS. Complete if the
	0.9424.0		(a) Donor advised funds	(b	) Fun	ds and other accounts
1	Total number at er	nd of year			,	
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	6	
		on's property, subject to the organization's				Yes No
6		on inform all grantees, donors, and donor a				
		ooses and not for the benefit of the donor o			•	
Pa		ate benefit? ation Easements. Complete if the org				Yes No
1		servation easements held by the organization		Part IV, I	ine 7.	
•		of land for public use (for example, recrea		f a histor	ically	mportant land area
		of natural habitat	Preservation of			•
		n of open space				
2		through 2d if the organization held a qualif	ied conservation contribution in the form	of a cons	servat	ion easement on the last
	day of the tax year	r.				Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements		L	2b	
С	Number of conser	vation easements on a certified historic stru	ucture included in (a)		2c	
d		vation easements included in (c) acquired a	•			
-		isted in the National Register			2d	
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiza	ation	during the tax
4	year	where property subject to concernation and	amont is located			
4 5		where property subject to conservation eas tion have a written policy regarding the per				
J	•	forcement of the conservation easements it				Yes No
6		r hours devoted to monitoring, inspecting,				
		с, т с,				5 ,
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion ease	ement	s during the year
8		vation easement reported on line 2(d) abov				
		)(4)(B)(ii)?				
9		be how the organization reports conservation				
		d include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that	desc	ribes the
Pa		ounting for conservation easements. ations Maintaining Collections of	Art. Historical Treasures. or Ot	her Sir	milar	Assets.
		f the organization answered "Yes" on Form				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balar	nce sh	eet works
	0	easures, or other similar assets held for pub	· ·			
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	balance s	sheet	works of
		sures, or other similar assets held for public	exhibition, education, or research in furth	nerance o	of pub	lic service,
		ing amounts relating to these items:				
		ded on Form 990, Part VIII, line 1				§
-						<u> </u>
2		received or held works of art, historical trea		I gain, pr	rovide	
-		unts required to be reported under FASB A				
a h	Assets included in				0	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 DENVER DUM	B FRIENDS LEAGUE	1			84 - 040	5254	Pag	ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	ollowing that make	e significant u	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	kempt purpo	se in Part 3	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simi	lar assets		_		
	to be sold to raise funds rather than to be ma						Yes		No
Par	TIV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes"	on Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
							Amount		
с	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						1.4		
	Did the organization include an amount on F					L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years back		ears hack	(e) Four	vears h	ack
1a	Beginning of year balance	175,694.	176,541.	184,997		75,263.		172,0	
b	Contributions		,		-			/ _	
c c	Net investment earnings, gains, and losses	585.				13,162.		10,8	14.
d	Grants or scholarships					, -		,	
	Other expenditures for facilities								
	and programs		847.	8,456		3,428.		7,5	76.
f	Administrative expenses								
g	End of year balance	176,279.	175,694.	176,541	. 1	84,997.		175,2	63.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	) held as:					
а	Board designated or quasi-endowment	2.6450	_%						
b	Permanent endowment 2.1120	%							
с	Term endowment 95.2430	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the		-		
	organization by:								No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Par	Describe in Part XIII the intended uses of the         t VI       Land, Buildings, and Equipment	ient.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of basis (investm			Accumulated	ed	(d) Bool	value	
1a	Land			,704,896.			4,	704,8	96.
	Buildings		56	,311,588.	11,153,	050.	45,	158,5	38.
	Leasehold improvements								
d	Equipment			929,058.	793,			135,6	30.
	Other			,108,329.	3,850,	131.		258,1	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	X. column (B), line 1	0c.)				257,2	
						Schedule	D (Form	990) 2	2022

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGED EQUITIES	14,040,839.	END-OF-YEAR MARKET VALUE
(B) INTERNATIONAL EQUITIES	12,661,644.	END-OF-YEAR MARKET VALUE
(C) ABSOLUTE RETURN	12,085,117.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	38,787,600.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>otal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN CHARITABLE TRUSTS	4,786,922.
(2) ASSETS HELD UNDER DEFERRED COMPENSATION AGREEMENT	334,784.
(3) ASSETS HELD FOR SALE	3,299,091.
(4) RIGHT OF USE OPERATING LEASES	2,079,101.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	10,499,898.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	2,079,214.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,079,214.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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Sch	edule D (Form 990) 2022 DENVER DUMB FRIENDS LEAGUE			84-0405254	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1				1	30,882,512.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	• • • •		5,725,551.		
b			30,663.		
С	1		204 110		
d			324,118.		6 000 222
е	•			2e	<u>6,080,332.</u>
3	Subtract line 2e from line 1			3	24,802,180.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	051 000		
а			251,820.	-	
b	· · · · · · · · · · · · · · · · · · ·	4b			0.54 0.00
С				4c	251,820.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	monto \A/ith			25,054,000.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		Expenses per F	keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				20 806 048
1	Total expenses and losses per audited financial statements			1	32,726,947.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		20.662		
а			30,663.		
b	, , , ,				
С	Other losses				
d	, , , , , , , , , , , , , , , , , , , ,	2d	62,636.		
е	•			2e	93,299.
3	Subtract line <b>2e</b> from line <b>1</b>			3	32,633,648.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а			251,820.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	251,820.
5				5	32,885,468.
Pa	rt XIII Supplemental Information.				
Pro∖	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	and 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	dditional inform	ation.		
PAR	Γ V, LINE 4:				
TO	FURTHER ALL OF THE CHARITABLE PURPOSES OF THE DENVER DUMB FRI	ENDS			
LEA	GUE INCLUDING, WITHOUT LIMITATION, PROMOTING ANIMAL WELFARE E	BY			
PRO	/IDING SHELTER AND CARE TO ANIMALS, BY PROVIDING PROGRAMS AND	) SERVICES			
THA	F ENHANCE THE BOND BETWEEN ANIMALS AND PEOPLE AND BY ADVOCATI	ING ANIMAL			
WEL	FARE.				
PAR	F XI, LINE 2D - OTHER ADJUSTMENTS:				

COST OF SALES INVENTORY	62,636.
CHANGE IN VALUE OF TRUST	261,482.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	324,118.

Schedule D (Form 990) 2022         DENVER DUMB FRIENDS LEAGUE           Part XIII         Supplemental Information (continued)	84-0405254 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF SALES INVENTORY 62,636.	
	Schedule D (Form 990) 2022

(I

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Department of the Treasury Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	nformation.		n to Public ection
Name of the organization					Employer identi	fication number
DENVER DUMB FRIENDS LE	AGUE				84-0405254	
		ctivities Out	side the United States. Comple	te if the organ		Yes" on
 Form 990, Part IV						
-	-		ds to substantiate the amount of its gran he selection criteria used to award the g			Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
			an be duplicated if additional space is ne			(0) Tabal
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	INVESTMENTS			27,964,100.
EUROPE	0	0	INVESTMENTS			3,361,150.
3 a Subtotal	0	0				31,325,250.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				31,325,250.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

**Open to Public** 

232071 10-17-22

SCHEDULE F (Form 990)

Schedule F (Form 990) 2022

#### Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t			ـــــــــــــــــــــــــــــــــــــ	1	1
			or counsel has provided a sect			<b>&gt;</b>		

Schedule F (Form 990) 2022

#### DENVER DUMB FRIENDS LEAGUE Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

35

Schedule F (Form 990) 2022

84-0405254

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may</i> be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
232075 10-17-2	
01010	37 47228 115661 2022.04030 DENVER DIMB FRIENDS LEAGU 11566

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2022					
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instruc	ctions	and t	he latest information	ı. <u> </u>	<b>F</b> aran Jawa an Jal	Inspection
		B FRIENDS LEAGUE					84-04052	entification number 54
	complete this par	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not
<ol> <li>Indicate whether th</li> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solici</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	sed funds through any of the followin e X Solicita f Solicita g X Special or oral agreement with any individual vart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal f	overnment grants nment grants events fficers, directors, trust undraising services?	-	X Ye	
(i) Name and addres or entity (func		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
PURSUANT GROUP - 1			Yes	No			100 100	0.5.4.004
PKWY STE 100, DALL	AS, TX	DIRECT MAIL SERVICES		X	1,094,001.		129,180.	. 964,821.
					1,094,001.		129,180	
<ol> <li>List all states in whi or licensing.</li> </ol>	ch the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration
со								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

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
		FURRY SCURRY	LULUPAWLOOZA	1	(add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts	660,077.	413,744.	126,689.	1,200,510.
	Less: Contributions	642,240.	330,874.	126,689.	1,099,803.
3	Gross income (line 1 minus line 2)	17,837.	82,870.		100,707.
4	Cash prizes				
5	Noncash prizes	80,634.	5,293.		85,927.
6	Rent/facility costs	3,772.	26.		3,798.
7	Food and beverages	4,856.	55,276.		60,132.
8	Entertainment				
9	Other direct expenses	80,023.	194,168.		274,191.
10	Direct expense summary. Add lines 4 through	n 9 in column (d)			424,048.
					-323,341.
irt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
	. , <u> </u>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
	3 4 5 6 7 8 9 10 11	<ul> <li>2 Less: Contributions</li> <li>3 Gross income (line 1 minus line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from line the organization \$15,000 on Form 990-EZ, line 6a.</li> </ul>	I       Gross receipts       660,077.         2       Less: Contributions       642,240.         3       Gross income (line 1 minus line 2)       17,837.         4       Cash prizes       80,634.         5       Noncash prizes       80,634.         6       Rent/facility costs       3,772.         7       Food and beverages       4,856.         8       Entertainment       80,023.         9       Other direct expenses       80,023.         10       Direct expense summary. Add lines 4 through 9 in column (d)       11         11       Net income summary. Subtract line 10 from line 3, column (d)       11         11       Net income summary. Subtract line 6a.       (a) Bingo	1       Gross receipts       FURRY       LULUPAWLOOZA         (event type)       (event type)         1       Gross receipts       660,077.         2       Less: Contributions       642,240.         3       Gross income (line 1 minus line 2)       17,837.         4       Cash prizes       1         5       Noncash prizes       80,634.         6       Rent/facility costs       3,772.         2       660,023.       194,168.         10       Direct expenses       80,023.       194,168.         10       Direct expenses summary. Add lines 4 through 9 in column (d)       1       1         11       Net income summary. Subtract line 10 from line 3, column (d)       1       1         11       Net income summary. Subtract line 10 from line 3, column (d)       1       1         11       Net income summary. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or r       \$15,000 on Form 990-EZ, line 6a.	Image: Construction of the second

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?	
-		

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)

Cash prizes

Noncash prizes

Rent/facility costs

Other direct expenses

6 Volunteer labor

**b** If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

%

Yes

No

Yes

No

%

Yes

No

%

232082 10-27-22

2

4

5

Direct Expenses 3

Schedule G (Form 990) 2022

Yes

No

No

Sch	iedule G (Form 990) 2022	DENVER DUMB FRIENDS LEAGUE	84-0405	254	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming				
a	The organization's facility			a	%
				b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and rec	ords:		
	Name				
	Address				
	Address				
<b>1</b> 5a	a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k		ing revenue received by the organization \$ and the a	amount		
	of gaming revenue retained by the				
C	: If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a		state law to make charitable distributions from the gaming proceeds to	_		<b></b>
				_ Yes	└── No
Ľ		required under state law to be distributed to other exempt organizations or sper	it in the		
Pa	organization's own exempt activit Int IV Supplemental Infor	ies during the tax year \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) and	(v): and Part III	lines 9	9b 10b
		applicable. Also provide any additional information. See instructions.	(v), and r are m,		00, 100,
	, , , , ,				
2320	83 10-27-22		Schedule (	G (Form	990) 2022
2020		40	20.104410		, <b></b>

Part IV Supplemental Information (continued)		
232084 04-01-22		Schedule G (Form 990)

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41 2022.04030 DENVER DUMB FRIENDS LEAGU 115661_1

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	<b>s in the Ŭni</b> on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Co to ununu iro	Attach to Form .gov/Form990 for		ation		Open to Public Inspection
Name of the organizati	ion		Go to www.irs	.gov/Form990 for	the latest morm	ation.		Employer identification number
Name of the organizati	DENVER DUMB FI	RIENDS LEAGUE						84-0405254
Part I General Ir	nformation on Grants a	nd Assistance						
criteria used to a	zation maintain records t award the grants or assis	stance?						
Part II Grants an	IV the organization's pro d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	ddress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AWAC 6300 E. HAMPDEN A DENVER, CO 80222	AVENUE, UNIT C # 23	8 03-0385844	501 (C)(3)	15,000.	0.			PROGRAM SPONSORSHIP
2 Enter total numb	per of section 501(c)(3) a	nd government or	anizations listed in the	e line 1 table	•			1.

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GENERALLY THE LEAGUE IS NOT A GRANTMAKING ORGANIZATION. RATHER, ON

OCCASION, THE LEAGUE GIVES DISCRETIONARY CONTRIBUTIONS TO SUPPORT SPECIFIC

PROGRAM NEEDS OF OTHER NOT-FOR-PROFIT ORGANIZATIONS WITH SIMILAR MISSIONS -

TO PROMOTE ANIMAL WELFARE AND IMPROVE THE STATUS OF ANIMALS.

SCHEDULE J	Compensation Information	1	OMB No. 1	1545-004	47	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22		
Department of the Treasury	Attach to Form 990.	Open to Public Inspection				
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide			mhor	
Name of the organization	DENVER DUMB FRIENDS LEAGUE	84-04		Sh hui	nber	
Part I Question	s Regarding Compensation	04-04	13234			
Turri Question				Yes	No	
<b>1a</b> Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		163		
	line 1a. Complete Part III to provide any relevant information regarding these items.	000,				
First-class or c		naluse				
Travel for com	° .					
	ation and gross-up payments					
	spending account	ur, chef)				
<b>b</b> If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	3				
CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
establish compens	ation of the CEO/Executive Director, but explain in Part III.					
X Compensatior	n committee Written employment contract					
X Independent o	compensation consultant <u>X</u> Compensation survey or study					
X Form 990 of o	ther organizations X Approval by the board or compensation of	committee				
4 During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a re	lated organization:					
	e payment or change-of-control payment?		<u>4a</u>		X	
-	eive payment from a supplemental nonqualified retirement plan?		. <b>4b</b>		X	
•	eive payment from an equity-based compensation arrangement?		. <b>4c</b>		X	
If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
O-1						
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Dri				
contingent on the r			E-		x	
a The organization?	ation?		5a 5b		X	
	ation?		5b			
	or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
contingent on the r		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	-		6a		x	
•	ation?		6b		x	
	or 6b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5				
	nes 5 and 6? If "Yes," describe in Part III		7	х		
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
			8		x	
	id the organization also follow the rebuttable presumption procedure described in					
Regulations section		<u></u>	9			
	eduction Act Notice, see the Instructions for Form 990.		e J (Forn	n 990)	2022	

232111 10-18-22

84-0405254

#### 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.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) APRYL STEELE	(i)	261,616.	0.	6,100.	10,395.	10,942.	289,053.	0.
PRESIDENT & CEO	(ii)	٥.	0.	0.	0.	0.	٥.	0.
(2) KATIE PARKER	(i)	159,638.	10,000.	722.	7,092.	11,000.	188,452.	0.
VP SHELTER OPERATIONS	(ii)	٥.	0.	0.	0.	٥.	٥.	٥.
(3) MARSHALL JEFFRESS III	(i)	165,697.	0.	1,400.	6,754.	6,597.	180,448.	٥.
VP FINANCE AND ADMINSTRATION/ASST. T	(ii)	٥.	0.	٥.	0.	0.	٥.	٥.
(4) REBECCA HOLMES	(i)	165,552.	0.	878.	6,691.	6,563.	179,684.	٥.
VP PEOPLE AND STRATEGIC INITIATIVES	(ii)	٥.	0.	0.	0.	0.	٥.	٥.
(5) JODI BUCKMAN	(i)	164,320.	0.	918.	6,691.	7,135.	179,064.	٥.
VP VETERINARY SERVICES	(ii)	٥.	0.	0.	0.	0.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide 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.

PART I, LINE 7:

THE AMOUNTS AND DECISION OF WHETHER THE PRESIDENT RECEIVES A BONUS IS AT

THE DISCRETION OF THE BOARD OF DIRECTORS. THE AMOUNTS AND DECISION OF

WHETHER THE OTHER EXECUTIVES RECEIVE A BONUS IS AT THE DISCRETION OF THE

PRESIDENT.

Schedule J (Form 990) 2022

Departme Internal F	ent of the Treasury Revenue Service	Attach to Form 99		explanations, and any additional information in Part VI. ). Go to www.irs.gov/Form990 for instructions and the latest information.								Open to F Inspectio				
Name	of the organization	MB FRIENDS LEAGUE							-	-	<b>identifi</b> 05254		n num	ıber		
Part I	I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descript	on of purpose	<b>(g)</b> De	feased	(h) On I of iss		(i) Po finan			
									Yes	No	Yes	No	Yes	No		
CO	LORADO HOUSING AND FINANCE															
A AU	JTHORITY	84-0676451	NONEAVAIL	06/02/17	10,0	00,000.	CONSTRUCTION	I LOAN		х	X	l		х		
В																
с																
D																
Part I	II Proceeds															
							В	c				D	כ			
1 /	Amount of bonds retired															
2 /	Amount of bonds legally defeased .															
3	Total proceeds of issue			5,	000,000.											
_4 (	Gross proceeds in reserve funds															
5 (	Capitalized interest from proceeds									_						
6 F	Proceeds in refunding escrows									-						
7	Issuance costs from proceeds									_						
-										$\perp$						
	Working capital expenditures from pro									$\perp$						
10 (	Capital expenditures from proceeds			5,	000,000.					$\perp$						
<u>11</u> (	Other spent proceeds									$\perp$						
										—						
13	Year of substantial completion									_						
				Yes	Νο	Yes	No	Yes	No	_	Yes	—	No			
	Were the bonds issued as part of a re	U I	( )													
	if issued prior to 2018, a current refun				X					-		$\perp$				
	Were the bonds issued as part of a re	-														
	issued prior to 2018, an advance refu				X					-		$\perp$				
<b>16</b>	Has the final allocation of proceeds be	een made?		Х						$\square$		$\perp$				
	Does the organization maintain adequ	uate books and records to su	upport the													
f	final allocation of proceeds?			X												

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

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

Schedule K (Form 990) 2022

OMB No. 1545-0047

2022

SCHEDULE K

(Form 990)

#### Schedule K (Form 990) 2022 DENVER DUMB FRIENDS LEAGUE

84-0405254	8	4 –	04	05	25	4	
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Page **2** 

Part III Private Business Use								
		A		B		ç	ſ	p
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		Х						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		Х						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		х						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities		•				•		
other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		x		//		,,,		
<ul><li>8a Has there been a sale or disposition of any of the bond-financed property to a non-</li></ul>								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
<ul> <li>b If "Yes" to line 8a, enter the percentage of bond-financed property sold or</li> </ul>				1		1		L
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		/0		/0		/0		
sections 1.141-12 and 1.145-2?								
<ul> <li>9 Has the organization established written procedures to ensure that all</li> </ul>								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х							
Part IV Arbitrage				1		11		1
		٨		В		с	r	D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	100	X	100		105			
2 If "No" to line 1, did the following apply?				1		-		L
		x						
2		x						<u> </u>
b Exception to rebate?	x							<u> </u>
c No rebate due?	25			1		1		L
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed		x				T		T
3 Is the bond issue a variable rate issue?		A					odulo K (Eo	L

#### Schedule K (Form 990) 2022 DENVER DUMB FRIENDS LEAGUE

		4	E	3	(	)	C	)
a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	х							
Part V Procedures To Undertake Corrective Action								
		4	E	3		)	C	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.					
CHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
A) ISSUER NAME: COLORADO HOUSING AND FINANCE AUTHORITY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 09/14/2021								

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84-0405254

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.

Open to Public Inspection

2

Department of the Treasury Internal Revenue Service

Name of the organization

DENVER	DUMB	FRIENDS	LEAGUE

Employer identification number 84-0405254

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Par	t I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determir noncash contribution a	•	3
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	23	67,924.	FMV ON DATE OF GIFT		
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	X	18,648	,	WHOLESALE/EST FAIR VA	LUE	
20	Drugs and medical supplies	X	4,183	54,915.	PURCHASE PRICE/COST		
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						
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29		Vaa	Ne
200	During the year, did the organization receive by	oontributio	n any proporty rop	orted in Dart I lines 1 throug		Yes	No
30a	must hold for at least 3 years from the date of t						
	exempt purposes for the entire holding period?			·			х
h	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	ouires the review (	of any nonstandard contribut	ions? 31	х	
	Does the organization have a gift acceptance p Does the organization hire or use third parties of				<u>31</u>		
<b>5</b> 2a	contributions?		-	· • ·		x	
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	r for which column (a) is cheo	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 DENVER DUMB FRIENDS LEAGUE

Part II Supplemental Information. 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.

ONE COMPANY PROVIDES MANAGEMENT OF VEHICLE DONATION PROGRAMS TO THE

LEAGUE WHERIN THE MANAGEMENT COMPANY PROVIDES AND PAYS FOR ALL

PERSONNEL NEEDED TO PROCESS PAPERWORK (INCLUDING TITLES, RECEIPTS,

DONOR ACKNOWLEDGEMENT LETTERS, FORM 1098 AND ACCOUNTING REPORTS),

PROVIDES TOWING SERVICES AND SELLS VEHICLES AT PUBLIC AUCTION OR TO

AUTO SALVAGE COMPANIES. ONE OF THE MANAGEMENT COMPANIES PROVIDES THE

LEAGUE WITH THE COMPLETED FORM 1098'S FOR MAILING TO DONORS.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84-0405254

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE LEAGUE IS A SOCIALLY CONSCIOUS SHELTER. SOCIALLY CONSCIOUS

SHELTERING IS A COMPASSIONATE, TRANSPARENT, AND THOUGHTFUL MODEL OF HOW

DENVER DUMB FRIENDS LEAGUE

SHELTERS CAN BEST SUPPORT VULNERABLE ANIMALS BY PROVIDING RESPECTFUL

TREATMENT AND PLACEMENT OF EVERY HEALTHY AND SAFE ANIMAL. AS A

SOCIALLY CONSCIOUS SHELTER, THE LEAGUE WORKS WITH ITS COMMUNITY, CITY,

AND STATE POLICYMAKERS AND OTHER SHELTERS TO CREATE THE BEST OUTCOMES

FOR ANIMALS WHILE NURTURING THE HUMAN-ANIMAL BOND AND ENSURING THAT NO

ANIMAL IS TURNED AWAY BECAUSE THEY ARE TOO OLD, SICK, OR BROKEN. AS A

SOCIALLY CONSCIOUS SHELTER, THE LEAGUE ASSESSES THE BEHAVIOR AND

MEDICAL NEEDS OF EACH ANIMAL; TREATS THESE NEEDS, WHEN POSSIBLE;

ALLEVIATES SUFFERING; MAKES APPROPRIATE EUTHANASIA DECISIONS; AND

PLACES ALL HEALTHY AND SAFE ANIMALS.

DURING FISCAL YEAR 2023, THE LEAGUE'S INCREDIBLE IMPACT INCLUDED THE

FOLLOWING:

- WELCOMING 21,098 PETS AT OUR THREE OPEN-ADMISSION SHELTERS: THE

LESLIE A. MALONE CENTER IN DENVER, COLORADO; THE BUDDY CENTER IN CASTLE

ROCK, COLORADO; AND THE SAN LUIS VALLEY ANIMAL CENTER IN ALAMOSA,

COLORADO

- MAKING 18,154 PLACEMENTS THROUGH ADOPTION, REUNITING PETS WITH THEIR

OWNERS, OR TRANSFERS TO PARTNERS

- INCREASING THE CONFIDENCE OF 5,161 PETS THROUGH OUR IN-SHELTER

BEHAVIOR PROGRAM

- ENABLING 3,461 PETS TO RECEIVE FOSTER CARE IN THE HOMES OF 521

FOSTER HOME VOLUNTEERS

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

Schedule O (Form 990) 2022

10181016 147228 115661

52

DENVER DUMB FRIENDS LEAGUE	84-0405254
- REUNITING 2,633 LOST PETS WITH THEIR OWNERS	
- ACCEPTING AND FINDING HOMES FOR 1,434 PETS FROM OTHER COLORADO	
SHELTERS	
- PLACING 447 UNSOCIALIZED CATS THROUGH OUR WORKING CAT PROGRAM	
- PROVIDING 296 FREE BEHAVIOR HELPLINE CONSULTATIONS TO THE PUBLIC	
- PROVIDING OVER 100 DIFFERENT BROCHURES AND ONLINE RESOURCES TO PET	
OWNERS AND SHELTERS THROUGHOUT THE COUNTRY	
- SUPPORTING THE COMMUNITY WITH OVER 89,000 CALLS ANSWERED THROUGH THE	
KATHI BROCK COMMUNICATIONS CENTER	
THE LEAGUE'S ADVOCACY TEAM WORKS WITH POLICYMAKERS, ANIMAL WELFARE	
AGENCIES, LAW ENFORCEMENT, AND THE COMMUNITY TO SUPPORT POLICIES THAT	
MAKE COLORADO A LEADER IN PROMOTING ANIMAL WELFARE. IN FISCAL YEAR	
2023, OUR WORK HELPED TO PROTECT GREYHOUNDS WORLDWIDE BY BANNING	
BETTING ON GREYHOUND RACING SIMULCASTS IN COLORADO, EASED THE FINANCIAL	
BURDEN ON RENTERS WITH PETS BY CAPPING PET RENT AND PET DEPOSITS, AND	
STIFFENED PENALTIES FOR THOSE WHO HARM SERVICE DOGS, K9 OFFICERS, AND	
POLICE HORSES. WE CONTINUE TO FIGHT FOR INCREASED ACCESS TO VETERINARY	
CARE FOR EVERY ANIMAL IN COLORADO AND SUPPORT OTHER POLICIES FOR THE	
CARE AND RESPECT OF ANIMALS IN THE COMMUNITY.	
EQUINE SHELTERING SERVICES	
THE DUMB FRIENDS LEAGUE HARMONY EQUINE CENTER (HARMONY) IS A	
REHABILITATION AND ADOPTION FACILITY FOR ABUSED AND NEGLECTED HORSES,	
PONIES, DONKEYS, AND MULES THAT HAVE BEEN REMOVED FROM THEIR OWNERS BY	
LAW ENFORCEMENT AUTHORITIES. AS CAPACITY ALLOWS, HARMONY ACCEPTS OWNED	
COLORADO HORSES IN NEED OF REHOMING FROM PEOPLE WHO CAN NO LONGER CARE	Schedule O (Form 990) 2022

10181016 147228 115661

Schedule O (Form 990) 2022

Name of the organization

Page 2

Employer identification number

^{2022.04030} DENVER DUMB FRIENDS LEAGU 115661_1

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization DENVER DUMB FRIENDS LEAGUE	Employer identification number 84-0405254
FOR THEM. SINCE HARMONY OPENED IN 2012, MORE THAN 2,100 HORSES HAVE	l
BEEN HELPED.	
WHEN FORMERLY ABUSED AND NEGLECTED HORSES AND OTHER EQUINES ARRIVE AT	
HARMONY, THEY ARE GIVEN IMMEDIATE MEDICAL CARE TO MAKE THEM	
COMFORTABLE. ONCE THEY HAVE BEEN PERMANENTLY SURRENDERED TO HARMONY,	
THEY ARE EVALUATED, REHABILITATED, TRAINED, AND ADOPTED, AS	
APPROPRIATE.	
DURING FISCAL YEAR 2023, HARMONY:	
- RECEIVED 293 EQUINES, WHICH INCLUDES IMPOUND THROUGH LAW	
ENFORCEMENT, TRANSFERS FROM PARTNERS, AND OWNER SURRENDERS	
- FOUND HOMES FOR 93 EQUINES	
- TRANSFERRED OUT 36 EQUINES TO PLACEMENT PARTNERS	
-SUCCESSFULLY PLACED OR COMFORTABLY HOUSED ALL HEALTHY AND SAFE	
EQUINES	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
DURING FISCAL YEAR 2023, THE DUMB FRIENDS LEAGUE VETERINARY HOSPITAL:	
- PERFORMED 1,294 SURGERIES, INCLUDING 134 ORTHOPEDIC PROCEDURES	
- SERVED 6,674 SICK OR INJURED PETS	
- EMPLOYED 40 VETERINARY STAFF MEMBERS TO PROVIDE THIS CARE	
AS PART OF OUR ONGOING EFFORTS TO REDUCE THE NUMBER OF CATS ON OUR	
STREETS AND HOMELESS PETS IN SHELTERS, THE DUMB FRIENDS LEAGUE	
SPAY/NEUTER CLINIC OFFERS SUBSIDIZED SPAY/NEUTER SURGERIES AND CORE	
VACCINATIONS FOR COLORADO CATS, INCLUDING OWNED CATS, FERAL CATS, AND	
COMMUNITY CATS.	
232212 10-28-22	Schedule O (Form 990) 2022

DENVER DUMB FRIENDS LEAGUE	84-0405254
	· · ·

PERFORMED 11,668 SURGERIES WITH VACCINATIONS, INCLUDING 11,155 CATS AND

513 DOGS.

THE LEAGUE CONTINUED ITS OUTREACH SERVICES BY HOSTING COMMUNITY

VACCINATION CLINICS FOR PETS IN PRIORITY NEIGHBORHOODS IN DENVER. IN

FISCAL YEAR 2023, 55 COMMUNITY VACCINE CLINICS WERE HELD, PROVIDING

VACCINATIONS FOR 5,191 OWNED CATS AND DOGS.

IN JULY 2022, THE LEAGUE TOOK OVER THE DENVER METRO CAT PROGRAM, WHICH

CONNECTS RESIDENTS IN THE COMMUNITY WITH VITAL SERVICES FOR OWNED AND

FERAL CATS, INCLUDING SPAY AND NEUTER. DURING FISCAL YEAR 2023, THIS

PROGRAM AIDED 2,119 CATS IN OUR PRIORITY NEIGHBORHOODS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING FISCAL YEAR 2023, THE DUMB FRIENDS LEAGUE SHELTER VETERINARY

TEAM:

- PERFORMED 11,971 SURGERIES FOR SHELTER ANIMALS, INCLUDING 9,923

SPAY/NEUTER SURGERIES; 1,202 DENTAL SURGERIES; AND 846 ORTHOPEDIC, SOFT

TISSUE, AND WOUND-REPAIR SURGERIES

- PROVIDED TREATMENT FOR A WIDE VARIETY OF MEDICAL CONDITIONS, SUCH AS

UPPER RESPIRATORY INFECTIONS, HEARTWORM DISEASE, AND PARVOVIRUS

- GAVE A TOTAL OF 168,173 MEDICATIONS TO ANIMALS IN THE SHELTER, AN

AVERAGE OF 461 PER DAY

- EMPLOYED 50 VETERINARY STAFF MEMBERS TO PROVIDE THIS CARE TO OUR

55

SHELTER ANIMALS

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
DENVER DUMB FRIENDS LEAGUE	84-0405254
- EMPLOYED 48 VETERINARY STAFF TO PROVIDE THIS CARE TO OUR SHELTER	
ANIMALS.	

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ANIMAL PROTECTION

THE COLORADO HUMANE SOCIETY, A PROGRAM OF THE LEAGUE, PREVENTS AND

INVESTIGATES ANIMAL NEGLECT AND MISTREATMENT AND PROMOTES ANIMAL

WELFARE STATEWIDE, ASSISTS LAW ENFORCEMENT, AND EDUCATES OWNERS TO HELP

THEM BRING THE CARE OF THEIR ANIMALS INTO COMPLIANCE WITH THE LAW.

DURING FISCAL YEAR 2023, THE COLORADO HUMANE SOCIETY:

- PROVIDED SERVICES IN 42 COUNTIES WITH OUR STATE-COMMISSIONED BUREAU

OF ANIMAL PROTECTION AGENTS

- RESPONDED TO 1,130 CASES OF NEGLECT AND MISTREATMENT INVOLVING 2,300

ANIMALS

COMMUNITY AND EDUCATIONAL SERVICES

HUMANE EDUCATION AND COMMUNITY ENGAGEMENT PLAY AN ESSENTIAL ROLE IN

ENDING PET HOMELESSNESS AND ANIMAL SUFFERING. EVENTS AND PROGRAMS ARE

OFFERED AT OUR SHELTERS AND THROUGHOUT DENVER METROPOLITAN COMMUNITIES

ON VARIOUS ANIMAL WELFARE TOPICS, AND VOLUNTEER OPPORTUNITIES ARE

AVAILABLE WITHIN ALL OF OUR SHELTERS AND CLINICS.

DURING FISCAL YEAR 2023, THE LEAGUE:

- OFFERED EDUCATIONAL PROGRAMS BOTH AT SHELTERS AND THROUGH ONLINE

FORMATS ON VARIOUS ANIMAL WELFARE TOPICS. THE LEAGUE SHARED KNOWLEDGE

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
DENVER DUMB FRIENDS LEAGUE	84-0405254
WITH 15,249 CHILDREN AND ADULTS THROUGH 762 PROGRAMS	
- BENEFITED FROM AN AVERAGE OF 1,442 VOLUNTEERS FOR THE YEAR WHO	
DONATED 209,205 HOURS OF SERVICE, EQUIVALENT TO 101 EMPLOYEES	
EXPENSES \$ 2,248,559. INCLUDING GRANTS OF \$ 0. REVENUE \$ 57,271.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE, CONSISTING OF THE CHAIR AND ANY VICE CHAIRS OF THE	
BOARD, THE TREASURER, THE SECRETARY AND THE CHAIRS OF THE GOVERNANCE,	
FINANCE AND ADMINISTRATION, STRATEGIC INITIATIVES AND AUDIT COMMITTEES, AND	
THE IMMEDIATE PAST CHAIR OF THE BOARD (IF SUCH PERSON IS THEN A DIRECTOR),	
HAS AND MAY EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS BETWEEN	
MEETINGS OF THE BOARD OF DIRECTORS SUBJECT TO THE LIMITATIONS SET FORTH IN	
THE LEAGUE'S BYLAWS AND MAY NOT OPERATE TO CIRCUMVENT THE RESPONSIBILITY	
AND AUTHORITY VESTED IN THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS	
RESPONSIBLE FOR CONDUCTING AN ANNUAL JOB PERFORMANCE REVIEW AND	
COMPENSATION DETERMINATION OF THE PRESIDENT WHICH IS PRESENTED TO THE BOARD	
OF DIRECTORS FOR APPROVAL. THE CHAIR OF THE BOARD REPORTS TO THE FULL BOARD	
OF DIRECTORS AT THEIR REGULAR MONTHLY MEETING WITH RESPECT TO ANY ACTIONS	
OF THE EXECUTIVE COMMITTEE DURING THE PRECEDING MONTH.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS PREPARED BY AN INDEPENDENT AUDIT FIRM AND REVIEWED BY THE	
LEAGUE'S PRESIDENT, VICE PRESIDENT OF FINANCE, CONTROLLER AND ITS AUDIT	
COMMITTEE. FOLLOWING THE COMMITTEE'S APPROVAL, IT IS PROVIDED TO THE BOARD	
OF DIRECTORS' FOR THEIR REVIEW BEFORE PRESENTATION AT A BOARD MEETING.	
FOLLOWING BOARD APPROVAL, IT IS FILED WITH THE IRS.	

FORM 990, PART VI, SECTION B, LINE 12C:

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization DENVER DUMB FRIENDS LEAGUE		Employer identification numb 84-0405254
THE BOARD OF DIRECTORS, OFFICERS AND MANAGEMENT	DISCLOSE ANY POTENTIAL	
CONFLICTS OF INTEREST IN ACCORDANCE WITH THE LEA	AGUE'S POLICY AT LEAST	
NNUALLY. CONFLICTS ARE REVIEWED BY THE EXECUTIV	YE COMMITTEE AND THE BOARD	
OF DIRECTORS (WHERE THE PERSON WITH THE CONFLICT	IS RECUSED FROM	
DELIBERATIONS, IF APPLICABLE) AND/OR LEGAL COUNS	SEL, IF NECESSARY. THE	
XECUTIVE COMMITTEE OR BOARD OF DIRECTORS TAKES	APPROPRIATE ACTION IF A	
CONFLICT IS NOT DISCLOSED IN ACCORDANCE WITH THE	E POLICY.	
ORM 990, PART VI, SECTION B, LINE 15:		
NNUALLY, THE EXECUTIVE COMMITTEE RECEIVES AN AN	NALYSIS OF THE PRESIDENT'S	
OTAL COMPENSATION, WHICH INCLUDES A COMPARISON	TO THE MARKETPLACE. THE	
EXECUTIVE COMMITTEE DOCUMENTS ITS DELIBERATIONS	AND PRESENTS ITS	
RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR AP	PPROVAL. THE OTHER OFFICER'S	
COMPENSATION PACKAGE IS DETERMINED BY THE PRESID	DENT IN ACCORDANCE WITH	
MARKET-BASED SALARY DATA, RESULTING IN A SALARY	THAT IS APPROVED ANNUALLY	
BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECT	CORS. THE PRESIDENT	
DOCUMENTS THE DECISION VIA EMAIL TO THE HUMAN RE	ESOURCES DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:		
THE LEAGUE PROVIDES ITS ANNUAL REPORT, AUDITED F	FINANCIALS, FORM 990 AND ITS	
CONFLICT OF INTEREST POLICY ON ITS WEBSITE AT		
HTTP://WWW.DDFL.ORG/OUR-FINANCIALS/. THE LEAGUE'	S ARTICLES OF INCORPORATION	
ARE AVAILABLE ONLINE AT THE COLORADO SECRETARY O	DF STATE'S WEBSITE AT	
WW.SOS.STATE.CO.US, AND ITS BYLAWS ARE ATTACHED	D TO ITS FORM 990'S WHEN	
APPLICABLE, WHICH ARE AVAILABLE ON IS WEBSITE AN	ND AT WWW.GUIDESTAR.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	5:	
CHANGE IN VALUE OF TRUSTS	261,482.	
²³²²¹² 10-28-22 31016 147228 115661	58 2022.04030 denver dum	Schedule O (Form 990) 2

10181016 147228 115661

2022.04030 DENVER DUMB FRIENDS LEAGU 115661_1

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

DENVER DUMB FRIENDS LEAGUE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
DDFL PROPERTIES, LLC - 80-0532236					
2080 S QUEBEC	HOLD AND LIQUIDATE DONATED				
DENVER, CO 80231	ASSETS	COLORADO			N/A
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

22

**Open to Public** Inspection

Employer identification number

84-0405254

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	ent	tity?
		country)						Yes	No
									├──
									<u> </u>

## Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f	L	
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
	Other transfer of cash or property to related organization(s)	1r		
<u>s</u>	Other transfer of cash or property from related organization(s)	1s		
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
<u>(5)</u>				
<u>(6)</u>				

#### Schedule R (Form 990) 2022 DENVER DUMB FRIENDS LEAGUE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	Are Partne 501( org <b>Yes</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2022

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22

# Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

	Revenue Service	Attach to your income tax return for the year of the transfer or d	istribution.		Attachme Sequence	ent No. <b>128</b>
Part	I U.S. Trar	sferor Information (see instructions)				
Name	of transferor			Identifyi	ng numbe	<b>er</b> (see instructions)
Den	ver Dumb Frie	nds League				
				84-04	05254	
		specified 10%-owned foreign corporation that is not a controlled foreign corporation	tion?	L	Yes	X No
		as a corporation, complete questions 2a through 2d.	· · ·			
		a section 361(a) or (b) transfer, was the transferor controlled (under section 368)				X No
		estic corporations?			∐Yes │Yes	X No
		remain in existence after the transfer?			lites	
		Controlling shareholder	ld	entifying r	number	
с	If the transferor w	as a member of an affiliated group filing a consolidated return, was it the parent o	corporation?	🗆	Yes	X No
	If not, list the nam	e and employer identification number (EIN) of the parent corporation.				
		Name of parent corporation	EIN o	f parent c	orporati	on
עצם	TDGON KEMDNED	INSTITUTIONAL PARTNERS LP	13-359702	0		
		ments under section 367(a)(4) been made?	15 555702	<u> </u>	Yes	X No
u	have basis aujust			∟	] 165	
3	If the transferor w	as a partner in a partnership that was the actual transferor (but is not treated as s	such under sect	ion 367).		
	complete questio			,,		
а	List the name and	EIN of the transferor's partnership.				
		Name of partnership	F	N of partr	orchin	
			E.		ici sinp	
	<u> </u>				1.	
		ck up its pro rata share of gain on the transfer of partnership assets?			│Yes │Yes	X No X No
		posing of its <b>entire</b> interest in the partnership?		∟	lites	
	securities market				Yes	X No
Part		ee Foreign Corporation Information (see instructions)				
		e (foreign corporation)	5a	Identifyin	g numb	er, if any
					•	, <b>,</b>
DKI	P ( CAYMAN )	II ,LP				
6	Address (including	g country)	5b	Reference	e ID num	lber
190 E	LGIN AVENUE					
GEORG	E TOWN, GRANI	) CAYMAN KY 1-9005 CAYMAN ISLANDS	10	0		
	Country code of c	ountry of incorporation or organization				
CJ	Faustan I.					
	Foreign law chara PORATION	cterization (see instructions)				
		oreign corporation a controlled foreign corporation?			Yes	X No
9		oreign corporation a controlled foreign corporation?		L	162	

224531 04-01-22 LHA For Paperwork Reduction Act Notice, see separate instructions.

64 2022.04030 DENVER DUMB FRIENDS LEAGU 115661_1

84-0405254

X Yes

Page 2

No No

#### Part III Information Regarding Transfer of Property (see instructions)

#### Section A - Cash

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	12/31/2022		666,295.		

10 Was cash the only property transferred?

If "Yes," skip the remainder of Part III and go to Part IV.

#### Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	<b>(c)</b> Fair market value on date of transfer	<b>(d)</b> Cost or other basis	<b>(e)</b> Gain recognized on transfer
Stock and securities					
Inventory					
Other property					
(not listed under					
another category)					
Property with					
built-in loss					
Totals					

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?	Yes	No
12 a		Yes	No No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
с	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	🗌 No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 🕨 \$		
13	Did the transferor transfer property described in section 367(d)(4)?	Yes	No No
	If "No," skip Section C and questions 14a through 15.		

#### Section C - Intangible Property Subject to Section 367(d)

Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	<b>(c)</b> Useful life	<b>(d)</b> Arm's length price on date of transfer	<b>(e)</b> Cost or other basis	<b>(f)</b> Income inclusion for year of transfer
Property described						
in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

224532 04-01-22

Form	926 (Rev. 11-2018) DENVER DUMB FRIENDS LEAGUE	84-0405254	Page <b>3</b>
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) <b>&gt;</b> \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any $\frac{1}{10000000000000000000000000000000000$		
15	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
	time thereafter, a platform contribution as defined in negulations section $1.402^{-1}$ (c)(1)?		
Sup	plemental Part III Information Required To Be Reported (see instructions)		
_			
_			
	t IV Additional Information Regarding Transfer of Property (see instructions)		
Ра	rt IV Additional Information Regarding Transfer of Property (see instructions)		
<b>Pa</b>	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 %		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before% (b) After% Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		X No
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)		X No X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)		X No X No X No X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.         (a) Before	Yes	X No X No X No X No
16 17 18 b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes Yes Yes	X         No           X         No           X         No           X         No           X         No           X         No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes Yes Yes Yes Yes Yes	X         No           X         No           X         No           X         No           X         No           X         No
16 17 18 b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041_% (b) After042_% Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	♀ \$	X No X No X No X No X No X No
16 17 18 b c d 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041 % (b) After042 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes Yes Yes Yes	X         No           X         No           X         No           X         No           X         No           X         No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before041_% (b) After042_% Type of nonrecognition transaction (see instructions) $\blacktriangleright$ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes Yes ► \$ Yes	X No X No X No X No X No X No

## Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
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FORM 926(1)	