

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>DREAMSPRING</b>	Taxpayer identification number (TIN) <b>85-0417347</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2000 ZEARING AVENUE N.W.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBUQUERQUE, NM 87104</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ANALISA SMITH**

- The books are in the care of ▶ **2000 ZEARING AVENUE N.W. - ALBUQUERQUE, NM 87104**  
Telephone No. ▶ **505-243-8844** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>DREAMSPRING</b>	<b>D</b> Employer identification number <b>85-0417347</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>505-243-8844</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2000 ZEARING AVENUE N.W.</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>ALBUQUERQUE, NM 87104</b>	<b>G</b> Gross receipts \$ <b>18,265,477.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>BRIAN DASKALOVITZ</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
<b>J</b> Website: ▶ <b>WWW.DREAMSPRINGNM.ORG</b>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>NM</b>

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	61	
	6 Total number of volunteers (estimate if necessary)	6	17	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,488,025.	Current Year 9,326,277.	
	9 Program service revenue (Part VIII, line 2g)	6,028,719.	8,220,585.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,424.	35,762.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,713.	112,938.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,666,881.	17,695,562.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	4,905,234.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,119,411.	4,539,718.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>611,370.</b>				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,071,576.	6,071,004.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,190,987.	15,515,956.		
19 Revenue less expenses. Subtract line 18 from line 12	-2,524,106.	2,179,606.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 51,851,931.	End of Year 92,025,236.	
	21 Total liabilities (Part X, line 26)	38,669,968.	76,445,793.	
	22 Net assets or fund balances. Subtract line 21 from line 20	13,181,963.	15,579,443.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>BRIAN DASKALOVITZ, INTERIM CFO</b>	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JESSICA LOCKER, CPA</b>	Preparer's signature <b>JESSICA LOCKER, CPA</b>	Date <b>10/05/21</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01367046</b>
	Firm's address ▶ <b>6501 AMERICAS PARKWAY NE, SUITE 500 ALBUQUERQUE, NM 87110</b>	Phone no. <b>505-842-8290</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: DREAMSPRING PROVIDES TOOLS TO HELP SMALL BUSINESSES OPERATE, GROW OR START THEIR BUSINESSES. WE INCREASE ACCESS TO BUSINESS CREDIT, MAKE LOANS AND PROVIDE TRAINING TO HELP ENTREPRENEURS THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 14,415,753. including grants of \$ 4,905,234. ) (Revenue \$ 8,333,523. ) DREAMSPRING PROVIDES TOOLS TO HELP SMALL BUSINESSES OPERATE, GROW OR START THEIR BUSINESS. WE INCREASE ACCESS TO BUSINESS CREDIT, MAKE LOANS AND PROVIDE TRAINING TO HELP ENTREPRENEURS THRIVE. IN 2020 DREAMSPRING MADE 2,879 LOANS, FOR \$78.3 MILLION, THAT CREATED OR SUSTAINED 12,497 JOBS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 14,415,753.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, CO, FL, GA, IL, IA, KS, MI, NE, NV, NM, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANALISA SMITH - 505-243-8844
2000 ZEARING AVENUE N.W., ALBUQUERQUE, NM 87104

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE HAINES YATSKOWITZ PRESIDENT & CEO	40.00			X			196,400.	0.	6,255.	
(2) FRANCISCO LOPEZ VICE PRES OF BUSINESS INNO	40.00			X			178,625.	0.	6,451.	
(3) MICHAEL BURNS COO	40.00			X			144,530.	0.	5,376.	
(4) MARISA BARRERA CHIEF STRATEGY OFFICER	40.00			X			137,648.	0.	5,323.	
(5) MARY PERKINS DIRECTOR OF PHILANTHROPY	40.00					X	128,064.	0.	1,200.	
(6) MARGARET SMITH VICE PRES OF LENDING	40.00			X			116,356.	0.	3,506.	
(7) EVAN MAXON DIRECTOR OF OPERATIONS AND TECHNOLOG	40.00					X	101,195.	0.	1,000.	
(8) RAYMOND E. ZILER CFO	20.00			X			90,790.	0.	0.	
(9) MICHELLE COONS TREASURER	2.00	X		X			0.	0.	0.	
(10) WILLIAM G. RIDENOUR DIRECTOR	2.00	X					0.	0.	0.	
(11) YASHODA NAIDOO CHAIR	2.00	X		X			0.	0.	0.	
(12) GREG LEVENSON IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
(13) CLARENCE MCALLISTER DIRECTOR	2.00	X					0.	0.	0.	
(14) BETTY ARKELL SECRETARY	2.00	X		X			0.	0.	0.	
(15) EDMOND JOHNSON DIRECTOR	2.00	X					0.	0.	0.	
(16) JERRIE MERRITT DIRECTOR	2.00	X					0.	0.	0.	



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							1,093,608.	0.	29,111.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,093,608.	0.	29,111.	

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 **7**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	5,386,458.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,939,819.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 24,953.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		9,326,277.			
Program Service Revenue	<b>2 a</b>	LOAN INTEREST AND FEES	Business Code 522200	5,151,863.	5,151,863.		
	<b>b</b>	SBA PPP LENDING FEES	522200	2,921,010.	2,921,010.		
	<b>c</b>	SECURED DEBT	522200	147,712.	147,712.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		8,220,585.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		40,905.		40,905.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	564,772.			
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses		569,915.			
	<b>c</b>	Gain or (loss)		-5,143.			
<b>d</b>	Net gain or (loss)		-5,143.		-5,143.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MANAGEMENT FEES	Business Code 522000	112,853.	112,853.		
	<b>b</b>	PTNRSHIP INC-ACCION NM 2017G LLC	900099	25.	25.		
	<b>c</b>	PTNRSHIP INC-ACCION NM 2011C LLC	900099	20.	20.		
	<b>d</b>	All other revenue	900099	40.	40.		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		112,938.			
<b>12</b>	<b>Total revenue.</b> See instructions		17,695,562.	8,333,523.	0.	35,762.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,905,234.	4,905,234.		
<b>2</b> 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 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	891,260.	757,768.	60,924.	72,568.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,064,057.	2,502,417.	231,988.	329,652.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	291,398.	240,186.	21,580.	29,632.
<b>10</b> Payroll taxes .....	293,003.	241,509.	21,698.	29,796.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	302,886.	252,748.	22,550.	27,588.
<b>c</b> Accounting .....	42,771.	35,691.	3,184.	3,896.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	533,468.	445,162.	39,717.	48,589.
<b>12</b> Advertising and promotion .....	453,476.	446,749.	59.	6,668.
<b>13</b> Office expenses .....	287,270.	243,208.	21,543.	22,519.
<b>14</b> Information technology .....	243,899.	190,520.	36,905.	16,474.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	92,191.	78,173.	6,512.	7,506.
<b>17</b> Travel .....	39,600.	32,217.	2,650.	4,733.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	34,341.	30,107.	2,217.	2,017.
<b>20</b> Interest .....	1,144,427.	1,144,427.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	248,902.	232,431.	6,941.	9,530.
<b>23</b> Insurance .....	37,422.	28,067.	9,355.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>LOAN LOSS PROVISION</b>	2,344,818.	2,344,818.		
<b>b</b> <b>LOAN SERVICING EXPENSE</b>	261,495.	261,495.		
<b>c</b> <b>TEMPORARY SERVICES</b>	4,038.	2,826.	1,010.	202.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	15,515,956.	14,415,753.	488,833.	611,370.
<b>26</b> <b>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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,035,835.	<b>1</b>	23,220,869.
	<b>2</b> Savings and temporary cash investments .....	84,427.	<b>2</b>	104,422.
	<b>3</b> Pledges and grants receivable, net .....	850,077.	<b>3</b>	41,969.
	<b>4</b> Accounts receivable, net .....	255,702.	<b>4</b>	672,873.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	39,912,882.	<b>7</b>	63,439,589.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	75,659.	<b>9</b>	72,740.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,305,477.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,260,406.		
	<b>11</b> Investments - publicly traded securities .....	3,250,456.	<b>10c</b>	3,045,071.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,227,695.	<b>11</b>	1,312,960.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	6,000.	<b>12</b>	6,000.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	153,198.	<b>14</b>	108,743.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	51,851,931.	<b>15</b>	92,025,236.	
<b>17</b> Accounts payable and accrued expenses .....	549,254.	<b>16</b>	7,264,354.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,512,790.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	30,607,924.	<b>23</b>	6,103,082.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>	63,078,357.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	38,669,968.	<b>25</b>	76,445,793.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>		
<b>28</b> Net assets without donor restrictions .....	10,488,043.	<b>27</b>	12,574,576.	
<b>29</b> Net assets with donor restrictions .....	2,693,920.	<b>28</b>	3,004,867.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>34</b> Total net assets or fund balances .....	13,181,963.	<b>32</b>	15,579,443.	
<b>35</b> Total liabilities and net assets/fund balances .....	51,851,931.	<b>33</b>	92,025,236.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,695,562.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,515,956.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,179,606.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,181,963.
5	Net unrealized gains (losses) on investments	5	92,232.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-11,389.
8	Prior period adjustments	8	-14.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	137,045.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,579,443.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **DREAMSPRING** Employer identification number **85-0417347**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4681497.	3152851.	5688939.	3488025.	9326277.	26337589.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4681497.	3152851.	5688939.	3488025.	9326277.	26337589.
<b>5</b> 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) .....						6411133.
<b>6 Public support.</b> Subtract line 5 from line 4.						19926456.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4681497.	3152851.	5688939.	3488025.	9326277.	26337589.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	28,947.	30,539.	33,977.	44,148.	40,905.	178,516.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						26516105.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	29,447,088.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	75.15 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	73.19 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> 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 .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> 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 .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>	Yes	No	
<b>b</b> Did the activities described in 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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

DREAMSPRING

Employer identification number

85-0417347

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 ... \$

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

Name of organization <b>DREAMSPRING</b>	Employer identification number <b>85-0417347</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>476,098.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,568,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>677,360.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>395,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>4,905,234.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DREAMSPRING</b>	Employer identification number  <b>85-0417347</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization <b>DREAMSPRING</b>	Employer identification number <b>85-0417347</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less 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	
Transferee's name, address, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** DREAMSPRING **Employer identification number** 85-0417347

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,201,671.	2,201,671.	2,201,671.	2,164,671.	1,877,671.
b Contributions				37,000.	287,000.
c Net investment earnings, gains, and losses	221,407.	412,432.	118,724.	345,625.	258,296.
d Grants or scholarships					
e Other expenditures for facilities and programs	221,407.	402,071.	108,772.	335,445.	249,012.
f Administrative expenses		10,361.	9,952.	10,180.	9,284.
g End of year balance	2,201,671.	2,201,671.	2,201,671.	2,201,671.	2,164,671.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,003,216.		1,003,216.
b Buildings		2,252,551.	718,431.	1,534,120.
c Leasehold improvements				
d Equipment		1,049,710.	541,975.	507,735.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  3,045,071.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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>Total.</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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	18,305,102.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	92,232.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	641,635.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	733,867.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	17,571,235.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	11,389.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	112,938.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	124,327.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	17,695,562.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	15,907,608.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	641,635.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	641,635.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	15,265,973.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	249,983.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	249,983.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	15,515,956.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE ENDOWMENT FUNDS HAVE TWO USES. FIRST THE LOAN PORTFOLIO WITH A BALANCE OF \$1,495,493, IS AVAILABLE IF NEEDED TO BE USED TO LEND TO DREAMSPRING'S CLIENTS, ANY CHARGE-OFF AMOUNTS ARE REIMBURSED BY OPERATING FUNDS. AS OF 12/31/20 IT WAS ALL LENT TO CLIENTS. SECOND, IS A TRADITIONAL ENDOWMENT WITH A BALANCE OF \$706,178 THAT HAS BEEN INVESTED IN MARKETABLE SECURITIES. INCOME GENERATED BY EITHER USE IS AVAILABLE FOR OPERATIONS.

**PART X, LINE 2:**

DREAMSPRING HAS ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN BY DREAMSPRING FOR THE

**Part XIII** Supplemental Information (continued)

YEARS ENDED DECEMBER 31, 2020 AND 2019. DREAMSPRING'S POLICY IS TO CLASSIFY INCOME TAX PENALTIES AND INTEREST, WHEN APPLICABLE, ACCORDING TO THEIR NATURAL CLASSIFICATION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PARTNERSHIP INCOME - ACCION NM 2011C LLC	20.
PARTNERSHIP INCOME - ACCION NM 2013D LLC	20.
PARTNERSHIP INCOME - ACCION NM 2014E LLC	20.
PARTNERSHIP INCOME - ACCION NM 2017G LLC	25.
MANAGEMENT FEE	112,853.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	112,938.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE	249,983.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

DREAMSPRING

Employer identification number

85-0417347

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
INDIA	1	7	PROGRAM SERVICES	SOFTWARE DEVELOPMENT FOR LENDING SYSTEM	247,085.
<b>3 a</b> Subtotal .....	1	7			247,085.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	7			247,085.

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

Schedule F (Form 990) 2020

**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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_





Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," 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)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may 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  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," 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)* .....  Yes  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? *If "Yes," 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)* .....  Yes  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  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V** 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **DREAMSPRING** Employer identification number **85-0417347**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
3-D EXECUTIVE SEARCH CONSULTANTS, LLC - 3524 NAVAJO STREET, #106 - DENVER, CO 80211	90-1079805		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WATER WHEEL GIFT CORNER 1840 GRAY HAWK CT ESTES PARK, CO 80517	90-0693528		6,928.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SITE RECLAMATION SERVICES 21125 COUNTY ROAD 4 HUDSON, CO 80642	90-0396331		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TURTLE ISLE MEDIA, LLC 566 MCCASLIN BLVD, UNIT 270426 LOUISVILLE, CO 80027	85-2840771		9,445.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SYNKUP LLC 566 MCCASLIN BLVD, UNIT 270426 LOUISVILLE, CO 80027	85-2487417		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THRIVING CULTURE LLC 1120 S. ROUTT WAY LAKEWOOD, CO 80232	85-2447544		11,335.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 357.

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Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HIDDEN TREASURE 2 2330 MAIN ST UNIT D LONGMONT, CO 80501	85-2368074		12,474.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
S & L CLEAN COMPANY 812 S LOCUST ST APT B DENVER, CO 80224	85-1131356		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MATTYE CROWLEY DBA SANKOFIC JOURNEY - 1155 DECATUR ST, APT 215 - DENVER, CO 80204	85-0825489		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
COLORADO CELTIC CREATIONS 46 QUALLA CT BOULDER, CO 80303	85-0585903		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SISTERS CHILD CARE LLC 1562 S PARKER RD,, SUITE 114 DENVER, CO 80231	84-4336147		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SARAH STYLEZ LLC 8000 E. QUINCY AVE, #106 DENVER, CO 80237	84-4122597		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MY TOWN PROPERTIES LLC DBA SIRENS BAR & GRILL - 7444 W. CHATFIELD DRIVE - LITTLETON, CO 80013	84-3699502		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SOCIAL TONIC 9366 FALL RIVER RD, UNIT 402 IDAHO SPRINGS, CO 80452	84-3413471		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
T2 CO 4837 S TIBET ST AURORA, CO 80015	84-3154495		13,799.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUWAYNE KING 10175 PARK MEADOWS DR., APT G01 LONE TREE, CO 80124	84-2886020		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
YOBEL, LLC 11 E. BIJOU STREET COLORADO SPRINGS, CO 80903	84-2843763		5,667.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PROJECT LYNX LLC 4815 S GALAPAGO ST ENGLEWOOD, CO 80110	84-2745404		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ELIJAH RAHUL, LLC 21537 E QUINCY AVE CENTENNIAL, CO 80015	84-2651798		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ZYPWORK 1576 SHERMAN STR, UNIT 210 DENVER, CO 80203	84-2147201		5,128.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PURE NAIL BAR 303 16TH STREET STE 12 DENVER, CO 80202	84-1884368		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
3D CRYSTAL GIFT LLC 1 WEST FLATIRON CROSSING DR BROOMFIELD, CO 80021	84-1808849		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
COLORADO REGIONAL ORAL SURGERY ASSOCIATES - 8025 CLUB CREST DRIVE - ARVADA, CO 80005	84-1581172		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
NATALIE SONG DBA CHELSEA CLEANERS 5005 S. KIPLING LITTLETON, CO 80127	84-1572965		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CTJ & KIM, INC. 6051 W. ALAMEDA AVE LAKEWOOD, CO 80226	84-1521631		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PIONEER LEASING, INC. 511 ORCHARD ST. UNIT #1 GOLDEN, CO 80401	84-1490035		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
T & H MANUFACTURING LLC 581 S. FEDERAL BLVD DENVER, CO 80219	84-1444881		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
EMPOWERCOM, INC. 7000 EAST 47TH AVE DRIVE DENVER, CO 80216	84-1405318		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
HUSEYIN YILMAZ DBA DENVER TAILORING & ALTERATIONS - 13940 E MISSISSIPPI AVE - AURORA, CO 80012	84-1375981		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
COLORADO CHAMBER PLAYERS 7100 E EXPOSITION AVE DENVER, CO 80224	84-1308119		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ED FA, INC. DBA L&R BINDERY 900 S. LIPAN STREET DENVER, CO 80223	84-1278076		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SHERIDAN PARK CHIROPRACTIC 8753 YATES DRIVE, STE. 104 WESTMINSTER, CO 80031	84-1252984		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DEBRA BUCCELLI DBA ASAP ALTERATIONS - 812 E 120TH AVE - NORTHGLENN, CO 80233	84-1170413		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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TROJAN RANCH CO. 10063 GOLD HILL RD BOULDER, CO 80302	84-0934973		10,209.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
C R C ENTERPRISES, INC. DBA CUT RITE CONCRETE, INC. - 4991 COUNTY ROAD 166 - ELIZABETH, CO 80107	84-0906310		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DENVER FILM SOCIETY 1510 YORK STREET, 3RD FLOOR DENVER, CO 80206	84-0771070		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE LIGHT LIFE LLC 25037 E. CANAL PL. AURORA, CO 80018	83-4695539		12,212.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE BURROUGHS LLC 1444 25TH AVE GREELEY, CO 80634	83-4591758		12,878.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
UP MARKETING GROUP LLC 2601 BLAKE ST STE LL10 DENVER, CO 80205	83-4424585		8,372.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SMILEY CONCEPTS, LLC 15800 W. COLFAX AVE. GOLDEN, CO 80401	83-4371457		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
FRANCIS ASARE DBA SNAAD GROUP 9904 E CAROLINA CIRCLE UNIT 102 DENVER, CO 80247	83-4366023		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
BIANUCCI ENTERPRISES LLC 13466 WEST 60TH PLACE ARVADA, CO 80004	83-4163190		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)



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TESLA HOME REALTY, LLC 2821 S PARKER RD, STE 173 AURORA, CO 80014	83-4053928		13,244.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CHINWORKS LLC 15304 E IDAHO PL AURORA, CO 80017	83-3457756		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RED ROCKS LOGISTICS AND CONSULTING LLC - 27742 E LONG PLACE - AURORA, CO 80016	83-3191353		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WJT CONSTRUCTION INC. 3015 STERLING CIRCLE BOULDER, CO 80301	83-2992883		6,092.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SUNRISE ASSOCIATES LLC 365 PERRY STREET DENVER, CO 80219	83-2985696		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
BRUNA'S BRAZILIAN CHEESE BREAD 18425 E FLORA DR APT- G AURORA, CO 80013	83-2975347		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SAVORY VIETNAM KITCHEN INC 2200 W ALAMEDA AVE, UNIT 44 DENVER, CO 80223	83-2799729		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SPICE TRADE BREWING COMPANY 8775 E. ORCHARD RD, UNIT 811 GREENWOOD VILLAGE, CO 80111	83-2710963		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MISAKI ON BROADWAY 950 N BROADWAY DENVER, CO 80203	83-2622359		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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MR RAMEN INC 9328 JORDEN RD STE 105 PARKER, CO 80134	83-2349722		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SAA MAINTENANCE LLC 3210 HURON PEAK AVE, SUPERIOR CO SUPERIOR, CO 80027	83-2283506		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROBINSON CORPORATIONS 4610 W TEMPLE PL DENVER, CO 80236	83-1637466		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRU QUALITY SIGNAGE 1921 W.47TH AVENUE DENVER, CO 80211	83-1535386		10,168.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TSB TRANSPORT LLC 4835 S CATAWBA ST AURORA, CO 80016	83-1300777		9,583.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SHEN NONG HERBS & ACUPUNCTURE 908 MAIN STREET SUITE B104 LOUISVILLE, CO 80027	83-1280542		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VENUHUB, LLC 2601 BAY POINT LANE BROOMFIELD, CO 80023	83-1192511		7,823.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SAJ HOLDINGS LLC 12368 E. CASPIAN DR AURORA, CO 80014	83-0678682		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
S & N NAILS SPA CORP 16860 SHERIDAN PKWY BROOMFIELD, CO 80023	83-0665227		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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BOULDER BAKERY COMPANY LLC 2710 ARAPAHOE AVE, BOULDER, CO 80302	82-5529599		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PATTIE SABEL LLC PO BOX 711, 20 LAKEVIEW DR NEDERLAND, CO 80466	82-5244661		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CRAWFISH BOIL CO. RESTAURANT AND BAR - 6851 S GAYLORD ST. B2-251 - CENTENNIAL, CO 80122	82-5212759		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SECO REAL ESTATE INC 3737 N HWY 67 SEDALIA, CO 80135	82-4818803		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE KNOTTY KIDS 2848 FAIRFAX ST DENVER, CO 80207	82-4744618		12,248.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
GLOBAL LIMITLESS SOLUTIONS 303 S BROADWAY SUITE 200-740 DENVER, CO 80209	82-4564892		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DESMOND RAY LLC 10549 WACO ST. COMMERCE CITY, CO 80022	82-4382707		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PRO-LINE FRAMERS, INC. 6145 BROADWAY, STE 8 DENVER, CO 80216	82-3992715		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SOPRIS CONSTRUCTION & INVESTMENTS, INC. - 7830 W ALAMEDA AVE., SUITE 103-286 - LAKEWOOD, CO 80226	82-3595624		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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SALUS @ LAFAYETTE LLC 2314 US HWY 287 LAFAYETTE, CO 80026	82-3233704		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
YASI LLC 909 LOGAN ST, APT 8H DENVER, CO 80203	82-3019672		5,688.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
UE MENTORS LLC 9745 WANDO DRIVE COLORADO SPRINGS, CO 80925	82-2914089		9,102.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SERVICE SURVIVAL, LLC 3327 S DANUBE STREET AURORA, CO 80013	82-2851855		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
3222, LLC 3222 CHAMPA STREET DENVER, CO 80205	82-2820385		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DOLCE NELLY LLC 10260 WASHINGTON ST, APT 18-38 THORNTON, CO 80229	82-2294873		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DIFFERENT STROKES PAINT N SIP ART STUDIO - 2300 S CHAMBERS RD, J - AURORA, CO 80014	82-1904536		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE REAL TASTE LLC 1155 S HAVANA ST UNIT 35 AURORA, CO 80012	82-1375203		11,555.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WINDSOR YOGA FAMILY 682 SHOSHONE CT WINDSOR, CO 80550	82-1373128		6,307.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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SOCIAL CONNECTIONS 2016, LLC 7350 E. PROGRESS AV GREENWOOD VILLAGE, CO 80111	81-5450626		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WOK TO FLATIRONS DELI 2100 CENTRAL AVE BOULDER, CO 80301	81-4995609		6,061.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROCKY MOUNTAIN DELITES 5247 SOLAR RIDGE DR. COLORADO SPRINGS, CO 80917	81-4895225		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SUNSET ACADEMY 711 S SUNSET ST LONGMONT, CO 80501	81-4884440		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SNOW APPAREL 520 MAIN STREET, SUITE B1 LONGMONT, CO 80501	81-4807675		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRIVIEW PRODUCTION LLC 453 S KITTREDGE ST, D AURORA, CO 80017	81-4747311		10,468.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PHARMAKEIA PRE-PHARMACEUTICALS SCHOOL, LLC - 720 S. COLORADO BLVD PH NORTH SUITE 1302 - DENVER, CO 80246	81-4702143		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
POISED EVENTS 3572 HARVARD PLACE BROOMFIELD, CO 80023	81-4512165		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
GAYTON DANCE STUDIO 2145 E 120TH AVE UNIT B NORTHGLENN, CO 80233	81-3956155		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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AURORA MARKET 1555 S HAVANA ST, UNIT A AURORA, CO 80012	81-3331260		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
LAWRENCE & LARIMER LLC 3225 E COLFAX AVENUE DENVER, CO 80206	81-3215803		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRAXART TOYS LLC 8309 SUMMERLIN DR. LONGMONT, CO 80503	81-2848162		10,900.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CC REESE BOUTIQUE LLC 1273 WEST 136TH LANE BROOMFIELD, CO 80023	81-2784392		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROCKY MOUNTAIN PSYCHOLOGY 1776 S JACKSON ST., #601, #601 DENVER, CO 80210	81-2566405		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ZG MARKETING 9855 WOLFF CT WESTMINSTER, CO 80031	81-2477868		5,193.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SHALOM TRANSPORTATION LLC 1436 S. BUCHANAN CIR. AURORA, CO 80018	81-1732666		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROXBOROUGH CORP 8351 N RAMPART RANGE RD LITTLETON, CO 80125	81-1452164		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ZOMO LLC 3457 S. BROADWAY ENGLEWOOD, CO 80113	81-1342240		5,175.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

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SCORPION TAX LLC 1408 DEL MAR PKWY UNIT B2 AURORA, CO 80010	81-1296208		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CDXX LLC 1325 BROADWAY STREET BOULDER, CO 80302	81-1124435		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ALL AMERICAN RENOVATIONS & DEMOLITION, LLC - 827 S. 3RD AVENUE - BRIGHTON, CO 80601	81-0975794		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SANS SOUCI FESTIVAL OF DANCE CINEMA - 10942 BANNOCK ST - NORTHGLENN, CO 80234	81-0907536		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WARRIOR'S TOUCH 15403 E 17TH AVE, UNIT A AURORA, CO 80011	81-0806730		7,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SHISH KABOB GRILL 1503 GRANT ST. DENVER, CO 80203	81-0645787		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CHEF IN A BOX 3475 N. SALIDA CT. AURORA, CO 80011	80-0892757		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VINOVA INC. DBA AXUM RESTAURANT 5501 E COLFAX AVE DENVER, CO 80220	80-0712211		7,537.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
BAMB LLC DBA BARRY'S ON BROADWAY 58 BROADWAY DENVER, CO 80203	74-3102029		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

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ALPHA SOLUTIONS LTD 331 JACKSON PL, UNIT C GOLDEN, CO 80403	73-4456613		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MOHAMED 5959 DUNKIRK ST 5205 DENVER, CO 80249	67-3109297		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ENVIOUS BEAUTY LLC 4243 W . 38TH AVE DENVER, CO 80212	61-1895213		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
BERNAL JANITORIAL SERVICES LLC 7858 W MANSFIELD PARKWAY, #8-104 LAKEWOOD, CO 80235	61-1866246		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SALAM INC 14200 E ALAMEDA AVE, STORE # 2071A AURORA, CO 80012	61-1817895		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
OHANA NAILS 116 W. HARVARD ST., SUITE 7 FORT COLLINS, CO 80525	56-8719640		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CREATIVE CONVENTIONS & EVENTS 320 MCCONNELL DR. LYONS, CO 80540	56-7412809		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE PERSONAL TOUCH ENGRAVING, INC 9150 W. JEWELL AVE SUITE 1 LAKEWOOD, CO 80232	56-2303194		11,722.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TERRA VERDE REALTY LLC 1241 CAROLINA AVE LONGMONT, CO 80501	52-4291443		13,474.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)



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ANGELA ANGUIANO 16298 HOBSON PL MONUMENT, CO 80132	52-4085007		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WOOWHO NETWORK, LLC 1510 BLAKE STREET, 411 DENVER, CO 80260	52-3881898		5,938.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CUCURU 2332 W COLORADO AVE COLORADO SPRINGS, CO 80904	52-3767712		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CUTZ4SALE LLC 12641 E. BAKER PL AURORA, CO 80014	52-2638327		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SWEET PEA CUISINE, LLC 3209 BILLINGTON DRIVE ERIE, CO 80516	52-2199682		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DELUXE NAILS AND SPA 502 CENTER DRIVE UNIT H SUPERIOR, CO 80027	52-1933972		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WANDA ARCHER DBA PRIMERICA 3333 S WADSWORTH BLVD, D120 LAKEWOOD, CO 80227	50-2962674		7,030.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
POSTCARDS FROM THE PETS 10015 W 81ST CIR ARVADA, CO 80005	49-7608798		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
STERNER SNG, LLC 11841 BRADBURN BLVD. WESTMINSTER, CO 80031	47-5643069		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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BRIGHTER CLEANERS 3160 VILLAGE VISTA DRIVE, UNIT 105 ERIE, CO 80516	47-5466449		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROMERO'S K9 CLUB & TAP HOUSE 985 S PUBLIC RD LAFAYETTE, CO 80026	47-5356313		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
1 IN THE SUN 9872 S. FLORENCE PLACE HIGHLANDS RANCH, CO 80126	47-4785073		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SIPPING N PAINTING COLORADO LLC 6300 E. HAMPDEN AVE. UNIT D DENVER, CO 80222	47-4781897		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CARAVAN OF DREAMS LLC 4325 W 41ST AVE DENVER, CO 80212	47-4652940		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PARADISE LAWN CARE LLC 4226 E 119TH PL APT A, # A THORNTON, CO 80233	47-4615865		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRULINK LLC 10176 PARK MEADOWS DRIVE, #2305 LONE TREE, CO 80124	47-3510766		9,604.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
FULL SPECTRUM BOTANICALS LLC DBA EVOLVED ALCHEMY - 41 MAIN ST - ROLLINSVILLE, CO 80474	47-3375108		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
UMAMI MOBILE EATERY LTD. LLC 1037 GLENMOOR DR FORT COLLINS, CO 80521	47-3356363		8,797.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

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THE CHILE TRUCK 4920 BLUESKY DRIVE CASTLE ROCK, CO 80109	47-3234676		12,873.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MILE HI CLEANERS LLC 4575 SOUTH CHAMBERS ROAD AURORA, CO 80015	47-2747935		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PREMIER ACADEMY OF DANCE 13045 W ALAMEDA PARKWAY LAKEWOOD, CO 80228	47-2317496		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SNAP NORTH LLC 88 INVERNESS CIRCLE EAST, B104 ENGLEWOOD, CO 80112	47-2161131		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ADCO MEDICAL SUPPLIERS, LLC 4242 S BROADWAY ENGLEWOOD, CO 80113	47-2118294		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VIGEN JM CO INC 1930 S HAVANA ST, UNIT 109 AURORA, CO 80014	47-1382618		7,577.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DAISYS BOUTIQUE 6338 E 72ND AVE COMMERCE CITY, CO 80022	47-1323687		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DENVER CAT COMPANY 3929 TENNYSON ST DENVER, CO 80212	47-1225804		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
J&A MENDEZ CLEANING SERVICES LLC 606 LEWIS ST CASTLE ROCK, CO 80104	47-0981927		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACK A FORK LLC 2570 SKYLINE COURT ERIE, CO 80516	46-5585044		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
A KNIGHT LLC 4994 LOWELL BLVD DENVER, CO 80221	46-5518118		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CAFE 21 EXPRESS 999 18TH STREET #121 DENVER, CO 80202	46-5466984		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PHO DUY 9, INC 925 S. FEDERAL BLVD DENVER, CO 80219	46-5090537		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PINNACLE TRANSPORT LLC 5551 DANUBE STREET DENVER, CO 80249	46-4722886		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
STARLING SALON 40 W. LOUISIANA AVE. DENVER, CO 80223	46-4423953		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SIMPLE CLEANING, LLC 3615 RACE STREET DENVER, CO 80205	46-3838088		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SHOES & BREWS 63 S. PRATT PARKWAY, UNIT B LONGMONT, CO 80501	46-3296999		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
POST INTERACTIVE PO BOX 213 COLORADO SPRINGS, CO 80901	46-2449427		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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TIP TO TOE NAILS, INC 6703 S UNIVERSITY BLVD #933 CENTENNIAL, CO 80122	46-2291761		11,315.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CMT2, INC DBA YOU NEED PIE! 509 BIG THOMPSON AVE #300 ESTES PARK, CO 80517	46-2256702		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
KUKUI SEAS INC DBA PARK SALON INC 2942 EVERGREEN PARKWAY #205 EVERGREEN, CO 80439	46-2042740		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE ALCHEMY GROUP, LLC 1350 WASATCH POINT LAFAYETTE, CO 80026	46-2039529		13,206.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
3D SALON LLC 2474 S COLORADO BLVD. DENVER, CO 80222	46-2028232		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THRIVE COMMUNITY OPTIONS 2121 S BLACKHAWK ST, 130 AURORA, CO 80014	46-1748695		11,339.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SMOKEY J'S BBQ 5335 ORCHARD ST GOLDEN, CO 80403	46-1568776		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
COLLEEN CASEY SPORTS MASSAGE, LLC 3515 RINGSBY CT #316 DENVER, CO 80216	46-1086460		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WIDEAWAKE MEDIA, INC. 109 CUTFORTH ROAD BLACK HAWK, CO 80422	46-0837754		6,413.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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CHAMBER SL LLC 3401 S CHAMBER ROAD AURORA, CO 80013	46-0774166		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SWL VENTURES INC TRES 1118 WASHINGTON AVE. GOLDEN, CO 80401	45-5543156		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ANNE INGHAM INC 9777 COLINADE DR LONE TREE, CO 80124	45-5519526		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
4TH DIMENSION CONCEPTS 1330 SOUTH POTOMAC STREET SUITE 108 AURORA, CO 80012	45-5514618		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PRAIRIE LEARNING CENTER 1853 N. MONROE STRASBURG, CO 80136	45-5481053		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SMITH & BETA LLC 1350 LEHIGH STREET BOULDER, CO 80305	45-5335726		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
BLACKBIRD AND THE SNOW 422 PLEASANT ST. BOULDER, CO 80302	45-5191794		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE SPEAKEASY 301 MAIN ST ( BASEMENT SPACE) LONGMONT, CO 80501	45-5099994		11,471.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
STACK LLC 420 S. TELLER ST LAKEWOOD, CO 80226	45-4968848		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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S AND S INVESTMENT LLC 4955 S. ULSTER ST., #104 DENVER, CO 80237	45-4745177		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
EMILY K HARRISON DBA SQUARE PRODUCT THEATRE - 218 PIKES PEAK PL - LONGMONT, CO 80504	45-4530151		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TAMALES MORENO 5301 W MISSISSIPPI AVE LAKEWOOD, CO 80226	45-4232020		13,629.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SEA JONG KWAN KOREAN BBQ INC 2680 S HAVANA ST UNIT B AURORA, CO 80014	45-4183784		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SOFTTAIL INN LLC 3834 TENNYSON ST DENVER, CO 80212	45-4139722		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROCKSTAR POLE FITNESS LLC 8841 HARLAN STREET WESTMINSTER, CO 80031	45-3968079		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
JMB CONSTRUCTION LLC 3171 HEATHER GLEN DR COLORADO SPRINGS, CO 80922	45-3968078		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROCKETSPACE LLC 2711 LARIMER STREET DENVER, CO 80205	45-3825809		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
UG CONTRACTORS LLC 16484 E 117TH AVE COMMERCE CTIY, CO 80022	45-3588973		9,029.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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TRUDESIGN LLC 400 E SIMPSON ST., STE 109 ARVADA, CO 80026	45-3569418		10,054.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VERY NICE BREWING COMPANY 20 LAKEVIEW DR, UNIT 112, P.O. BOX NEDERLAND, CO 80466	45-3208912		7,770.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE GIGGLEBLOSSOM COTTAGE LLC 5654 S PRINCE ST, UNIT B LITTLETON, CO 80120	45-2780438		12,663.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MP TRANSPORTATION LLC 1707 GENEVA DR, APT B VAIL, CO 81657	45-2456298		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ZENI BUILDING SERVICES LLC 12744 EAST ASBURY CIRCLE APT 102 AURORA, CO 80014	45-2409435		5,222.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RETI ROCK EN TU IDIOMA LLC 324 S YOST ST AURORA, CO 80012	45-1474108		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRAVEL LEAGUE, INCORPORATED 6455 N UNION BOULEVARD, SUITE 103 COLORADO SPRINGS, CO 80918	43-1985754		10,910.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CLARK'S DOWNING STREET AUTOBODY 3825 GRAPE STREET DENVER, CO 80207	42-1582268		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RECEIVE, INC. 770 W HAMPDEN AVE., SUITE 105 ENGLEWOOD, CO 80110	41-2069693		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)



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BLEAV, LLC PO BOX 602 OAK CREEK, CO 80467	40-8518130		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
NEXT LEVEL ATHLETICS LLC 360 S POTOMAC AURORA, CO 80012	38-4126195		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SAPPHIRE CELEBRATIONS 5994 S. HOLLY ST. #265 GREENWOOD VILLAGE, CO 80111	35-2234187		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
URBAN SANCTUARY 2745 WELTON ST, PH2 DENVER, CO 80205	33-1181431		8,241.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SCOTT HOLDINGS LLC 6501 E BELLEVIEW AVE #500 ENGLEWOOD, CO 80111	32-0478773		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
LE CORTE VINTAGE PO BOX 9836 ASPEN, CO 81612	32-0400623		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
D & L TRUCKING, LLC 6703 2ND ST FREDERICK, CO 80530	32-0391332		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
UNITED EXPRESS TRANSPORTATION LLC 9477 E MISSOURI AVE DENVER, CO 80011	32-0335743		8,460.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
COLORADO EARTH LLC 59 ROGERS COURT GOLDEN, CO 80402	30-0990489		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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THE PILATES INSTITUTE OF BOULDER, INC. - 2324 SHERMAN ST - LONGMONT, CO 80501	27-3708932		11,623.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ZENON FAMILY & COSMETIC DENTISTRY 3471 N SALIDA CT UNIT 60 AURORA, CO 80011	27-3582976		5,209.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VANILLA BEAN COFFEE HOUSE LLC 700 CURTIS, AURARIA CAMPUS DENVER, CO 80204	27-3552751		7,951.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
REBECCA RAGATZ DBA RAGBEAR DAYCARE 309 GRANITE COURT WINDSOR, CO 80550	27-3323035		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ABC'S CLOTHING LLC 3933 W COLFAX AVENUE DENVER, CO 80204	27-3200772		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE INTERNATIONAL GYMNASTICS ACADEMY OF THE ROCKIES, LLC - 4860 VAN GORDON STREET, SUITE B - WHEAT RIDGE, CO 80033	27-2567410		12,311.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PHO 95 VIETNAMESE RESTAURANT AND NOODLE BOWL LLC - 1401 S FEDERAL BLVD, - DENVER, CO 80219	27-1915107		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SAR CONTRACTOR LLC 2885 E MIDWAY BLVD, LOT 1312 BROOMFIELD, CO 80234	27-1823753		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DENVER FAMILY VISION CARE, LLC 9390 W CROSS DR LITTLETON, CO 80123	27-0854529		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

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RIDGEVIEW DATA COLLECTION 6392 STARLIGHT DR MORRISON, CO 80465	26-4712307		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VAULT ACCOUNTING 56860 E COLFAX AVE STRASBURG, CO 80136	26-3991666		7,828.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DALE'S PHARMACY 237 DENVER AVE FORT LUPTON, CO 80621	26-2457313		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
POLLERIA LA FOGATA 1690 N MAIN ST LONGMONT, CO 80501	26-1743736		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
BALAAM DESIGN LLC 2405 E 110TH PL NORTHGLENN, CO 80233	26-0145377		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRUE HEALTH CLINIC, INC. 5330 MANHATTAN CIRCLE, SUITE F BOULDER, CO 80303	20-8892953		9,961.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TUCKER ENTERPRISES INC 11231 DEXTER CIR THORNTON, CO 80233	20-8551406		9,455.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TOTAL IMAGINATION EVENTS 532 E CALEY DRIVE CENTENNIAL, CO 80121	20-6629927		11,211.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SBA CONSTRUCTION 703 S ELKHART ST AURORA, CO 80012	20-3581289		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

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CHINA TRAVEL AND TOUR, INC 1450 LODGE LN BOULDER, CO 80303	20-2234602		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SUNNY & KIM NAIL ENT. (DIVA NAILS) 201 MILWAUKEE ST. UNIT B DENVER, CO 80206	20-0970976		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CASASY, LLC PO BOX 11003 DENVER, CO 80211	16-8622558		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
11/11 BRIDAL 925 MAIN ST LONGMONT, CO 80501			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
CESAR BEAUTYSTUDIO LLC 1517 PIERCE ST LAKEWOOD, CO 80214			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
JANICE MANVILLE DBA THE LIGHTHOUSE 1201 PEARL STREET BOULDER, CO 80302			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
JENNY ST CLAIRE, PLLC 1130 OPAL ST. #201 BROOMFIELD, CO 80020	84-3075210		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
JESSICA FARRELL 526 DIVIDE SOUTH DR DIVIDE, CO 80814	84-3075210		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
JOHANA BROWN DBA THE BIG BROWN HOUSE PRESCHOOL - 10828 OURAY ST - COMMERCE CITY, CO 80022	27-4740739		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

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KARATE DO KAN LLC 9797 W COLFAX AVE, UNIT 3UU LAKEWOOD, CO 80215	83-1805317		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
LADY MARIAS TRUCKING 19452 E 63RD DR AURORA, CO 80019	82-1284366		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
LONEWOLF PUBLISHING 709 NORTH CHESTNUT ST CORTEZ, CO 81321			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
LUCIERNAGA LLC OR TWP TOURS 633 REMINGTON ST FORT COLLINS, CO 80524	46-3773459		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
LYNNETTE MINNICK DBA TOMORROW ACHIEVERS - 9947 WEST 107TH PLACE - WESTMINSTER, CO 80021	61-1442163		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MARGARETA BRUNHILDE MAYR DBA HILDA'S TAILOR AND STAR DRY CLEANERS - 7438 S UNIVERSITY BLVD - CENTENNIAL, CO 80122	33-0384618		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MARIA J TORRES CLEANING SERVICE LLC - 569 GRAY CT - LAKEWOOD, CO 80226			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MICHELLE HOGSETT DBA VISIONS 7275 W 88TH AVE WESTMINSTER, CO 80021			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MISUN KIM DBA PUPPYSHAKER 5450 ENSENADA ST DENVER, CO 80249	65-2107115		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

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MODA Y COLOR LLC 10061 E COLFAX AVE AURORA, CO 80010	46-4026747		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MYONG N & YON S CHONG DBA SAIRAS TAYLORS BOOTIQUE - 5066 S. WADSWORTH BLVD., NO 132 - LAKEWOOD, CO 80123	22-5396997		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
N.G. MACHINING 191 MONARCH DR. FLORISSANT, CO 80816	81-4875474		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
NINA SHOPE DBA SNAPDRAGON 1845 S CLARKSON ST DENVER, CO 80210	01-8705700		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
NOA NOA FITNESS CLUB 813 MAIN ST, 1906 LOGAN ST LONGMONT, CO 80501	36-4957614		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
OAK STREET CHILD DEVELOPMENT CENTER - 6711 GRANDVIEW AVE - ARVADA, CO 80002			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
OASIS MEXICAN GRILL 16TH AND CLEVELAND DENVER, CO 80202			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ONEFOLD INC 1420 E 18TH AVE DENVER, CO 80218	47-3679185		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
OPTIBRAND LTD., LLC 320 E VINE DRIVE, SUITE 101 FORT COLLINS, CO 80524	84-1455551		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

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ORIGO BRANDS LLC 140 E. 19TH AVENUE SUITE 500 DENVER, CO 80203	81-3137564		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
OUTLAW TRANSPORT LLC. 14640 E 50TH PL DENVER, CO 80239	47-4492186		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
OVERSHADOW ENTERPRISES LLC 6120 BARNES ROAD, #110 COLORADO SPRINGS, CO 80922			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PALAVA FINE FOODS, LLC 11002 EAST YALE AVENUE AURORA, CO 80014	81-4136307		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PARELLA PRINTING DBA PYRAMID PRINT & GRAPHICS - 2300 W 2ND AVE STE A - DENVER, CO 80223	89-0969343		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PARTY LIFE RENTS 12649 E. CALEY AVE., SUITE 116 CENTENNIAL, CO 80111	81-4792742		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
BRANDY VICTORY DBA PEAK TO PEAK WELLNESS, LLC - PO BOX 3382 - NEDERLAND, CO 80466	45-2933245		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PEARABLES 1525 E BIJOU ST COLORADO SPRINGS, CO 80909	36-6702978		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PERRY & DAVIS ENTERPRISE, LLC DBA STARS & STRIPES TRANSPORTATION - 13791 E. RICE PLACE, SUITE 105 - AURORA, CO 80015	80-0679576		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

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CHRISTINA VANFLEET DBA PHOENIX FITNESS COMPANY, LLC - 16 S GRAND AVE - MONTROSE, CO 81401	52-8672542		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PHOENIX TATTOO COMPANY 3680 MORRISON ROAD DENVER, CO 80219	83-3422951		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PIZZA LOVE LLC DBA GASTRONAUTS 1150 PINE ST LOUISVILLE, CO 80027	81-2647970		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
POLLY & COMPANY, INC. 299 DETROIT ST. #136 DENVER, CO 80206	52-8672542		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PRECIOUS AND FREE LLC 12365 VIEWPOINT DR GOLDEN, CO 80401	83-2640725		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PRECISION ROOFING INC 35500 EAST COLFAX AVENUE NUMBER 31 WATKINS, CO 80137	84-1414721		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PREMIERA LLC 20544 E EUCLID DR CENTENNIAL, CO 80016	45-2616800		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PRIETO CONCRETE DEEP SAW LLC 460 S ESTES ST LAKEWOOD, CO 80226			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
PRIMITIVE REFLEX INTEGRATION PLUS, LLC - 8370 W COAL MINE AVENUE, SUITE 105 - LITTLETON, CO 80123	84-3015203		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEEN BEE BREWS, LLC 800 E 64TH AVE #6 DENVER, CO 80229	27-4792338		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
QUEEN OF SHEBA 225 EAST COLFAX AVENUE DENVER, CO 80220	56-2614229		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RAM-KRISHNA LLC 2981 S ROSEMARY ST DENVER, CO 80231	47-5535075		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RASKA INTERNATIONAL SAUCY CUISINE OR SOHAM KOMBUCHA - 128 A WEST LAUREL - FORT COLLINS, CO 80521	82-4520944		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RBNBNKS 7780 E 23RD AVE, 2-301 DENVER, CO 80238	85-2138675		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RD MILL ABATEMENT CONTRACTOR 225 SOUTH ACADEMY BLVD SUITE 206 COLORADO SPRINGS, CO 80910	82-3337661		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RED SQUARE BISTRO 1512 LARIMER ST. #38-R DENVER, CO 80202	85-1053950		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
REISER DENTAL 5050 E CHERRY CREEK SOUTH DR, SUITE DENVER, CO 80246	82-1886864		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RENT-A-THEME ENTERTAINMENT 34501 E. QUINCY AVE BUILDING 65 SUI WATKINS, CO 80137	27-1066622		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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RIPPLE FROZEN YOGURT 1682 30TH STREET BOULDER, CO 80301	27-2054255		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RIVERO WESTERN WEAR LLC 353 S SHERIDAN BLVD LAKEWOOD, CO 80226			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROCK N ROSES BOUTIQUE & GIFTS 203 BEAR CREEK AVE., P.O. BOX 216 MORRISON, CO 80465	45-3336500		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROCKY MEDICAL TRANSPORTATION LLC 1562 S PARKER RD, STE 110 DENVER, CO 80231	81-3558598		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROSE'S BEAR HUGS, INC. 7172 SOUTH BRYANT STREET LITTLETON, CO 80120	90-1018886		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ROXY DENVER LLC 554 S BROADWAY DENVER, CO 80209	83-4064270		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RUBY'S CLEANING SERVICES 1400 S COLLYER ST 101 LONGMONT, CO 80501			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
S & G SIGNS & GRAPHICS, LLC 5440 MARSHALL ST., UNIT 2 ARVADA, CO 80002	27-2403865		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
S.I. TALAVERA, LLC 1692 WADSWORTH BLVD. #105 LAKEWOOD, CO 80214	84-1352132		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SABBATICAL DESIGNS LLC 2525 15TH ST., UNIT 1A DENVER, CO 80211	82-2053456		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SALON REAL DENVER 2200 W ALAMEDA AVE SUITE 30 DENVER, CO 80223	45-5454271		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SANDRA REEVES DBA THE FOOTBALL LADY - 6565 OMAHA BLVD - COLORADO SPINGS, CO 80915	52-4298093		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SANDRA ROBINSON DBA THE ROBINSON GROUP HOME - 5082 TUCSON WAY - DENVER, CO 80239			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SCOTT MEDIA LLC 5676 S WENATCHEE ST AURORA, CO 80015	26-1221422		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SERENDIPITY CATERING OR TASHMO KO CO - 7110 WEST COLFAX AVE - LAKEWOOD, CO 80214	84-1515906		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SIDECAR SOLUTIONS LLC 2219 E DALE ST COLORADO SPRINGS, CO 80909			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SIMPLE COFFEE CO. 190 CR 822 TABERNASH, CO 80478	84-2593538		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SIRI INVESTMENTS LLC 1418 S HALEYVILLE CIR AURORA, CO 80018	51-0674268		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSEY MELISSA LARA HERNANDEZ DBA SMARTSHINE JANITORIAL SERVICES LLC - 169 EATON CT - LAKEWOOD, CO 80226	83-1531387		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SOHAM KOMBUCHA 128 A W. LAUREL ST. FORT COLLINS, CO 80524	82-4520944		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SOMETHING MORE, INC. 4755 SHAWNEE PL. BOULDER, CO 80303	84-1514679		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SONG LEE LLC 8936 W BOWLES AVE STE D LITTLETON, CO 80123	47-3458026		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SONG'S ELITE MARTIAL ARTS LLC 2424 E. BRIDGE ST BRIGHTON, CO 80601	27-4498136		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SOO & JIN, INC. 9395 W WHEAT RIDGE WHEAT RIDGE, CO 80033	82-3598463		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SOUL WORKINGS INC. 400 E. SIMPSON STREET, SUITE 101 LAFAYETTE, CO 80026	26-1576269		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SOUTHERN RENOVATIONS LLC 3700 QUEBEC ST STE 309 DENVER, CO 80207	80-0351937		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SPEECH & HEALTH, LLC 9348 W UTAH AVE LAKEWOOD, CO 80232	01-0964570		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPIN 3 PRODUCTIONS 24315 SPEER ROAD CALHAN, CO 80808	80-0169552		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SS WALNUT CAFE INC. 4894 KINGS RIDGE BLVD BOULDER, CO 80301			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
STEELE ATHLETICS, LLC 2200 E 77TH AVE, STE 300 DENVER, CO 80229	81-1782832		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
STEFANY'S CLEANING SERVICE 11135 YORK WAY NORTHGLENN, CO 80233			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
STEP, LLC 2 INVERNESS DRIVE EAST, #189 CENTENNIAL, CO 80112	90-0403933		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
STEPHANIE JEFFERSON LLC 1220 WADSWORTH BLVD, APT 15 LAKEWOOD, CO 80214	52-3550579		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SUKARIS INC 511 N 30TH ST COLORADO SPRINGS, CO 80904	85-0624936		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SUN SHINE COLORADO PAINTING, LLC 12205 PERRY ST #254 BROOMFIELD, CO 80020	32-0532288		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SUNNYSIDE DRUG INC. 4600 LIPAN ST. DENVER, CO 80211			15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNWATER SPA 514 EL PASO BLVD MANITOU SPRINGS, CO 80829	45-4206374		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SWEET ACTION BROADWAY, LLC 52 BROADWAY DENVER, CO 80203	85-1415477		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SWEET ACTION MANUFACTORY, LLC 1131 W CUSTER PL, UNIT B DENVER, CO 80223	85-2112488		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SWEET ACTION WASH PARK, LLC 1061 S GAYLORD ST DENVER, CO 80209	85-1415656		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
SYMPLEX INTERNATIONAL LLC 10975 E 55TH AVE UNIT E DENVER, CO 80239	81-4706361		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
T & J DELI LLC 1873 S BELLAIRE ST, P150 DENVER, CO 80222	82-3335770		15,000.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TACOS CHIHUAS 248 N MAIN ST BRIGHTON, CO 80601	30-1039434		13,754.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TACOS DEL NORTE 3069 LITTLELEAF LN BOULDER, CO 80304	46-3218479		13,688.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TADPOLE PRESS 1802 CENTAUR CIRCLE LAFAYETTE, CO 80026	81-4764315		13,645.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASTE BUD RESCUE 4624 GATEWOOD DR COLORADO SPRINGS, CO 80916	84-4717730		13,588.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TERESA KING 12837 W. 7TH AVENUE LAKEWOOD, CO 80401	52-4172362		13,547.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TET WONG DBA SPEEDY SERVICE LLC 18538 E WHITAKER CIR, UNIT E AURORA, CO 80015	67-2877138		13,218.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE APPLEWOOD SCHOOL 1690 SIMMS ST. LAKEWOOD, CO 80122			13,174.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE BRIDAL COLLECTION INCORPORATED 4151 E. COUNTY LINE RD., UNIT A CENTENNIAL, CO 80122	84-1550642		13,158.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE CRAZY CATERER 2327 S. ELKHART ST. AURORA, CO 80014	27-1239682		12,814.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE GOLD LEAF COLLECTIVE 1002 S. COLLEGE AVE. FORT COLLINS, CO 80524	81-4816292		12,499.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE HUBBEL GROUP, INC. 1350 GRANT STREET, SUITE 805 DENVER, CO 80203	83-0353972		12,325.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
XTD RESTAURANT MANAGEMENT LLLP D/B/A THE MASON JAR, INC. - 2925 W COLORADO AVE - COLORADO SPRINGS, CO 80904	84-0890706		12,176.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE MOBILE APP AGENCY   TMAA LTD 303 S BROADWAY ST, SUITE 200-197 DENVER, CO 80209	46-4768322		12,032.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE NEST NAIL SPA II, LLC 4950 S NEWPORT ST DENVER, CO 80237	83-2637507		12,002.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE OLD OAK COFFEEHOUSE 136 2ND AVE., UNIT B NIWOT, CO 80544			11,853.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
THE POWERS BRAND 3000 LAWRENCE STREET DENVER, CO 80205	85-1999397		11,610.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
RANDI JANINE FRANKLIN-SIMMONS DBA THE ROOF QUEEN, LLC - 700 N WASHINGTON ST, #203 - DENVER, CO 80203	55-2835499		11,477.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRACEY BUCHANAN DBA THE SUNROSE SCHOOL, LTD - 1737 DORA STREET - FORT COLLINS, CO 80526	63-4013460		11,415.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
DEBRA IRELAND DBA TOUCH OF THE EAST ACUPUNCTURE, LLC - 3938 JOHN F KENNEDY PARKWAY, UNIT 11D - FORT COLLINS, CO 80525	45-4012850		11,197.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRENDY HAIR AND NAILS 1050 W COLFAX AVE, SUITE C DENVER, CO 80204	46-4458272		10,824.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TRENDY NAILS & LASH INC 487 S BROADWAY, UNIT 200 DENVER, CO 80209	82-3756687		10,517.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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TRUFFLES IN PARADISE 1744 MONTGOMERY CIR LONGMONT, CO 80504	26-4547199		9,741.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
AMBER KUYKENDALL DBA TWO GIRLS N BROOM LLC - 2508 S COLLEGE AVE - FORT COLLINS, CO 80525	81-1470123		9,324.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TWO SISTAH'S EATS & TREATS, INC. 1804 S QUINTERO WAY AURORA, CO 80017			9,221.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
MELISSA UBALLE DBA UBALLE CONSULTING - 5021 S. ROME STREET, - AURORA, CO 80015	84-3239141		9,219.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ANDREA G. MOSBY DBA URINEFRESH PO BOX 7167 DENVER, CO 80207	47-2198038		8,119.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
COLORADO ADVANCE TAX SERVICES INC DBA US TAX CORP - 2000 S COLORADO BLVD, TOWER 1 SUITE 2000 - DENVER, CO 80222	47-2765316		8,011.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VCS LLC 8043 E 50TH DR DENVER, CO 80238	27-3083034		7,824.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VENUS BELLEZZA DBA VENUS LASH ART 11166 HURON ST, #29 NORTHGLENN, CO 80234	47-4481085		7,818.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VICKI BLACK SOLE PROPRIETOR 2350 HOLLY STREET DENVER, CO 80207	50-7968195		7,763.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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VIETNAMESE CAFE INC. 3744 E 104TH AVE, THORNTON, CO 8023 THORNTON, CO 80233			7,656.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VIP NAILS & SPA LTD 7707 W 92ND AVE WESTMINSTER, CO 80021	45-2995714		7,503.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VISION QUEST ENTERPRISES, INC. 11521 HOMESTAKE PEAK LITTLETON, CO 80127	84-1472098		7,444.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
VISOS BEAUTY SALON, INC 15433 E HAMPDEN AVE UNIT A AURORA, CO 80015	20-3719424		7,393.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WABO LLC 2512 STATE HIGHWAY 66 ESTES PARK, CO 80517	85-0741287		7,159.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WELLDONE MANAGEMENT LLC 2113 W 101ST CIR THORNTON, CO 80260	84-3051648		6,691.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WENK DESIGN LLC 983 W ELLSWORTH AVE DENVER, CO 80223	81-1182482		6,533.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WIGS & BEAUTY SUPPLY 5145 CHAMBERS RD, UNIT D DENVER, CO 80239	81-4188519		6,327.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
WINNING COIFFURES LLC 6115 E. COLFAX AVE. DENVER, CO 80220	84-0128190		6,109.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WOLFD OG MEDIA LLC 2946 16TH STREET BOULDER, CO 80304	84-3376850		6,040.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
Y&Y INC 300 JOSEPHINE STREET, SUITE 130 DENVER, CO 80206	84-1255561		5,890.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ERIKA MARTINEZ DBA YOINER LLC 1907 S VRAIN ST DENVER, CO 80219	82-1791257		5,581.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
LORYN YOUNG/ YOUNG CONNECTIONS THAT WORK LLC - 10150 E VIRGINIA 3-202 - AURORA, CO 80247	84-2649913		5,495.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
YYM INC 700 14TH ST DENVER, CO 80202	04-3692537		5,266.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ZEN ASIAN BRISTO & SUSHI INC. 11940 BRADBURN BLVD WESTMINSTER, CO 80031	26-4578397		5,244.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
ZOZO GROUP, LLC 2590 N. WASHINGTON ST DENVER, CO 80205	51-0589525		5,154.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID
TANA GROCERY STORE LLC 1440 POPLAR ST DENVER, CO 80220	65-0625208		13,625.	0.			GRANT FOR BUSINESSES AFFECTED BY COVID

**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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) 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:

USING THE SYSTEM DESIGNATED BY THE GRANTOR, DREAMSPRING STAFF UPLOADED THE NECESSARY DOCUMENTATION TO PROVE GRANTEE ELIGIBILITY AND APPROVED GRANT AMOUNTS. ONCE A GRANTEE WAS APPROVED, GRANTEES WERE ADDED TO A DISBURSEMENTS LIST TO COLLECT THE FINAL DOCUMENTATION. THAT DOCUMENTATION WAS UPLOADED TO DREAMSPRING'S ACCOUNTING SYSTEM FOR A RECORD OF DISBURSEMENTS MADE AS WELL AS FUNDS RECEIVED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

DREAMSPRING

Employer identification number

85-0417347

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation 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 related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE HAINES YATSKOWITZ PRESIDENT & CEO	(i)	196,400.	0.	0.	0.	6,255.	202,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANCISCO LOPEZ VICE PRES OF BUSINESS INNO	(i)	178,625.	0.	0.	0.	6,451.	185,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							







**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SOUTHWEST CAPITAL BANK	GREG LEVENSON - DIR	350,000.	INVESTOR IN		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SOUTHWEST CAPITAL BANK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GREG LEVENSON - DIRECTOR & OWNER OF SOUTHWEST CAPITAL BANK

(C) AMOUNT OF TRANSACTION \$ 350,000.

(D) DESCRIPTION OF TRANSACTION: INVESTOR IN CONTROLLED SUBSIDIARY,  
ACCION 2014E LLC, WHOSE NET EARNINGS FROM ACCION WERE 2% ON THAT  
INVESTMENT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

DREAMSPRING

Employer identification number

85-0417347

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DREAMSPRING INCREASES ACCESS TO BUSINESS CREDIT, MAKES LOANS AND  
PROVIDES TRAINING WHICH ENABLE UNDERSERVED ENTREPRENEURS TO REALIZE  
THEIR DREAMS AND BE CATALYSTS FOR POSITIVE ECONOMIC AND SOCIAL CHANGE.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT OF 990 REVIEWED BY AUDIT COMMITTEE, AND ONCE APPROVED A COPY IS  
FURNISHED TO THE FULL BOARD OF DIRECTORS.

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

AN ANNUAL SIGN OFF IS REQUIRED OF ALL BOARD MEMBERS AND STAFF.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICIAL: INDEPENDENT COMPENSATION STUDY IS  
PERFORMED. EXECUTIVE COMMITTEE WRITTEN REVIEW.

COMPENSATION PROCESS FOR OFFICERS: INDEPENDENT COMPENSATION STUDY IS  
PERFORMED. CEO REVIEWS PAY. BOARD APPROVES BUDGET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ, CO, FL, GA, IL, IA, KS, MI, NE, NV, NM, NY, NC, OK, TX, UT, WA, WY

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE OR UPON REQUEST.  
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE  
PUBLIC UPON REQUEST.

Name of the organization <b>DREAMSPRING</b>	Employer identification number <b>85-0417347</b>
--	---

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PARTNERSHIP INCOME - ACCION NM 2011C	-20.
PARTNERSHIP INCOME - ACCION NM 2013D	-20.
PARTNERSHIP INCOME - ACCION NM 2014E	-20.
PARTNERSHIP INCOME - ACCION NM 2017G	-25.
MANAGEMENT FEE	-112,853.
INTEREST EXPENSE	249,983.
TOTAL TO FORM 990, PART XI, LINE 9	137,045.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

DREAMSPRING

Employer identification number

85-0417347

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II 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 organizations during the tax year.

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

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

Schedule R (Form 990) 2020

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
DREAMSPRING 2007A, LLC - 26-0693551, 2000 ZEARING AVE NW, ALBUQUERQUE, NM 87104	CAPITAL	NM		RELATED	0.	1,000.		X	N/A	X		.08%
DREAMSPRING 2011B, LLC - 45-4150283, 2000 ZEARING AVE NW, ALBUQUERQUE, NM 87104	CAPITAL	NM		RELATED	0.	1,001.		X	N/A	X		.40%
DREAMSPRING 2011C, LLC - 45-4151679, 2000 ZEARING AVE NW, ALBUQUERQUE, NM 87104	CAPITAL	NM		RELATED	20.	1,020.		X	N/A	X		.40%
DREAMSPRING 2013D, LLC - 46-3546408, 2000 ZEARING AVE NW, ALBUQUERQUE, NM 87104	CAPITAL	NM		RELATED	20.	1,020.		X	N/A	X		.03%

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** 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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

