#### Extended to November 15, 2022

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### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

Inspection

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change REDF Name change 54-2132153 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (415) 561-6679785 Market Street 1200 termin-ated 11,565,051. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ San Francisco, CA Amended return 94103 H(a) Is this a group return Applica-F Name and address of principal officer: Maria Kim Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ www.redf.org **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 2003 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: REDF invests in businesses that Activities & Governance reveal and reinforce the talent of people breaking through barriers Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) <u>15</u> Number of independent voting members of the governing body (Part VI, line 1b) <u>69</u> 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 81,197,900.  $11,1\overline{18},\overline{537}$ Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 6,798. 11,650. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 439,716. 284,498. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,565,051. 81,494,048. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 4,191,460. 1,620,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 7,323,068. 8,167,206. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,222,010. 50,779,084 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 62,293,612. 14,009,216. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,200,436. -2,444,165. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 44,875,220. 41,522,686. Total assets (Part X, line 16) 1,294,235. 2,200,205. 21 Total liabilities (Part X, line 26) 42,675,015. 40,228,451. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign Maria Kim, President & CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Carlos A. Davis, CPA **₽**02037008 Paid Firm's EIN ▶ 95-4557617 ▶ Harrington Group, CPAs, Preparer Firm's name Firm's address 2698 Mataro Street Use Only Phone no. (626) 403-6801 Pasadena, CA 91107

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Form	990 (2021) REDF 54-2132153 Page 2
Pai	t 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:
•	REDF is the only venture philanthropy in the U.S. that invests
	exclusively in the growth of employment social enterprises (ESEs).
	Since 1997, REDF has provided capital and advisory services to 238
	ESEs, which have earned \$1.36 billion in revenue and employed 84,000
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
42	(Code: ) (Expenses \$ 3,863,305 • including grants of \$ 1,300,000 • ) (Revenue \$
<del>-1</del> a	(Code:)(Expenses \$ 3,863,305. including grants of \$ 1,300,000.) (Revenue \$ Growth Portfolio and Evaluation: REDF provides customized hands-on
	technical assistance and measures results to a diverse portfolio of
	ESEs to incorporate best practices that improve participant outcomes
	and sustainability for the enterprises.
	1 100 005
4b	(Code:) (Expenses \$ 1,193,297. including grants of \$) (Revenue \$) (Revenue \$)
4b	Partnerships: REDF provides capacity building consulting on accessing
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REDF

# Form 990 (2021) REDF Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4		3		- 25
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</i> "Yes," <i>complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20		21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.		34	Х	
35 =	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Joa		<del></del>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		งงม		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

		_		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	را									
		69	.	Х							
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Λ							
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		3a		х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	⊢	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	···	SD								
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	- 1.	4a		x						
b	If "Yes," enter the name of the foreign country	···	-								
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	L	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	<u>L</u>	6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay		7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Ľ	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		_		v						
	to file Form 8282?	F	7с		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	┥.	7e		Х						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
_	If the organization received a contribution of qualified intellectual property, and the organization rife i of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0		7g 7h	N/	-						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	٠.  -		,							
•	sponsoring organization have excess business holdings at any time during the year?  N/A		8								
9	Sponsoring organizations maintaining donor advised funds.	···	_								
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	[ 9	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	[	9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	_									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders N/A 11a	_									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
40-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	┨.									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	H	l2a								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-									
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	T	l3a								
_	Note: See the instructions for additional information the organization must report on Schedule O.	···   _									
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	[-]	l4a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	1	4b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.				77						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X						
47	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A		47								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A  If "Yes," complete Form 6069.		17								
	n 100, complete i dilli dodo.										

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Part VI Governance, Management, and Disclosure. For each "Yes" response to line 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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.											
	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	b Enter the number of voting members included on line 1a, above, who are independent lb 15											
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?	3		X								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х								
6	Did the organization have members or stockholders?	6		Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
_	on Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	Х									
	Other officers or key employees of the organization	15b	Х									
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
.54	taxable entity during the year?	16a		Х								
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure	100										
17	List the states with which a copy of this Form 990 is required to be filed ►CA											
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	availa	able								
	for public inspection. Indicate how you made these available. Check all that apply.	- · · · y										
	Own website X 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, ar	d finar	ncial									
	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											
	Maria Kim - (415) 561-6679											
	785 Market Street, 1200, San Francisco, CA 94103											

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

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

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

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

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

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

Name and title	(A)	(B)				2)			(D)	(E)	(F)
Week	Name and title	1		not cl	heck	more	than			-	
Company										•	
Comparing the program of the progr			ctor								
Comparing the program of the progr			or dire	au			rted			`	
(1) David Samuels			ustee	truste		g.	bens		,	1099-NEC)	_
(1) David Samuels		~	lual tr	tional		nploye	st con	_	1099-NEC)		
(1) David Samuels			ndivid	nstitu	Officer	(ey en	Highes amplo	orme			organizations
Carrie McKellogg	(1) David Samuels	40.00	_	_		_					
Carrie McKellogg	Chief Financial & Admin. Officer		1		х				220,218.	0.	42,094.
(3) Jo Vion Greer   40.00   X   230,456.   0. 23,437.   (4) Carla I. Javits   32.00   X   X   207,596.   0. 34,732.   (5) Brian Williams   40.00   Director of Talent   40.00   Director of Finance   X   168,180.   0. 25,844.   (7) Emilie Linick   40.00   Director, Impact Lending   40.00   Director, Marketing & Communications   X   170,466.   0. 20,391.   (8) Lori Warren   40.00   Director, Growth Portfolio   X   156,967.   0. 7,014.   (10) Maria Kim   40.00   Director, Growth Portfolio   X   138,320.   0. 13,212.   (11) George R. Roberts   1.00   X   X   X   X   0.   0.   0.   (12) Stuart Davidson   1.00   X   X   X   X   0.   0.   0.   (13) Philip Estes   1.00   X   X   X   X   0.   0.   0.   (14) Dan Rose   5ecretary   X   X   X   0.   0.   0.   (15) Harris Barton   1.00   Karen Board Member   X   0.   0.   0.   0.   0.   (16) Board Member   X   0.   0.   0.   0.   0.   (16) Board Member   X   0.   0.   0.   0.   0.   (16) Board Member   X   0.   0.   0.   0.   0.   0.   (16) Board Member   X   0.   0.   0.   0.   0.   0.   (16) Board Member   X   0.   0.   0.   0.   0.   0.   (16) Board Member   X   0.   0.   0.   0.   0.   (16) Board Member   X   0.   0.   0.   0.   0.   0.   (16) Board Member   X   0.   0.   0.   0.   0.   (17) Lewis Byrd   1.00   X   X   0.   0.   0.   0.   0.   0	(2) Carrie McKellogg										
VP, Dev. and Marketing Communication   X   230,456.   0. 23,437.	Chief Program Officer				Х				219,569.	0.	42,537.
(4) Carla I. Javits   32.00   X	(3) Jo'Vion Greer	40.00									
Pres. & CEO/CEO (transition 6/21)	VP, Dev. and Marketing Communication					Х			230,456.	0.	23,437.
S   Brian Williams	(4) Carla I. Javits	32.00									
Director of Talent	Pres. & CEO/CEO (transition 6/21)		Х		Х				207,596.	0.	34,732.
Column	(5) Brian Williams	40.00								_	
Director of Finance							Х		168,180.	0.	35,421.
Treasurer   Trea	· · · • • • • • • • • • • • • • • • • •	40.00					l		450 506		0= 044
Director, Impact Lending		40.00					Х		173,706.	0.	25,844.
Resident (term start 6/21)   Resident (term start 6/21)   Resident (hard)   Reside	, , ,	40.00							150 466	0	00 201
Director, Marketing & Communications   X		40.00					X		170,466.	0.	20,391.
Sample		40.00	-				٠,		140 207	0	20 000
Director, Growth Portfolio	· · · · · · · · · · · · · · · · · · ·	40 00					A		148,38/.	0.	39,9∠8.
Tresident (term start 6/21)	_	40.00	-						156 067	0	7 014
Name	·	40 00					^		130,907.	0.	7,014.
Comparison   Com		40.00	1		v				138 320	n	13 212
Note that the state of the st		1 00			^				130,320.	0.	13,212.
(12) Stuart Davidson         1.00         X         X         0. <td><del>-</del></td> <td>1.00</td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	<del>-</del>	1.00	x		x				0.	0.	0.
Vice Chair         1.00         X         X         0.         0.         0.           (13) Philip Estes         1.00         X         X         0.         0.         0.           Treasurer         1.00         X         X         0.         0.         0.           (14) Dan Rose         1.00         X         X         0.         0.         0.           Secretary         X         X         0.         0.         0.         0.           (15) Harris Barton         1.00         X         0.         0.         0.           Board Member         X         0.         0.         0.         0.           (16) Bonnie Boswell         X         0.         0.         0.         0.           Board Member         X         0.         0.         0.         0.           (17) Lewis Byrd         1.00         0.         0.         0.         0.         0.		1.00							0.	0.	
Treasurer   1.00   X   X   0.   0.   0.   0.   (14) Dan Rose   1.00   X   X   0.   0.   0.   (15) Harris Barton   1.00   Eoard Member   X   0.   0.   0.   (16) Bonnie Boswell   1.00   Eoard Member   X   0.   0.   0.   0.   (17) Lewis Byrd   1.00   Eoard Member   X   0.   0.   0.   0.   (17) Lewis Byrd   1.00   Eoard Member   0.   0.   0.   0.   0.   (17) Lewis Byrd   1.00   Eoard Member   0.   0.   0.   0.   0.   0.   (17) Lewis Byrd   1.00   Eoard Member   0.   0.   0.   0.   0.   (17) Lewis Byrd   1.00   Eoard Member   0.   0.   0.   0.   0.   (17) Lewis Byrd   1.00   Eoard Member   0.   0.   0.   0.   0.   (17) Lewis Byrd   1.00   Eoard Member   0.   0.   0.   0.   (17) Lewis Byrd   0.   0.   0.   0.   (17) Lewis Byrd   0.   (17) Lewi			x		$ _{\mathbf{x}} $				0.	0.	0.
Treasurer         1.00 X         X         X         0.         0.         0.           (14) Dan Rose         1.00 X         X         X         0.         0.         0.           Secretary         X         X         0.         0.         0.           (15) Harris Barton         X         0.         0.         0.           Board Member         X         0.         0.         0.           (16) Bonnie Boswell         X         0.         0.         0.           Board Member         X         0.         0.         0.           (17) Lewis Byrd         1.00         0.         0.         0.			<del> </del>								
(14) Dan Rose       1.00       X       X       0.       0.       0.         Secretary       X       X       0.       0.       0.         (15) Harris Barton       1.00       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.         (16) Bonnie Boswell       X       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.         (17) Lewis Byrd       1.00       0.       0.       0.       0.	· · ·		x		$ _{\mathbf{X}} $				0.	0.	0.
X   X   0. 0. 0.	(14) Dan Rose								-		
Board Member   X   0. 0. 0.   (16) Bonnie Boswell   1.00   X   0.   0.   0.   0.     (17) Lewis Byrd   1.00     (18) Board Member   1.00   (19) Board Memb	Secretary		Х		х				0.	0.	0.
(16) Bonnie Boswell         1.00           Board Member         X           (17) Lewis Byrd         1.00		1.00									
Board Member         X         0.         0.         0.           (17) Lewis Byrd         1.00         .         <	Board Member		Х						0.	0.	0.
(17) Lewis Byrd 1.00	(16) Bonnie Boswell	1.00									
	Board Member		X						0.	0.	0.
Board Member (term end 3/21)	(17) Lewis Byrd										
	Board Member (term end 3/21)	1.00	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	stees. Kev Em	vola	ees	. an	d Hi	ahe	st C	ompensated Employe	es (continued)	
(A)	(B)	j,			C)	<u> </u>		(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than or box, unless person is both officer and a director/truste						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Elizabeth Y. A. Ferguson	1.00									
Board Member		Х						0.	0.	0.
(19) Chet P. Hewitt	1.00									
Board Member		Х						0.	0.	0.
(20) Mack Jenkins	1.00									
Board Member		Х						0.	0.	0.
(21) George Montgomery	1.00									
Board Member		Х						0.	0.	0.
(22) Chris O'Donnell	1.00									
Board Member		Х						0.	0.	0.
(23) Chinwe Onyeagoro	1.00									
Board Member		Х						0.	0.	0.
(24) Elena Quintana	1.00									
Board Member		Х						0.	0.	0.
(25) Jesse Rogers	1.00									
Board Member (term end 3/21)		Х						0.	0.	0.
(26) Maria S. Salinas	1.00									
Board Member		Х						0.	0.	0.
1b Subtotal							ightharpoons	1,833,865.	0.	284,610.
c Total from continuation sheets to Part \	II, Section A						ightharpoons	0.	0.	0.
d Total (add lines 1b and 1c)							<b></b>	1,833,865.	0.	284,610.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	28

compensation from the organization

Yes No 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person.

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Research Triangle Institute	Evaluation	
P.O. Box 900002, Raleigh, NC 27675	Consultant	287,475.
Tides Center	Data Collection	
P.O. Box 399385 , San Francisco, CA 94139	Strategy Consultant	197,052.
Seattle Jobs Initiative, Pacific Tower,	SNAP Technical	
1200 12th Ave. S., Seattle, WA 98144	Assistance	144,503.
Sutherland Global Services Inc., 1160		
Pittsford Victor Road, Pittsford, NY 14534	Due Diligence Review	125,991.
Lean Jane Co, 2425 West Homer Street, Unit		
2, Chicago, IL 60647	Consultant	122,363.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		

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Form 990 REDF									54-213	2153
Part VII   Section A. Officers, Directors, Tru	ustees, Key Eı	mple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	k all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	'n				Highest compensated employee		the	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-WISC)	organization
	related	9e 0r	stee			nsate		(** 27 1033 141100)		and related
	organizations	Individual trustee or director	Institutional trustee		) yee	mpel				organizations
	below	/id ual	tution	Je.	Key employee	est co	Jer.			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) Adam Smith	1.00									
Board Member		Х						0.	0.	0 .
		1								
		-								
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		L	L	L	L		L			
Total to Part VII, Section A, line 1c										

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REDF

Part VIII	Statement of Revenue

			Check if Schedule O	conta	ains a	response	or note to any lin	e in this Part VIII			
						· ·	,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue		Revenuè excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
t t	1	а	Federated campaigns			1a					
an			Membership dues			1b					
ا ۾ ج			Fundraising events			1c					
ifts r A						1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr	ti		1e	2,146,027.				
Sig			All other contributions, gifts,				2,110,027.				
je E		f	similar amounts not included	-		اءدا	8,972,510.				
[등류						1f	100,806.				
اعق			Noncash contributions included in			1g \$		11,118,537.			
<u> </u>		n	Total. Add lines 1a-1f				Business Code	11,110,337.			
.	<del> </del>						Business Code				
<u>ič</u>	2										
le Š		b									
e a		C									
Re		d									
Program Service Revenue		е									
_			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (include								
			other similar amounts)					6,798.			6,798.
	4		Income from investment of			•	· · · · · ·				
	5		Royalties								
					(1	) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss	)			<b>&gt;</b>				
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a							
_		b	Less: cost or other basis								
an			and sales expenses	7b							
ther Revenue		С	Gain or (loss)	7с							
8		d	Net gain or (loss)			<u></u>					
her	8		Gross income from fundraising	ng ev	ents (r	not					
₽			including \$			of					
			contributions reported on	line	1c). S	ee					
			Part IV, line 18			8a	ı				
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fund	raisin	g even <u>ts</u>	, <b></b>				
	9	а	Gross income from gamin	g act	tivities	s. See					
			Part IV, line 19			9a	ı				
		b	Less: direct expenses								
		С	Net income or (loss) from	gami	ing ac	tivities					
	10	а	Gross sales of inventory, I	less i	return	s					
			and allowances			10	a				
		b	Less: cost of goods sold				b				
			Net income or (loss) from				<b></b>				
<sub>s</sub>							Business Code				
e g	11	а	Consulting				900099	439,716.			439,716.
Miscellaneous Revenue		b									
S		С									
Jiš  ™		d	All other revenue								
_			Total. Add lines 11a-11d					439,716.			
	12		Total revenue. See instruction	ns				11,565,051.	0.	0.	446,514.

# 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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			implete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in  (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4 600 000			
	and domestic governments. See Part IV, line 21	1,620,000.	1,620,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 170 171	211 007	400 261	450 000
	trustees, and key employees	1,172,171.	311,987.	409,361.	450,823.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F 260 227	4 050 672	1 126 222	17/ 222
7	Other salaries and wages	5,369,237.	4,058,672.	1,136,232.	174,333.
8	Pension plan accruals and contributions (include	180,204.	124,503.	53,945.	1 75 <i>6</i>
_	section 401(k) and 403(b) employer contributions)	951,284.	620,237.	281,682.	1,756. 49,365.
9	Other employee benefits	494,310.	345,708.	107,518.	41,084.
10	Payroll taxes	±34,31U•	343,100.	101,310.	41,004.
11	Fees for services (nonemployees):				
	Management	50,319.	1,076.	49,243.	
	Legal	30,319.	1,070.	49,243.	
	Accounting				
	Lobbying Professional fundraising convices See Part IV, line 17				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch O.)	2,719,011.	2,090,270.	421,191.	207,550.
12	Advertising and promotion	2//25/0110	2703072700	121/1310	20173301
13	Office expenses	8,087.	5,338.	1,024.	1,725.
14	Information technology	327,050.	232,174.	71,316.	23,560.
15	Royalties	327,73307	202,2727	7270200	20,0001
16	Occupancy	138,498.	98,001.	30,453.	10,044.
17	Travel	50,719.	29,974.	14,135.	6,610.
18	Payments of travel or entertainment expenses	3171201			.,
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,666.	8,723.	15,049.	894.
20	Interest	,	,	,	
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	77,725.	54,998.	17,090.	5,637.
23	Insurance	39,845.		39,845.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Affiliate Support	517,761.	456,515.	61,246.	
b	Other expenses	90,575.	74,998.	7,268.	8,309.
С	Training & Development	47,123.	6,144.	40,979.	
d	Recruiting	38,381.	795.	37,586.	
е	All other expenses	92,250.	62,430.	26,058.	3,762.
25	Total functional expenses. Add lines 1 through 24e	14,009,216.	10,202,543.	2,821,221.	985,452.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 00 01				Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,892,822.	1	11,204,141.
	2	Savings and temporary cash investments			9,615,082.	2	2,091,540.
	3	Pledges and grants receivable, net			32,237,082.	3	27,287,962.
	4	Accounts receivable, net			862,533.	4	399,232.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			133,015.	9	264,680.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,121,756. 863,355.			
	b	Less: accumulated depreciation	10b	863,355.	117,956.	10c	258,401.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	1.4	14	1.6		
	15	Other assets. See Part IV, line 11			16,730.	15	16,730.
	16	Total assets. Add lines 1 through 15 (must equa			44,875,220.	16	41,522,686.
	17	Accounts payable and accrued expenses	1,192,897.	17	1,294,235.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
ies	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
<u>ia</u>		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelat			1 007 200	23	
	24	Unsecured notes and loans payable to unrelated			1,007,308.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			2,200,205.	25	1,294,235.
	26	Total liabilities. Add lines 17 through 25			2,200,203.	26	1,294,233.
es		Organizations that follow FASB ASC 958, chec	k nere				
JI C	07	and complete lines 27, 28, 32, and 33.			9,421,555.	27	40,228,451.
3al	27	Net assets without donor restrictions  Net assets with donor restrictions			33,253,460.	28	0.
힏	28	Organizations that do not follow FASB ASC 95			33/233/1001	20	<u> </u>
Ξ		and complete lines 29 through 33.	o, che	ck liefe P			
ģ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			42,675,015.	32	40,228,451.
2	33	Total liabilities and net assets/fund balances			44,875,220.	33	41,522,686.
	- 00	יייי אוויוויים מווע וופנ מסספנס/ועווע שמומוונפס			,0/0/2200	J	,5-2,550.

Form **990** (2021)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2				16.
3	Revenue less expenses. Subtract line 2 from line 1	3			4,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,	<u>, 67</u>	5,0	<u> 15.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			2,3	<u>99.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	40,	<u>, 22</u>	8,4	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	it			1
	Act and OMB Circular A-133?		L	За	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	1

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

REDF 54-2132153 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14,420,583.	10,012,142.	11,446,062.	81,197,900.	10,600,776.	127,677,463.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	14,420,583.	10,012,142.	11,446,062.	81,197,900.	10,600,776.	127,677,463.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						20 005 050
_	column (f)						32,297,850.
	Public support. Subtract line 5 from line 4.						95,379,613.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		14,420,583.	10,012,142.	11,446,062.	81,197,900.	10,600,776.	127,677,463.
	Amounts from line 4 Gross income from interest,	14,420,303.	10,012,142.	11,440,002.	01,137,300.	10,000,770.	127,077,403.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13,387.	34,867.	42,319.	11,650.	6,798.	109,021.
9	Net income from unrelated business		0 = 7 0 0 7 0			0,7700	
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	7,141.			284,498.	439,716.	731,355.
11	Total support. Add lines 7 through 10						128,517,839.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	151,684.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop	here					<u></u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	74.22 %
	Public support percentage from 2020					15	97.34 %
16a	33 1/3% support test - 2021. If the o	-					
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		•	-	•	•	<b>.</b> .
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	ū				•	10% or
	more, and if the organization meets the		•				_
10	organization meets the facts-and-circle <b>Private foundation.</b> If the organization						

# 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.)

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inoccupidor coction 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received		+				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

## 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne 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,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		ipported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b	Щ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		tt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	0'		
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	rago <b>c</b>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 REDF			5	4-2132153 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions			·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
А	Evenes from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

•	Section 5	01(c)(4), (3), 01 (0) 01ga1112a	tions. Complete Fart III.					
Nam	ne of orga	nization			Emp	loyer identification n	umber	
	REDF				54-2132153			
Pa	rt I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	organization.		
1	Provide a	a description of the organiz	zation's direct and indirect polit	ical campaign activities	in Part IV.			
			ures			š		
3	Voluntee	r hours for political campai	gn activities					
Pa	rt I-B	Complete if the ord	ganization is exempt un	der section 501(c)	(3).			
			incurred by the organization ur	• • • • • • • • • • • • • • • • • • • •	· ·	 B		
2	Enter the	amount of any excise tax	incurred by organization mana	gers under section 495	5	<u> </u>	,	
3	If the ord	anization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes	No	
			,				☐ No	
		describe in Part IV.						
_			ganization is exempt un	der section 501(c)	, except section 501	(c)(3).		
1	Enter the	amount directly expended	d by the filing organization for s	ection 527 exempt fund	tion activities	\$		
2	Enter the	amount of the filing organ	ization's funds contributed to	other organizations for s	ection 527			
	exempt f	unction activities		-	▶ \$	\$		
3			s. Add lines 1 and 2. Enter here					
	line 17b				▶\$	\$		
4	Did the f	iling organization file Form	1120-POL for this year?			Yes	No	
5			nployer identification number (E				on	
	made pa	yments. For each organiza	tion listed, enter the amount pa	aid from the filing organi	zation's funds. Also enter t	he amount of political		
	contribut	tions received that were pr	omptly and directly delivered to	a separate political org	ganization, such as a separa	ate segregated fund o	ra	
	political a	action committee (PAC). If	additional space is needed, pro	ovide information in Part	: IV.			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of pol	itical	
					filing organization's	contributions receive		
					funds. If none, enter -0	promptly and dire		
						political organizat		
						If none, enter -0	)	

Schedule C (Form 990) 2021

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	<b>)</b>
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	v	Х	0./	017
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	X	94	1,017.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		Λ	9/	1,017.
j Total. Add lines 1c through 1i		x	9 -	±,01/•
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
<ul> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> </ul>				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A   Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ection	
501(c)(6).	o oo .(o,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, cu.c	
00.(0)(0).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Part III-B Complete if the organization is exempt under section 501(c)(4), secti			ection	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	l "No" OF	R (b) Part	III-A, lin	e 3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year				
c Total		_		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	o list); Part I	I-A, lines 1	and 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
instructions); and Part II-B, line 1. Also, complete this part for any additional information.  Part II-B, Line 1, Lobbying Activities:				
instructions); and Part II-B, line 1. Also, complete this part for any additional information.  Part II-B, Line 1, Lobbying Activities:  REDF informs and influences federal, state, and local	. polic	cymake	rs to	
Part II-B, Line 1, Lobbying Activities:	_			
Part II-B, Line 1, Lobbying Activities: REDF informs and influences federal, state, and local	ESEs)	and t	0	
Part II-B, Line 1, Lobbying Activities: REDF informs and influences federal, state, and local promote the growth of Employment Social Enterprises (	ESEs)	and t	0	

supported CA Assembly Bill 628 which will renew and expand the Breaking
Barriers to Employment Initiative and specifically naming ESEs in the
list of partnerships that can receive grant funding. At the federal
level, REDF achieved major policy wins both by getting ESEs named and
included in legislation (the Jobs for Economic Recovery Act and the
Long-Term Unemployment Elimination Act) and continuously increasing ESE
socialization and education among federal policymakers, including
through the congressional testimonies made by ESE leaders and REDF's
participation in a House Education & Labor roundtable.

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

REDF 54-2132153

Par	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ds or Accounts. Complete if the
	<u> </u>	(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 adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	. —	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	•	-
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
_	<b>\</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that describes the
Dar	organization's accounting for conservation easements.  † III Organizations Maintaining Collections or	f Art Historical Treasures or	Other Similar Assets
rai	Complete if the organization answered "Yes" on Form		Other Sillilai Assets.
4.			h and balance about wells
ıa	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put		
<b>L</b>	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	rtherance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
2	If the organization received or held works of art, historical tre		ciai gairi, provide
_	the following amounts required to be reported under FASB A		<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1		
р	Assets included in Form 990, Part X		🏲 🐧

# 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						
<b>b</b> Buildings						
c Leasehold improvements		166,655.	10,049.	156,606.		
d Equipment		362,697.	305,597.	57,100.		
e Other		592,404.	547,709.	44,695. 258,401.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 REDF		54	-2132153 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d. See Form 990. Part X. line 15	
	Description	3 11d. 355 1 3111 355, 1 417 X, iii 6 15.	(b) Book value
	Boomption		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	<b>&gt;</b>	
Part X Other Liabilities.	E 000 B 1 N / I'	11 11 0 F 000 B 1 V II 05	_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	<b>&gt;</b>	

<sup>2.</sup> 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... X

	edule D (Form 990) 2021 REDF		54-2132153	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part X	J,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional information.		
Pa	rt X, Line 2:			

REDF is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by REDF in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. REDF's returns are subject to examination by federal and state taxing authorities, generally for three and four years,

Schedule D (Form 990) 2021 REDF	54-2132153 Page 5
Schedule D (Form 990) 2021 REDF  Part XIII Supplemental Information (continued)	<u> </u>

#### SCHEDULE I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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 for the latest information. **Employer identification number** Name of the organization 54-2132153 REDF 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Bikes Not Bombs Inc. 284 Amory St. 04-3138753 Accelerator Boston, MA 02130 501(c)(3) 20,000 0 Blue Jacket Staffing, Inc. 2826 S. Calhoun St. Fort Wayne, IN 46807 35-2210669 501(c)(3) 20,000 Accelerator Civic Works Baltimore Center for Green Careers - 2701 St. Lo Dr. -Baltimore, MD 21213 52-1925614 501(c)(3) 100,000 0 Growth Portfolio Clean Decisions 3315 Alden Pl. NE Washington DC 20019 47-2187741 100,000 Growth Portfolio ConBody Inc 121 Ludlow St. 83-2845087 New York, NY 10002 20,000 0 Accelerator Conservation Corps of Long Beach 340 Nieto Ave. Long Beach, CA 90803 33-0293393 501(c)(3) 20 000 0 Accelerator 22. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

REDF Schedule I (Form 990)

Schedule I (Form 990) KEDI							+ ZIJZIJJ Pag
Part II Continuation of Grants and Othe	r Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FogHill, Inc							
4402 Dubois Pl. SE							
Washington, DC 20019	82-3499962		20,000.	0.			 Accelerator
	1						
GLIDE							
330 Ellis St. 4th Floor							
San Francisco, CA 94102	94-1156481	501(c)(3)	20,000.	0.			Accelerator
GRID Alternatives							
1338 S. Flower St.							
Los Angeles, CA 90015	46-1652604	501(c)(3)	100,000.	0.			Growth Portfolio
Homeward Bound of Marin							
1385 Hamilton Pkwy.				_			
Novato, CA 94949	68-0011405	501(c)(3)	100,000.	0.			Growth Portfolio
Hopeworks 'N Camden							
808 Market St., Fl 3							
Camden, NJ 08102	31-1660671	501(c)(3)	100,000.	0.			Growth Portfolio
Camaeir, No 00102	31 1000071	501(0/(3/	100,000.	0.			GIOWCII TOTCIOTIO
Jobs Foundation							
860 Vandalia St.							
Saint Paul, MN 55114	27-2295466	501(c)(3)	100,000.	0.			Growth Portfolio
Lancaster Works							
100 S. Queen St.							
Lancaster, PA 17603	82-1294121		20,000.	0.			Accelerator
MAKE Projects							
3421 Herman Ave.							
San Diego, CA 92104	27-2938491	501(c)(3)	20,000.	0.			Accelerator
Mulhi-ultimal Def. C. 1111							
Multicultural Refugee Coalition							
P.O. Box 41566	26-3636963	501/a)/2)	20 000	0.			Accelerator
Austin, TX 78704	26-3636863	POT (C) (3)	20,000.	U.			uccetetacot

Schedule I (Form 990) REDF

Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Weighborhood Industries							
353 E. Olive Ave.							
Fresno, CA 93728	74-3252737	501(c)(3)	100,000.	0.			Growth Portfolio
Opportunity Construction							
325 Frank S. Brown Blvd.							
Steelton, PA 17113	45-5382987		100,000.	0.			Growth Portfolio
Piikup LLC							
2323 Broadway							
Oakland, CA 94612	82-0761342		20,000.	0.			Accelerator
Pioneer Human Services							
7440 W. Marginal Way S.							
Seattle, WA 98108	91-0791552	501(c)(3)	100,000.	0.			Growth Portfolio
·			·				
Presbyterian Night Shelter							
P.O. Box 2645							
Fort Worth, TX 76113	75-1985591	501(c)(3)	100,000.	0.			Growth Portfolio
Project Return							
109 Lafayette St.							
Nashville, TN 37210	62-1058325	501(c)(3)	100,000.	0.			Growth Portfolio
Rise Up Industries							
8530 Roland Acres Rd.							
Santee, CA 92071	80-0908912	501(c)(3)	20,000.	0.			 Accelerator
·			,				
The Challenge Program							
1124 E. 7th St.							
Wilmington, DE 19801	51-0386369	501(c)(3)	100,000.	0.			Growth Portfolio
The NetWork for Better Futures							
813 N. 5th St.							
Minneapolis, MN 55401	45-0550557	501(c)(3)	100,000.	0.			Growth Portfolio

REDF

Schedule I (Form 990)

Schedule I (Form 990) KEDF							04-2132153 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Urban Wild Inc.							
1765 Prospect Pl., #4N							
Brooklyn, NY 11233	83-4562851	501(c)(3)	20,000.	0.			Accelerator
	00 1002001		20,000.	•			
Unibody Fitness NYC, LLC							
33 W. 19th St.							
New York, NY 10011	37-1949379		20,000.	0.			Accelerator
Urban Association of Forestry and							
Fire Professionals DBA Forestry							
and Fire - 110 W. 6th St Azusa,							
CA 91702	83-0806426	501(c)(3)	20,000.	0.			Accelerator
Valeo Vocation							
603 Tacoma Ave. S.							
Tacoma, WA 98402	82-4092268	501(c)(3)	20,000.	0.			Accelerator
Weld Seattle							
1426 S. Jackson St.							
Seattle, WA 98144	81-3922645	501(c)(3)	20,000.	0.			Accelerator
Seattle, WA 70144	81-3922043	501(6)(3)	20,000.	0.			Accelerator

REDF Schedule I (Form 990) 2021

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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.					
Part I, Line 2:									
REDF maintains a close relationshi	p with t	he organiz	ations we	fund. We have					
a team of program, fiscal and comp	liance p	ersonnel w	ho work cl	osely with					
the organizations to monitor progr	ess towa	rds goals.	In additi	on and as					
appropriate, we restrict the use of funds to particular projects and									
require evidence that the funds have been spent in alignment with the									
restrictions.									

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Employer identification number 54-2132153 REDF

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	ı	I

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 REDF 54-2132153 Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) David Samuels		220,218.	0.	0.	8,976.	33,118.	262,312.	0.
Chief Financial & Admin. Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Carrie McKellogg	(i)	219,569.	0.	0.	8,976.	33,561.	262,106.	0.
Chief Program Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Jo'Vion Greer	(i)	230,456.	0.	0.	9,180.	14,257.	253,893.	0.
VP, Dev. and Marketing Communication	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Carla I. Javits	(i)	207,596.	0.	0.	6,153.	28,579.	242,328.	0.
Pres. & CEO/CEO (transition 6/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Brian Williams	(i)	168,180.	0.	0.	6,856.	28,565.	203,601.	0.
Director of Talent	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Peter A. Lippman	(i)	173,706.	0.	0.	0.	25,844.	199,550.	0.
Director of Finance	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Emilie Linick	(i)	170,466.	0.	0.	6,790.	13,601.	190,857.	0.
Director, Impact Lending	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Lori Warren	(i)	148,387.	0.	0.	5,999.	33,929.	188,315.	0.
Director, Marketing & Communications	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Karen Chern Zangle	(i)	156,967.	0.	0.	5,629.	1,385.	163,981.	0.
Director, Growth Portfolio	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Maria Kim	(i)	138,320.	0.	0.	5,492.	7,720.	151,532.	0.
President (term start 6/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021	REDF	54-2132153	Page 3
Part III Supplemental Inform			
Provide the information, explana	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a,	6b, 7, and 8, and for Part II. Also complete this part for any additional inform	nation.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Part I

Types of Property

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

Attach to Form 990.

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

Employer identification number Name of the organization 54-2132153 REDF

(b)

		(a)	<b>(b)</b> Number of	(c) Noncash contribution	(d)	tormin	ina	
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu			9
		аррпоавто	items contributed	Form 990, Part VIII, line 1g	Tioriodori contribu			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			100				
9	Securities - Publicly traded	X	3	100,806.	Value, time	οt	tra	<u>ade</u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other • ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organia	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be u	ised for			
	exempt purposes for the entire holding period?							
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

## SCHEDULE O (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REDF

**Employer identification number** 54-2132153

Form 990, Part I, Line 1, Description of Organization Mission: to employment. Form 990, Part III, Line 1, Description of Organization Mission: people. Form 990, Part III, Line 4d, Other Program Services: Other Program services include Community, Impact Lending, Advocacy, Strategic Implementation, Farber Internship, and Outreach. Expenses \$ 4,146,864. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section B, line 11b: REDF's Form 990 is initially reviewed by the Director of Finance, Chief Financial and Administrative Officer, and President & CEO, followed by a review by REDF's audit committee. The audit committee includes two members of the Board of Directors who act on behalf of the Board. Upon approval by the audit committee, the Form 990 is provided to the full Board of Directors prior to filing. Form 990, Part VI, Section B, Line 12c: REDF regularly enforces compliance with our conflict of interest policy for all employees and requires the Organizations' Board of Directors to

Form 990, Part VI, Section B, Line 15:

compensation study is performed for all roles in the organization. Goals LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

annually sign a Conflict of Interest Statement.

Schedule O (Form 990) 2021 Page **2** 

Name of the organization **Employer identification number** REDF 54-2132153 and compensation levels are set annually for all employees and reviewed and approved by the Executive Committee (President & CEO, Chief Financial and Administrative Officer, Chief Program Officer, and VP of Development and Marketing Communications). Compensation levels are set within the boundaries of the annual Board approved organizational budget. Form 990, Part VI, Section C, Line 19: REDF makes its governing documents, conflict of interest policy and financial statements available to the public upon request via hard or electronic copy. REDFs Financial Statements are also made available on www.redf.org and REDFs Form 990 available on www.redf.org and on www.guidestar.org. Form 990, Part IX, Line 11g, Other Fees: Payroll service fees: Program service expenses 0. Management and general expenses 155,559. Fundraising expenses 0. Total expenses 155,559. Consultants: Program service expenses 2,090,270. Management and general expenses 265,632. Fundraising expenses 207,550. Total expenses 2,563,452. Total Other Fees on Form 990, Part IX, line 11g, Col A 2,719,011. Form 990, Part XI, line 9, Changes in Net Assets:

Page 2

Schedule O (Form 990) 2021

## **SCHEDULE R** (Form 990)

**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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization REDF					E	Employer identific 54-21321	cation no . 53	umber
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "	es" on Form 990, Part IV, line 3	3.		·			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year		sets Direct contri entity		)
	_							
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organizat	ion answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or mo	ore related tax-exe	empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) rect controlling entity	conti	g) 512(b)(13) rolled ity?
REDF Impact Investing Fund - 84-2301234				501(c)(3))			Yes	No
785 Market Street, Suite 1200 San Francisco, CA 94103	Impact Lending	California	501(c)	Line 7	REDF			X

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
raitiii	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box	partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

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Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y				1a		X	
b	Gift, grant, or capital contribution to related organization(s)					1b		X	
С	Gift, grant, or capital contribution from related organization(s)					1c		X	
d	Loans or loan guarantees to or for related organization(s)					1d		X	
e Loans or loan guarantees by related organization(s)									
	, , , , , , , , , , , , , , , , , , , ,								
f	Dividends from related organization(s)					1f		Х	
g	Sale of assets to related organization(s)					1g		X	
	Purchase of assets from related organization(s)					1h		X	
i	Exchange of assets with related organization(s)					1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		X	
Ī									
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		Х	
1	Performance of services or membership or fundraising solicitations for related organizations	anization(s)				11	Х		
	Performance of services or membership or fundraising solicitations by related orga					1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat					1n		X	
	Sharing of paid employees with related organization(s)					10		X	
p	Reimbursement paid to related organization(s) for expenses					1p		X	
	Reimbursement paid by related organization(s) for expenses					1q	Х		
٦	(0)								
r	Other transfer of cash or property to related organization(s)					1r		Х	
	Other transfer of cash or property from related organization(s)					1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on v								
_			<u> </u>	Totationismps and transaction					
	<b>(a)</b> Name of related organization	(b) Transaction	(c) Amount involved	Method of deter	(d) mining amount invo	olved			
	<b>S</b>	type (a-s)	7		g asant mire				
1)	REDF Impact Investing Fund	L	449,905.	Cost					
2) :	REDF Impact Investing Fund	S	67,856.	Cost					
3)									
,									
4)									
-,									
5)									
-1									
6)									
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)( orgs.	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion allocat	opor- nate tions?	Gener mana partr Yes	ral or Faging ner?	(k) Percentage ownership