Extended to November 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

A F	or the	e 2022 calendar year, or tax year beginning	and	ending		
B (heck if	C Name of organization			D Employer identific	cation number
	_Addre	ss REDF				
	Name chang				54-21321	53
	Initial return	Number and street (or P.O. box if mail is not delive	red to street address)	Room/suite	E Telephone numbe	
	Final return			1200	(415) 56	1-6679
_	termin ated	City or town, state or province, country, and ZII			G Gross receipts \$	17,800,426.
L	Amen	Dan Francisco, CA 9410.			H(a) Is this a group re	
	Application pendi		a Kim		for subordinates	
		same as C above			H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Vebsi		oiotion Othor	1	H(c) Group exemptio	
		organization: X Corporation Trust Associated	ciation Other	L Year	of formation: 2003 N	1 State of legal domicile: CA
ГС		Briefly describe the organization's mission or most significant si	idia-and a-dia-idia-a. SAA	Schodii	16 0	
ce	1	Briefly describe the organization's mission or most sign	gnificant activities: Dee	beneau	.16 0	
nan	2	Check this box if the organization disconting	nued its operations or dispo	seed of more	than 25% of its not as	reate
Ver	l .	Number of voting members of the governing body (Pa			I 1	17
õ		Number of independent voting members of the government of the gove				15
δ		Total number of individuals employed in calendar year				77
/itie		Total number of volunteers (estimate if necessary)				17
Activities & Governance		Total unrelated business revenue from Part VIII, colur				0.
٩		Net unrelated business taxable income from Form 99				0.
					Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			11,118,537.	16,873,834.
enn	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, at	nd 7d)		6,798.	4,962.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		439,716.	921,630.	
	12	Total revenue - add lines 8 through 11 (must equal Pa	art VIII, column (A), line 12)		11,565,051.	17,800,426.
		Grants and similar amounts paid (Part IX, column (A),			1,620,000.	4,060,929.
		Benefits paid to or for members (Part IX, column (A),			0. 8,167,206.	0 110 002
Expenses		Salaries, other compensation, employee benefits (Pa			0,167,206.	9,119,093.
en		Professional fundraising fees (Part IX, column (A), line			0.	0.
EX		Total fundraising expenses (Part IX, column (D), line 2			4,222,010.	5,897,345.
		Other expenses (Part IX, column (A), lines 11a-11d, 1 Total expenses. Add lines 13-17 (must equal Part IX,			14,009,216.	19,077,367.
	l .	Revenue less expenses. Subtract line 18 from line 12			-2,444,165.	
or	13	rievende less expenses. Subtract line 10 from line 12	•		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			41,522,686.	42,983,739.
Ass d Ba	21				1,294,235.	4,032,230.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from lin			40,228,451.	38,951,509.
Pa	art II	Signature Block				
		lities of perjury, I declare that I have examined this return, inc				y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.	
		Cinnekus of officer			Data	
Sig		Signature of officer			Date	
Her	е	Maria Kim, President & CEO Type or print name and title				
			vanavala alamak	IT	Date Check	II PTIN
Paid	1	Print/Type preparer's name Carlos A. Davis, CPA	reparer's signature	["	if	
	oarer	Firm's name Harrington Group, (CDAs T.T.D		self-employ Firm's EIN 9	5-4557617
	Only	Firm's address 2698 Mataro Street	FIIIII S EIN 3	2 ±33/01/		
036	Jilly	Pasadena, CA 91107			Phone no. (6	26) 403-6801
Mav	the II	RS discuss this return with the preparer shown above	e? See instructions		[1 Holle Ho. (0	X Yes No

Par	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 nation's only venture catalyst investing exclusively in
	Employment Social Enterprises (ESEs) - businesses achieving
	transformative social impact. Since 1997, REDF has provided seed and
	growth capital and specialized advisory services directly to 280 ESEs,
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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.
4a	(Code:) (Expenses \$ 5,245,973. including grants of \$ 3,211,329.) (Revenue \$)
	Growth Portfolio: 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.
	sustainability for the enterprises.
4b	(Code:) (Expenses \$ 1,695,817. including grants of \$ 700,000.) (Revenue \$
	The REDF Accelerator provides co-hort based leadership training and
	coaching to ESE leaders with a focus on core ESE competencies,
	including strategic planning, financial planning, operations, marketing
	and communication and employee supports.
	1 (10 455
4c	(Code:) (Expenses \$ 1,610,455. including grants of \$ 30,000.) (Revenue \$)
	Partnerships: REDF provides capacity building consulting on accessing public support and offers intermediary services to communities that
	seek to create public-private partnerships that help grow the ESE
	field. Since 2016, REDF has partnered with the City and County of LA to
	implement LA: RISE, a collaboration between ESEs, next-stage employers
	and Personal Service Providers (PSPs) to support transition to
	competitive employment for ESE employees. REDF also provides capacity
	building support to ESEs to leverage SNAP E&T funding in LA through the
	County of LA and nationally through USDA.
	Councy of the did nationally through oppre
4d	Other program services (Describe on Schedule O.)
, u	(Expenses \$ 6,445,162 • including grants of \$ 119,600 •) (Revenue \$)
4e	Total program service expenses 14,997,407.

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Form 990 (2022) 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	•		х
	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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		Х
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,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2022)

REDF

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	X					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		Х				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
20	instructions for applicable filing thresholds, conditions, and exceptions):							
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
а								
h	"Yes," complete Schedule L, Part IV							
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	28b		Х				
С		28c		х				
00	"Yes," complete Schedule L, Part IV							
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			х				
0.4	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						
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		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v					
	Part V, line 1	34	Х	₩				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,7				
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	, , , , , , , , , , , , , , , , , , , ,							
D-	Note: All Form 990 filers are required to complete Schedule 0	38	X					
Par								
	Check if Schedule O contains a response or note to any line in this Part V			Ш				
			Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 105							
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 5							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					

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

			Yes	NO							
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	,									
	induiter the defendant year entaining man or maint the year develor by the retain	4	X								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b									
	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a		4a		Х							
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		- 25							
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,,							
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		- V							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/								
y h	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	N/								
Ū	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	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	4									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
120	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?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	iZd									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1									
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
	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?	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v							
	excess parachute payment(s) during the year?	15		X							
46	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Α.							
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17									
	If "Yes," complete Form 6069.										
	, , ,										

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		_	_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			🚅	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			<u>L</u> :	3		X
4	$\label{eq:decomposition} \mbox{ Did the organization make any significant changes to its governing documents since the prior Form}$	990 wa	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		🖳	5		X
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 a	ppoint	one or				
	more members of the governing body?			7	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:				
а	The governing body?			8	За	X	
b	Each committee with authority to act on behalf of the governing body?			8	3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)		_		
					-	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				0b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy betc	re filing the form	? 1	1a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk			12	2b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				_ ا	v	
40	on Schedule O how this was done				2c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?			··· ├'	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approv		naepenaent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				F _	Х	
	The organization's CEO, Executive Director, or top management official				5a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			··· Ľ	5b	21	
16-		mont v	uith a				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			-4	6a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organization to evaluate the organization the			-''	0a		- 25
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati	-	="				
				10	6b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure			10	ob		
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, a	and aa	D-T (section 501/	:)(3)e c	nh/v	avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	IU 331	5 / (SCCIIOI1 SCI)(J _I UJS C	Ji iiy)	availe	ADIC
	Own website X Another's website X Upon request Other (explain	on Sc	chedule (1)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			and f	inan	cial	
.5	statements available to the public during the tax year.	OI IIIIOL	o. interest policy	, այս լ	iai i	Jiui	
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records				
	Maria Kim - (415) 561-6679	ui					
	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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(0)

(D)

(E)

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

(D)

Name and title	(A)	(B)	(C)					(D)	(E)	(F)	
Note	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Naria Kim			box	box, unless person is both a		h an		•			
Maria Kim			_	00. 4			T	100,			
Maria Kim		1 '	lirect				L			•	•
Maria Kim			e or c	stee			satec		_	·	
Maria Kim			truste	al trus		yee	mpen		l ,	10001120)	•
Maria Kim			idual	ution	<u></u>	oldm	est co oyee	-e	,		
(1) Maria Kim		line)	Indivi	Instit	Office	Key e	High empl	Form			
Care	(1) Maria Kim	40.00									
Chief Financial & Admin. Officer 32.00 X	President & CEO		Х		Х				293,304.	0.	24,577.
Carrie McKellogg	(2) David Samuels	40.00									
Chief Program Officer	Chief Financial & Admin. Officer				Х				242,738.	0.	34,285.
1	(3) Carrie McKellogg										
VP, Dev. and Marketing Communication X 237,364. 0. 24,272.	Chief Program Officer				Х				228,777.	0.	42,919.
Section Williams	(4) Jo'Vion Greer	40.00									
Director of Talent	VP, Dev. and Marketing Communication					Х			237,364.	0.	24,272.
Columbia Columbia	(5) Brian Williams	40.00									
Director of Finance							Х		176,730.	0.	45,778.
Column	(6) Peter A. Lippman	40.00								_	
Director, Impact Lending							X		187,827.	0.	28,378.
Case Communications Communications	(7) Emilie Linick	40.00								_	
Director, Marketing & Communications X 166,161. 0. 34,595.	Director, Impact Lending						X		178,980.	0.	22,776.
Dina Wilderson	(8) Lori Warren	40.00									
Director, Learning & Evidence							X		166,161.	0.	34,595.
CEO/Senior Advisor (Transition 3/22)		40.00					l		150 000		00 604
CEO/Senior Advisor (Transition 3/22)		16.00					X		172,882.	0.	20,694.
Comparison Com	•	16.00							106 071		E 011
Note Chair Not		1 00	X		X				126,271.	0.	5,811.
(12) Stuart Davidson 1.00 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	_	1.00	,,		,,				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 1.00 X 0. 0. 0. Board Member X 0. 0. 0. 0. (17) Elizabeth Y. A. Ferguson 1.00 0. 0. 0. 0. Board Member X 0. 0. 0. 0. 0.		1 00	X		X				0.	0.	0.
Column											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. (15) Harris Barton 1.00 0. 0. 0. 0. Board Member X 0. 0. 0. 0. (16) Bonnie Boswell 1.00 0. 0. 0. 0. Board Member X 0. 0. 0. 0. (17) Elizabeth Y. A. Ferguson 1.00 0. 0. 0. 0. Board Member X 0. 0. 0. 0. 0.			X		X				0.	0.	0.
Column C	-								_		0
X X 0. 0. 0.			X		X				0.	0.	0.
Name		1.00							_		0
Board Member X 0. 0. 0. (16) Bonnie Boswell 1.00 0. 0. 0. 0. Board Member X 0. 0. 0. 0. (17) Elizabeth Y. A. Ferguson 1.00 X 0. 0. 0. Board Member X 0. 0. 0. 0.		1 00	X		X				0.	0.	0.
(16) Bonnie Boswell 1.00 Board Member X (17) Elizabeth Y. A. Ferguson 1.00 Board Member X 0. 0. 0. 0.		1.00									•
Board Member X 0. 0. 0. (17) Elizabeth Y. A. Ferguson 1.00 X 0. 0. 0. Board Member X 0. 0. 0. 0.		1 00	X						0.	0.	0.
(17) Elizabeth Y. A. Ferguson Board Member X 0. 0.		1.00							_		0
Board Member X 0. 0.		1 00	X						0.	0.	0.
		T.00	,,							_	•
	Board Member		X						<u> </u>	0.	

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Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than or box, unless person is both officer and a director/truste			than is bot	h an	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) Chet P. Hewitt	1.00									•
Board Member	1 00	Х						0.	0.	0.
(19) Mack Jenkins	1.00	х						0.	0.	0.
Board Member	1.00	Δ						0.	0.	0.
(20) George Montgomery Board Member (term end 12/22)	1.00	Х						0.	0.	0.
(21) Ryan Nolan	1.00									
Board Member (start 12/22)		х						0.	0.	0.
(22) Chris O'Donnell	1.00									
Board Member		Х						0.	0.	0.
(23) Chinwe Onyeagoro	1.00									
Board Member (term end 12/22)		Х						0.	0.	0.
(24) Elena Quintana	1.00									
Board Member		Х						0.	0.	0.
(25) Jesse Rogers	1.00									
Board Member (start 9/22)		Х						0.	0.	0.
(26) Maria S. Salinas	1.00									
Board Member		Х						0.	0.	0.
1b Subtotal	1b Subtotal							2,011,034.	0.	284,085.
c Total from continuation sheets to Pa	c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)	<u></u>							2,011,034.	0.	284,085.

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

33 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 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
Seattle Jobs Initiative, 1200 12th Avenue		
South, Suite 160, Seattle, WA 98144	Technical assistance	311,568.
Theresa Freeley		
3869 17th Street, San Francisco, CA 94114	Capacity building	141,025.
The Raben Group, LLC, 1341 G Street NW,		_
5th Floor, Washington, DC 20005	Strategy services	140,000.
Alan J. Blair, 214 Grant Avenue, Suite		
350, San Francisco, CA 94108	Temporary staff	137,109.
Mette Anderson		
Havdrupvej 96, , Bronshoj, DENMARK 2700	Event Planning	104,169.
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 7		

See Part VII, Section A Continuation sheets

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours)) Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		per week (list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) Ada	m Smith	1.00										
Board Me	mber		Х						0.	0.	0.	
			\vdash								-	
			Г									
			\vdash									
				•		•	•					

Form 990 (2022) REDF
Part VIII Statement of Revenue

			Check if Schedule O	contains a	rosponso	or note to any lin	o in this Dart VIII			
			Crieck ii Scriedule O t	JUHLAHIS A	response	or note to any iin	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
Gra		b	Membership dues		1b					
ts, (С	Fundraising events		1c					
ia ia		d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr		1e	1,310,060.				
		f	All other contributions, gifts,							
			similar amounts not included	above	1f	15,563,774.				
		-	Noncash contributions included in	lines 1a-1f	1g \$	50,129.				
<u>ā</u>		h	Total. Add lines 1a-1f				16,873,834.			
						Business Code				
ice	2	а								
erv ne		b								
m S		С								
gra Re		d								
Program Service Revenue		e								
_			All other program service							
	_		Total. Add lines 2a-2f							
	3		Investment income (includ	-			4,962.			4,962.
	4						4,302.			4,302.
	4 5		Income from investment of		-	F				
	5		Royalties) Real	(ii) Personal				
	6	а	Gross rents	6a (, ricai	(ii) i ciocitai				
	U		Gross rents Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)							
	7		Gross amount from sales of		ecurities	(ii) Other				
	•	u	assets other than inventory	7a (7)		(4)				
		h	Less: cost or other basis	14						
e ne		~	and sales expenses	7b						
/en		С	Gain or (loss)	7c						
Revenue			Net gain or (loss)							
ē	8		Gross income from fundraising							
₹			including \$,	of					
			contributions reported on	line 1c). S	ee					
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
		С	Net income or (loss) from	fundraisin	g events					
	9	а	Gross income from gamin	g activities	s. See					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from	gaming ac	tivities					
	10	а	Gross sales of inventory,							
			and allowances			a				
		b	Less: cost of goods sold		10k					
		С	Net income or (loss) from	sales of in	ventory					
SZ						Business Code				
Miscellaneous Revenue	11		Consulting			900099	833,977.			833,977.
llar		-	Other income			900099	87,653.			87,653.
Sce Re		С								
Ξ			All other revenue				204 522			
			Total Add lines 11a-11d				921,630.		^	006 500
	12		Total revenue. See instruction	IIIS			17,800,426.	0.	0.	926,592.

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).

	Oh ali if Oah alide Oa authir a suagan				X
- Do	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	Management and	Fundráising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	4,060,929.	4,060,929.		
_	and domestic governments. See Part IV, line 21	4,000,323.	4,000,349.		
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,	4 444 -44			
	trustees, and key employees	1,260,538.	429,553.	352,425.	478,560.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,054,319.	4,691,992.	1,153,725.	208,602.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	212,861.	161,436.	50,802.	623. 50,883.
9	Other employee benefits	1,054,232.	747,758.	255,591.	
10	Payroll taxes	537,143.	393,451.	98,867.	44,825.
11	Fees for services (nonemployees):				
а	Management				
	Legal	62,230.	3,195.	59,035.	
	Accounting	•		•	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	2,719,707.	2,146,878.	192,114.	380,715.
12	Advertising and promotion				
13	Office expenses	28,164.	17,240.	7,928.	2,996.
		405,202.	296,481.	78,779.	29,942.
14	Information technology	103,202	250, 101.	70,113.	25,542.
15	Royalties	484,259.	351,965.	96,203.	36,091.
16	Occupancy	466,425.	348,023.	102,517.	15,885.
17	Travel	400,425.	340,023.	102,317.	13,003.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	72 242	10 022	F1 762	650
19	Conferences, conventions, and meetings	72,243.	19,823.	51,762.	658.
20	Interest				
21	Payments to affiliates	7/ (00	E // // 1	11 677	E F01
22	Depreciation, depletion, and amortization	74,689. 50,128.	54,431.	14,677. 50,128.	5,581.
23	Insurance	50,128.		50,128.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	005 444	000 500	101 100	
а	Affiliate Support	925,111.	823,709.	101,402.	40 400
b	Other expenses	243,446.	220,363.	3,680.	19,403.
С	Events	188,166.	184,029.	1,132.	3,005.
d	Equipment rental & main	48,909.	35,303.	9,802.	3,804.
е	All other expenses	128,666.	10,848.	116,596.	1,222.
25	Total functional expenses. Add lines 1 through 24e	19,077,367.	14,997,407.	2,797,165.	1,282,795.
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)				
					F 000 (0000)

Form 990 (2022) Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,204,141.	1	14,962,198.
	2	Savings and temporary cash investments	2,091,540.	2	1,588,813.
	3	Pledges and grants receivable, net	27,287,962.	3	22,506,994.
	4	Accounts receivable, net	399,232.	4	617,215.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	264,680.	9	218,758.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,165,211.			
	b	Less: accumulated depreciation 10b 903,087.	258,401.	10c	262,124.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,730.	15	2,827,637.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	41,522,686.	16	42,983,739.
	17	Accounts payable and accrued expenses	1,294,235.	17	1,471,323.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	•		0 560 005
		of Schedule D		25	2,560,907.
	26	Total liabilities. Add lines 17 through 25	1,294,235.	26	4,032,230.
တ္က		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	40 000 451		0 460 000
alaı	27	Net assets without donor restrictions	40,228,451.	27	9,469,287.
В	28	Net assets with donor restrictions		28	29,482,222.
Ë		Organizations that do not follow FASB ASC 958, check here			
P.		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	40 000 454	31	20 051 500
Š	32	Total net assets or fund balances	40,228,451.	32	38,951,509.
	33	Total liabilities and net assets/fund balances	41,522,686.	33	42,983,739.

Form **990** (2022)

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Pa	Tt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		17,80		
2	Total expenses (must equal Part IX, column (A), line 25)		19,07		
3	Revenue less expenses. Subtract line 2 from line 1		-1,27		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,22	8,4	51.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	38,95	1,5	10.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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?		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	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,012,142.	11,446,062.	81,197,900.	10,600,776.	16,873,834.	130,130,714.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10,012,142.	11,446,062.	81,197,900.	10,600,776.	16,873,834.	130,130,714.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						26,829,106.
	Public support. Subtract line 5 from line 4.						103,301,608.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	10,012,142.	11,446,062.	81,197,900.	10,600,776.	16,873,834.	130,130,714.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	24 967	42 210	11 650	6 700	4,962.	100 506
_	and income from similar sources	34,867.	42,319.	11,650.	6,798.	4,902.	100,596.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			284 498	439,716.	921 630	1,645,844.
	assets (Explain in Part VI.)			204,490.	439,710.	921,030.	1,843,844.
	Total support. Add lines 7 through 10	ata (annimaturiati				40	131,684.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tow		12	131,004.
13	organization, check this box and stor	-					
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (fl)		14	78.33 %
	Public support percentage from 2021					15	74.22 %
	33 1/3% support test - 2022. If the						,-
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to		•	•	•		
b	10% -facts-and-circumstances tes	~					
	more, and if the organization meets the						
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-	•			

REDF 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.)

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4 a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ฮม		
9с		
10a		
10b		

Par	t IV S	upporting Organizations _(continued)			
				Yes	No
11	Has the c	organization accepted a gift or contribution from any of the following persons?			
а	A person	who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c belov	w, the governing body of a supported organization?	11a		
b	A family r	nember of a person described on line 11a above?	11b		
С	A 35% co	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in F		11c		
Sect	ion B.	Type I Supporting Organizations			
				Yes	No
1		overning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the o	rganization operate for the benefit of any supported organization other than the supported			
	•	ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI h	ow providing such benefit carried out the purposes of the supported organization(s) that operated,			
		d, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	_	ement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		orted organization(s).	1		
Seci	ion D. A	All Type III Supporting Organizations		T	
				Yes	No
1		rganization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	n of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	It voice in the organization's investment policies and in directing the use of the organization's			
	U	r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		d organizations played in this regard.	3		
Sect		Type III Functionally Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		e organization satisfied the Activities Test. Complete line 2 below.	-		
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			
С		e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities	Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	tantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those su	pported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	organization was responsive to those supported organizations, and how the organization determined			
	that these	e activities constituted substantially all of its activities.	2a		
b	Did the a	ctivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or me	ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI th	ne reasons for the organization's position that its supported organization(s) would have engaged in			
	these act	ivities but for the organization's involvement.	2b		
3	Parent of	Supported Organizations. Answer lines 3a and 3b below.			
а		rganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the o	rganization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Organ	nizatione	74 ZISZISS Page 0
1	Check here if the organization satisfied the Integral Part Test as a qualify			Dart VI) Sac instructions
'				Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income	st complete	(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		
	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.		ed Type III supporting org	anization (see

Schedule A (Form 990) 2022

instructions).

	dule A (Form 990) 2022 REDF			5	4-2132153 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	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 organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
0	•				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u>d</u>	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

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

2022

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. Name of organization **Employer identification number** 54-2132153 REDF Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$____ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$___ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ ______ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ______\$ ___ 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990) 2022

 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(i	o)
of the lobbying activity.			No	Amo	ount
1	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:		v		
а	Volunteers?	77	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	v		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	х	^	120	0,680.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	12(7,000.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?			10/	. 600
	Total. Add lines 1c through 1i		v	120	0,680.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	 	\/ 5 _or_oc	otion	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	טוו טטוונט)(5), OI SE	CLIOII	
				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 the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditures next year?		4		
_	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part	II-A, lines 1	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
Pa	ct II-B, Line 1, Lobbying Activities:				
			_		
REI	OF informs and influences federal, state, and local	poli	cymake	rs to	
pro	omote the growth of Employment Social Enterprises a	nd to	incre	ase	
	onomic opportunity for enterprise employees. In 202				
					<u> </u>
CO.	llaborated with the State of California to create t	ne fi	rst st	atewio	de
pro	ogram of its kind in the U.S., the new California R	egion	al Ini	tiativ	<i>т</i> е

Part IV Supplemental Information (continued)
for Social Enterprises (CA:RISE). CA:RISE will supercharge the power
of California's employment social enterprises to advance economic
inclusion and mobility for people overcoming barriers to employment.
With approved funding of \$25 million in the 2022-2023 state budget, the
new California Regional Initiative for Social Enterprises (CA:RISE)
will invest in and scale employment social enterprises (ESEs)
statewide, creating a stronger and more inclusive economic and
workforce development system for the Golden State.

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 Open to Public

Inspection

Name of the organization

REDF

Employer identification number 54-2132153

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed 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	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	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 organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	Does each conservation easement reported on line 2(d) above	us satisfy the requirements of section 17	O/6\/4\/D\/i\
8		-	
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements.	note to the organization's illiancial staten	nerits that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		a. 3a, p. 61100
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990, Part Y		Φ

Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

		. '	, , , , , , , , , , , , , , , , , , ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		175,672.	78,985.	96,687.
d Equipment		200,559.	152,253.	48,306.
e Other		788,980.	671,849.	117,131.
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colui	mn (B), line 10c.)		262,124.

Schedule D (Form 990) 2022

а

b

С

Schedule D (Form 990) 2022 REDF		54-	-2132153 Page 3
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	-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.	5 000 B . N. II		
Complete if the organization answered "Yes" (a) Description of investment		_	-f
	(b) Book value	(c) Method of valuation: Cost or end	or-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 Soc Form 990 Part V line 15	
	Description	FITO. See FORTI 990, Part A, line 13.	(b) Book value
(1) Deposits	Description		16,730
	ating lease		2,560,907
	acing rease		250,000
(-)			230,000
(4)			

(a) Description	(b) Book value
(1) Deposits	16,730.
(2) Right of use asset - operating lease	2,560,907.
(3) Other assets	250,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,827,637.
D 137 A. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Operating lease liability	2,560,907.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,560,907.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	edule D (Form 990) 2022 REDF		54-2132153	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
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				
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		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	
5	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 S	tatements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
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	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 1			
Pa	rt XIII Supplemental Information.			
⊃rov	ide the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and	4. Part IV lines 1h and 2h	Part V line 4: Part X line 2: Part	ΧI

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part 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	0 (Form 990) 2022 REDF	54-2132153 _F	Page 5
Part XIII	(Form 990) 2022 REDF Supplemental Information (continued)		

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Name of the organization REDF							Employer identification number 54-2132153
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's process.	stance? ocedures for mon	toring the use of grant	t funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$	_				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
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 noncash assistance	(h) Purpose of grant or assistance
A 2nd Cup 1111 E 11th St	45 2267624	F01/->/2>	20,000	0			
Advanced Outsource Solutions (AOS Staffing) - 1440 Discovery Pkwy - Alton, IL 62002	45-3267624 61-1747324	501(c)(3) 501(c)(3)	20,000.	0.			Accelerator Accelerator
Architectural Salvage Warehouse of Detroit - 4885 15th St - Detroit, MI 48208	74-3104421	501(c)(3)	20,000.	0.			Accelerator
Breath of Fresh Air PDX 657 SE Yamhil St Portland, OR 97214	81-1845542		20,000.	0.			Accelerator
Bridgeways 5801 23rd Dr W #104 Everett, WA 98203	91-1192942	501(c)(3)	10,000.	0.			Strategic
Civic Works Baltimore Center for Green Careers - 2701 St Lo Dr - Baltimore, MD 21213	52-1925614	501(c)(3)	100,000.	0.			Growth Portfolio
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	· ·	•	ne line 1 table				49.

REDF

Schedule I (Form 990) REDI							4 ZIJZIJJ Pa
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	ns and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	T
(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
lean Decisions							
3315 Alden Pl NE							
Washington, DC 20019	47-2187741		100,000.	0.			Growth Portfolio
Clean Decisions							
3315 Alden Pl NE							
Washington, DC 20019	47-2187741		80,000.	0.			Growth Portfolio
Coalfield Development dba SustainU							
P.O. Box 1133							
Wayne, WV 25570	26-3836207	501(c)(3)	100,000.	0.			Growth Portfolio
				- •			
Community Cycles of California							
35 Wilson Ave							
San Jose, CA 95126	82-2949587	501(c)(3)	20,000.	0.			Accelerator
Community Kitchen Pittsburgh							
107 Flowers Ave				_			
Pittsburgh, PA 15207	90-1009621	501(c)(3)	100,000.	0.			Growth Portfolio
CommunityWorks Inc							
6000 E Evans Ave 2 260							
Denver, CO 80222	84-1349649	501(c)(3)	20,000.	0.			Accelerator
			<u> </u>				
Conservation Corps of Long Beach							
340 Nieto Ave							
Long Beach, CA 90803	33-0293393	501(c)(3)	10,000.	0.			Strategic
Crossroads Campus							
Crossroads Campus 707 Monroe St							
Nashville, TN 37208	27-2397528	501(c)(3)	100,000.	0.			Growth Portfolio
	2, 23, 1320	501(0)(3)	100,000.				prowen rorerorro
DBA Create Common Good							
2760 W Excursion #105							
Meridian, ID 83642	93-1277434	501(c)(3)	20,000.	0.			Accelerator

Page 1

REDF

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt 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
Digital Nest, Inc							
318 Union St Bldg B							
Watsonville, CA 95076	46-5757256	501(c)(3)	20,000.	0.			 Accelerator
,							
Evanston Rebuilding Warehouse							
1245 Hartrey Ave							
Evanston, IL 60202	27-3797852	501(c)(3)	100,000.	0.			Growth Portfolio
Farming Hope							
77 Van Ness Ave 101 1613 Suite 101-		504 () (0)	100 000				
San Francisco, CA 94102	83-2393341	501(c)(3)	100,000.	0.			Growth Portfolio
First Step Staffing							
236 Auburn Ave NE #203 #203							
Atlanta, GA 30303	20-8038859	501(c)(3)	100,000.	0.			Growth Portfolio
			, -	<u> </u>			
GRID Alternatives							
1338 S Flower St							
Los Angeles, CA 90015	46-1652604	501(c)(3)	100,000.	0.			Growth Portfolio
GRID Alternatives							
1338 S Flower St	46 4650604	504 () (0)	== 4=0				
Los Angeles, CA 90015	46-1652604	501(c)(3)	75,170.	0.			Growth Portfolio
Heartwood ReSources							
3495 Old Highway 99 S							
Roseburg, OR 97471-4439	93-1329192	501(c)(3)	20,000.	0.			 Accelerator
·			,				
Homeward Bound of Marin							
1385 Hamilton Pkwy							
Novato, CA 94949	68-0011405	501(c)(3)	100,000.	0.			Growth Portfolio
Homeward Bound of Marin							
1385 Hamilton Pkwy	60 0011405	E01/a)/3)	120 000	_			Crowth Dortfolds
Novato, CA 94949	68-0011405	501(c)(3)	120,000.	0.			Growth Portfolio

Schedule I (Form 990)

REDF

Schedule I (Form 990) KEDF							4-ZI3ZI33 Page
Part II Continuation of Grants and Oth	er Assistance to Do	omestic Organization	ns and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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
Hopeworks 'N Camden							
808 Market St #3 F1 3							
Camden, NJ 08102	31-1660671	501(c)(3)	100,000.	0.			Growth Portfolio
Hot and cool Corp							
4331 Degnan Blvd	01 4465110						
Los Angeles, CA 90008	81-4467119		20,000.	0.			Accelerator
InnerCity Weightlifting							
PO Box 171313							
Boston, MA 02117-1543	27-1333425	501(c)(3)	100,000.	0.			Growth Portfolio
Jail to Jobs							
1150 S Bell Blvd							
Cedar Park, TX 78613	27-1601066	501(c)(3)	20,000.	0.			Accelerator
Jobs Foundation dba Repowered							
860 Vandalia St							
Saint Paul, MN 55114	27-2295466	501(c)(3)	100,000.	0.			Growth Portfolio
Baine raur, IN 33114	27 2233400	501(0)(3)	100,000.	<u> </u>			GIOWEII TOTETOTIO
Jobs Foundation dba Repowered							
860 Vandalia St							
Saint Paul, MN 55114	27-2295466	501(c)(3)	100,000.	0.			Growth Portfolio
Juma Ventures							
131 Steuart St #201				_			
San Francisco, CA 94105	94-3203203	501(c)(3)	104,600.	0.			Strategic
Leon EL-Alamin							
PO Box 310246							
Flint, MI 48531	47-3281597		20,000.	0.			Accelerator
	1. 323237						
Neighborhood Industries							
353 E Olive Ave							
Fresno, CA 93728	74-3252737	501(c)(3)	100,000.	0.			Growth Portfolio

REDF Schedule I (Form 990)

Page 1

Port II Continuation of Crents and Other	Assistance to D	maatia Organization	a and Damastia C	evernmente (Cob	adula I (Farm 000) Da		4 Z13Z133 P
Part II Continuation of Grants and Other (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
Neighborhood Industries							
353 E Olive Ave							
Fresno, CA 93728	74-3252737	501(c)(3)	75,000.	0.			Growth Portfolio
	71 0202707		75,555.	<u> </u>			01000110110
Neighborhood Moving LLC							
1200 S Blount St							
Raleigh, NC 27601	56-2016457	501(c)(3)	20,000.	0.			Accelerator
·							
New Moms, Inc.							
5317 W Chicago Ave							
Chicago, IL 60651	36-3265804	501(c)(3)	10,000.	0.			Strategic
Northern Valley Industries, Inc.							
5404 Sherman St							
Wausau, WI 54401	39-1045865	501(c)(3)	20,000.	0.			Accelerator
Nu-Way Staffing							
1400 Veterans Memorial Hwy SE							
Mableton, GA 30126	81-5434792		20,000.	0.			Accelerator
OIC Strategic Integration LLC							
3407 NW 9th Ave							
Fort Lauderdale, FL 33309	82-2838293		20,000.	0.			Accelerator
Opportunity Construction, LLC 325 Frank S Brown Blvd							
	4E E202007		100 000	•			Crowth Dortfolia
Steelton, PA 17113	45-5382987		100,000.	0.			Growth Portfolio
Opportunity Construction, LLC							
325 Frank S Brown Blvd							
	45-5382987		110,000.	0.			Growth Portfolio
Steelton, PA 17113	45-5362967		110,000.	0.		1	Prowell Forciotio
People Advancing Reintegration,							
Inc - 342 E Walnut Ln -							
Philadelphia, PA 19144	47-2545218	501(c)(3)	20,000.	0.			Accelerator

Part II Continuation of Grants and Other	er Assistance to Do	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	urt 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	(h) Purpose of grant or assistance
Peralta Service Corporation							
3301 E 12th St Suite 169 #169							
Oakland, CA 94601	94-2294572	501(c)(3)	100,000.	0.			Growth Portfolio
Pioneer Human Services							
7440 W Marginal Way S							
Seattle, WA 98108	91-0791552	501(c)(3)	100,000.	0.			Growth Portfolio
Pioneer Human Services							
7440 W Marginal Way S							
Seattle, WA 98108	91-0791552	501(c)(3)	75,000.	0.			Growth Portfolio
Presbyterian Night Shelter							
(UpSpire) - PO Box 2645 - Fort	EE 1005501	E01/ \/2\	100 000				
Worth, TX 76113	75-1985591	501(c)(3)	100,000.	0.			Growth Portfolio
Presbyterian Night Shelter							
(UpSpire) - PO Box 2645 - Fort							
Worth, TX 76113	75-1985591	501(c)(3)	75,000.	0.			Growth Portfolio
			,				
Project Real Life Y.O.T.C							
PO Box 399							
Jonesboro, GA 30237	65-0807566		20,000.	0.			Accelerator
Project Return Inc							
109 Lafayette St							
Nashville, TN 37210	62-1058325	501(c)(3)	100,000.	0.			Growth Portfolio
Purpose Workforce Solutions							
120 W Madison St #800							
Chicago, IL 60602	83-2772488		20,000.	0.			Accelerator
Out shills and The							
QuickHaven Inc 220 Montgomery St #1013							
San Francisco, CA 94104	85-3590069		20,000.	0.			Accelerator
	1 03 3330003		20,000.	L			Accelerator

Page 1

REDF

Schedule I (Form 990)

Schedule I (Form 990) REDF							54-2132153 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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	(h) Purpose of grant or assistance
Reimagine ATL							
100 Flat Shoals Ave SE							
Atlanta, GA 30316	46-5278779		20,000.	0.			Accelerator
Actanca, GA 30310	40-3270773		20,000.	0.			Accelerator
Roots NS, Inc.							
35 Congress Street, Suite 2350							
Salem, MA 01970	47-5454938		20,000.	0.			Accelerator
Balem, PA 01570	47 3434330		20,000.	٠.			Accelerator
ROOTS OF RENEWAL							
1626 S. Ramart St.							
New Orleans, LA 70113	47-1361704	501(c)(3)	20,000.	0.			Accelerator
- Hew Offeatib, DA 70113	47 1301704	501(0/(3/	20,000.	٠.			Accelerator
Salazar Landscaping							
10423 Atlantic Ave							
South Gate, CA 90280	82-4465461		20,000.	0.			Accelerator
2000 0000, 011 30200	02 1103101		20,000.	• • • • • • • • • • • • • • • • • • • •			1.0001014001
San Gabriel Valley Conservation &							
Services (SGV) - 10900 Mulhall St							
- El Monte, CA 91731	27-0030016	501(c)(3)	20,000.	0.			Accelerator
HI Monee, en 51751	27 0030010	501(0)(3)	20,000.	· ·			necerciator
Second Chance Recycling (Emerge							
Enterprises) - 1179 15th Ave SE -							
Minneapolis, MN 55414-2439	41-1277423	501(c)(3)	20,000.	0.			Accelerator
Timeapolis, in 33111 2133	11 12//123	301(0)(3)	20,000.	•••			1.0001014001
Stone Soup PDX							
4380 S Macadam Ave # 190							
Portland, OR 97239	83-2501091	501(c)(3)	20,000.	0.			Accelerator
Forcialia, ok 97239	03-2301091	501(0/(3/	20,000.	0.			Accelerator
The Challenge Program d.b.a. CP							
Furniture - 1124 E 7th St -							
	51-0386369	501(c)(3)	100 000	0.			Growth Portfolio
Wilmington, DE 19801	21-0300303	201(6)(3)	100,000.	0.			PIOMCII POLCIOITO
The Challenge Program d.b.a. CP							
Furniture - 1124 E 7th St -							
Wilmington, DE 19801	51-0386369	501(c)(3)	75,000.	0.			Growth Portfolio
WIIMINGCOM, DE 13001	31-0300309	hor(6)(2)	75,000.	υ.			Browell LOUGISTIO

54-2132153

Schedule I (Form 990)

REDF

Page 1

Schedule I (Form 990) REDF							Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	ns and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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 Doe Fund, Inc.							
345 E 102nd St							
New York, NY 10029	13-3412540	501(c)(3)	100,000.	0.			Growth Portfolio
			,				
The Knowledge House							
363 Rider Ave 3rd floor 3rd Floor							
New York, NY 10451	47-2747713	501(c)(3)	100,000.	0.			Growth Portfolio
The Knowledge House							
363 Rider Ave 3rd floor 3rd Floor	45 0545513	501 () (2)	105.000				
New York, NY 10451	47-2747713	501(c)(3)	105,000.	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
			1				
Timelist Group, Inc							
311 E Ave K4							
Lancaster, CA 93535	46-0881011	501(c)(3)	20,000.	0.			Accelerator
Touch a Heart							
98-820 Moanalua Rd 15 1							
Aiea, HI 96701	20-8310130	501(c)(3)	20,000.	0.			Accelerator
Triple Bottom Brewing							
915 Spring Garden Street, Box 50	81-2913880		20.000	0.			Accelerator
Philadelphia, PA 19123	81-2913880		20,000.	· ·			Accelerator
Turn90							
3765 Leeds Ave							
North Charleston, SC 29405	46-0671501	501(c)(3)	20,000.	0.			Accelerator
,							
Unloop							
900 E Pine St							
Seattle, WA 98122	47-5302622	501(c)(3)	20,000.	0.			Accelerator
900 E Pine St	47-5302622	501(c)(3)	20,000.	0.			Accelerator

54-2132153

REDF

Schedule I (Form 990)

Page 1

Schedule I (Form 990) REDF							04-2132153 Page
Part II Continuation of Grants and Other	er Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt 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
III.							
Urban Alchemy 1035 Market St #150							
San Francisco, CA 94103	82-5408579	501(c)(3)	21,159.	0.			Strategic
San Francisco, CA 54103	02 3400373	501(0)(3)	21,133.	· ·			berategie
Urban Alchemy							
1035 Market St #150							
San Francisco, CA 94103	82-5408579	501(c)(3)	15,000.	0.			 Strategic
·			,				
Vehicles for Change							
4111 Washington Blvd							
Halethorpe, MD 21227-4136	54-1933692	501(c)(3)	20,000.	0.			Accelerator
Waterside Workshops							
84 Bolivar Dr							
Berkeley, CA 94710	26-0200654	501(c)(3)	20,000.	0.			Accelerator
Wildflyer Coffee							
3262 Minnehaha Ave							
Minneapolis, MN 55406	82-0734578	501(c)(3)	20,000.	0.			Accelerator

Page 2

54-2132153 REDF Schedule I (Form 990) 2022 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
	<u> </u>				
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
Part I, Line 2:					
REDF maintains a close relationsh	ip with th	he organiz	zations we	fund. We have	
a team of program, fiscal and comp	_				
the organizations to monitor prog	ress towa:	rds goals	. In additi	on and as	
appropriate, we restrict the use	of funds	to particu	ılar projec	ts and	
require evidence that the funds ha	ave been	spent in a	alignment w	ith 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

REDF

Substitute 1 Questions Regarding Compensation

Employer identification number 54-2132153

			Yes	No
1 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		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	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		Х
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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 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-MIS0 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) Maria Kim	(i)	293,304.	0.	0.	11,000.	13,577.	317,881.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) David Samuels	(i)	242,738.	0.	0.	9,797.	24,488.	277,023.	0.
Chief Financial & Admin. Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Carrie McKellogg	(i)	228,777.	0.	0.	9,425.	33,494.	271,696.	0.
Chief Program Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	237,364.	0.	0.	9,455.	14,817.	261,636.	0.
VP, Dev. and Marketing Communication	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Brian Williams	(i)	176,730.	0.	0.	7,199.	38,579.	222,508.	0.
Director of Talent	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Peter A. Lippman	(i)	187,827.	0.	0.	0.	28,378.	216,205.	0.
Director of Finance	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Emilie Linick	(i)	178,980.	0.	0.	7,129.	15,647.	201,756.	0.
Director, Impact Lending	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Lori Warren	(i)	166,161.	0.	0.	6,299.	28,296.	200,756.	0.
Director, Marketing & Communications	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Dina Wilderson	(i)	172,882.	0.	0.	6,930.	13,764.	193,576.	0.
Director, Learning & Evidence	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)	_						
	(i)							
	(ii)							

schedule J (Form 990) 2022	REDF	54-2132153	Page 3
Part III Supplemental Inform			
rovide the information, explana	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a	a, 6b, 7, and 8, and for Part II. Also complete this part for any additional inform	ation.
			_
			_

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

REDF

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

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

Open to Public Inspection

Employer identification number 54-2132153

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of de noncash contribu		_	:s
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	50.129	Value, time	of	tr	ade
10	Securities - Closely held stock		_		, , , , , , , , , , , , , , , , , , , ,			
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous						-	
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17								
18	Real estate - Other							
19	Collectibles							
20	Food inventory							
21	Drugs and medical supplies							
22	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization appropriate of Forms 8283		,					
	for which the organization completed Form 828	33, Part V, L	Jonee Acknowledg	jement 29			V	
20-	Devices the constraint the constraint washing to			anded in Doublines 4 days	.ab 00 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					00-		x
	exempt purposes for the entire holding period?	·				30a		
	If "Yes," describe the arrangement in Part II.		do 41 o d	- f	0	0.4		x
31	Does the organization have a gift acceptance p					31	\vdash	
32a	Does the organization hire or use third parties of			· ·				v
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y tor which column (a) is ch	ecked,			
	describe in Part II.							

Part	— is	repor	ting in	Part I	, colur	matio nn (b), t l inform	the nur	vide nber	the in of co	format ntributi	ion re ions, t	quired he nu	by Pa mber	art I, I of ite	ines 30 ms rece	b, 32b, eived, o	and 33 a com	3, and nbinati	whet on of	her the both. <i>i</i>	organi: Also co	zation mplete
Sche	edu1	e M	, Pa	art	I,	Col	umn	(ŀ	o):													
The	num	ber	of	ite	ems	rep	ort	ed	is	det	err	nine	ed :	by	the	num	ber	of	do	nor	S •	

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

REDF

Employer identification number 54-2132153

Form 990, Part I, Line 1, Description of Organization Mission: REDF invests in businesses that reveal and reinforce the talent of people breaking through barriers to employment.

Form 990, Part III, Line 1, Description of Organization Mission: which have earned and reinvested in their businesses \$1.6 billion in revenue and employed over 87,000 people helping to amplify the impact of public sector investments while improving lives and communities.

Other Program services include Community, Impact Lending, Learning & Evidence, Advocacy, Strategic Implementation, Farber Internship, and Outreach.

Expenses \$ 6,445,162. including grants of \$ 119,600. Revenue \$ 0.

Form 990, Part III, Line 4d, Other Program Services:

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

Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** REDF 54-2132153 annually sign a Conflict of Interest Statement. Form 990, Part VI, Section B, Line 15: A compensation study is performed for all roles in the organization. Goals 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: Management and general expenses 103,397. Total expenses 103,397. Consultants: Program service expenses 2,146,878. Management and general expenses 88,717. Fundraising expenses 380,715. Total expenses 2,616,310. Total Other Fees on Form 990, Part IX, line 11g, Col A 2,719,707.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization REDF Employer identification number 54-2132153

(a)	(b)	(c)	(d)		(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)		me	End-of-year		Direct o	ontrolling ntity	g
Part II Identification of Related Tax-Exempt Orga organizations during the tax year.	nnizations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, I	becaus	e it had one	e or more	e related tax-exe	empt	
Part II Identification of Related Tax-Exempt Orgatorganizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status	(e) lic charity s (if section	Direc	e related tax-exe (f) ct controlling entity	Section cont	rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization REDF Impact Investing Fund - 84-2301234	(b)	(c) Legal domicile (state or	(d) Exempt Code	Publ status	(e)	Direc	(f) ct controlling	Section cont	rolled
organizations during the tax year. (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d) Exempt Code	Publ status	(e) lic charity s (if section 01(c)(3))	Direc	(f) ct controlling	Section cont	rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization REDF Impact Investing Fund - 84-2301234 785 Market Street, Suite 1200	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status 50	(e) lic charity s (if section 01(c)(3))	Direc	(f) ct controlling	Section cont	rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization EEDF Impact Investing Fund - 84-2301234 85 Market Street, Suite 1200	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status 50	(e) lic charity s (if section 01(c)(3))	Direc	(f) ct controlling	Section cont	rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization EEDF Impact Investing Fund - 84-2301234 85 Market Street, Suite 1200	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publ status 50	(e) lic charity s (if section 01(c)(3))	Direc	(f) ct controlling	Section cont	rolled tity?

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

	Identification of Deleted Ownerizations Tayable on a Devinerable Complete if the expenientian appropriate on Form 000. Box IV line 24 hooses at had one or more related
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.
	9

(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	managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	I Section	
		country)		J. 1.25.4		45515		Yes	No
									<u> </u>
								 	
									<u> </u>

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

Note	c: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?			X			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	Gift, grant, or capital contribution to related organization(s)				1b		Х			
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			
е	e Loans or loan guarantees by related organization(s)									
							Х			
f	f Dividends from related organization(s)									
g	g Sale of assets to related organization(s)									
h	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			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
- 1	 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 									
m	Performance of services or membership or fundraising solicitations by related orga				1m		Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х			
	Sharing of paid employees with related organization(s)				10		Х			
	• • • • • • • • • • • • • • • • • • • •									
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
a q	Reimbursement paid by related organization(s) for expenses				1q		Х			
•										
r	Other transfer of cash or property to related organization(s)				1r		Х			
	 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 									
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining amount in									
		71 ()								
(1) F	REDF Impact Investing Fund	L	833,977.	Cost						
(2) F	REDF Impact Investing Fund	S	925,111.	Cost						
<u>(3)</u>										
<u>(4)</u>										
(5)										
(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 all partners s 501(c)(i orgs.? Yes N	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?	Gene mana partr Yes	ral or Figing ner?	(k) Percentage ownership