IRS e-file Signature Authorization OMB No. 1545-1878 Form 8879-EO for an Exempt Organization For calendar year 2018, or fiscal year beginning , 2018, and ending Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number REDF 54-2132153 Name and title of officer Carla I Javits President/CEO Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ 2b \_\_\_\_ 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b \_\_\_\_ b Tax based on investment income (Form 990-PF, Part VI, line 5) ....... 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) \_\_\_\_\_\_ 5b \_\_\_ 5a Form 8868 check here ► L Declaration and Signature Authorization of Officer Under penalties of periury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date, I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize Harrington Group, CPAs, LLP to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, Lavill bandesigmy 64N on the return's disclosure consent screen. Officer's signature 8CE95411AEEF4FF.. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 96187254321 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above, I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Date >

ERO's signature

# 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Α	For the	e 2018 calendar year, or tax year beginning and en	ding		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	REDF			
	Name chang			54-2	132153
	Initial return		om/suite	E Telephone numbe	 r
	Final return		50	(415	) 561-6679
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,068,536.
	Ameno return	San Francisco, CA 94111		H(a) Is this a group re	eturn
	Application			for subordinates	? Yes X No
	pendir	same as C above		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3)$ $501(c)($ ) $\checkmark$ (insert no.) $4947(a)(1)$ or $1000(a)$	527	If "No," attach a	list. (see instructions)
		e:▶ www.redf.org		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year o	of formation: 2003 N	1 State of legal domicile: CA
P		Summary			
e	1	Briefly describe the organization's mission or most significant activities: REDF of	creat	es jobs and	pathways
au		to employment for people overcoming the gr			
Governance	2	Check this box  if the organization discontinued its operations or disposed		1	ssets.
é	3	Number of voting members of the governing body (Part VI, line 1a)			15
∞ ′°	"	Number of independent voting members of the governing body (Part VI, line 1b)			50
ţį		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			15
Activities &		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, line 38			0.
_	+ -	Net differenced business taxable income from 1 offit 990-1, line 30		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		14,420,543.	10,012,142.
Revenue		Program service revenue (Part VIII, line 2g)		20,000.	21,527.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	13,387.	34,867.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,141.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,461,071.	10,068,536.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,558,805.	3,683,884.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,753,909.	5,458,760.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ	b	Total fundraising expenses (Part IX, column (D), line 25)   893,770	<u> </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,970,230.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,282,944.	13,242,578.
. 0	19	Revenue less expenses. Subtract line 18 from line 12		1,178,127.	
Net Assets or	]	T		ginning of Current Year 32,445,943.	End of Year
SSE	20	Total assets (Part X, line 16)		760,584.	29,183,580. 672,263.
let A	21	Total liabilities (Part X, line 26)		31,685,359.	28,511,317.
	2  22 art II	Net assets or fund balances. Subtract line 21 from line 20		31,003,333.	20,311,317.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			y kinowiougo ana bonon, k io
	,	<b>\</b>			
Sig	ın	Signature of officer		Date	
He		Carla I. Javits, President/CEO			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN
Pai	d	Tonetta L. Conner, CPA		if self-employ	P01775198
Pre	parer	Firm's name Harrington Group, CPAs, LLP		Firm's EIN	95-4557617
Use	Only	Firm's address 234 East Colorado Blvd., Suite M1	150		
		Pasadena, CA 91101		Phone no. (6	
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	REDF is the only venture philanthropy in the U.S. that invests
	exclusively in the growth of social enterprises focused on employment.
	Since 1997, REDF has provided seed and growth capital and specialized
	advisory services to 177 social enterprises nationwide.
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 \$6, 301, 930 • including grants of \$3, 509, 659 • ) (Revenue \$
	Venture Philanthropy Portfolio and Evaluation: REDF provides customized
	hands-on technical assistance and measures results to a diverse
	portfolio of organizations to incorporate best practices that improve
	participant outcomes and sustainability for the enterprises.
4b	(Code:) (Expenses \$ 698,987 • including grants of \$) (Revenue \$
	Accelerator: The REDF Accelerator is a unique, hands-on program
	designed to deliver guidance on core social enterprise competencies,
	including marketing, strategic planning, financial planning employee
	supports, and leadership to social enterprise leaders.
4c	(Code:) (Expenses \$677,278 • including grants of \$) (Revenue \$)
	LA:RISE: LA:RISE is a partnership between the City and County of Los
	Angeles and REDF that connects LA based Social Enterprises that provide
	transitional jobs and wraparound services to workforce development
	agencies, and supportive services to prepare Social Enterprise
	participants for competitive employment with participating
	employers-thereby creating an integrated network that allows all
	partners to bring their expertise and resources to the table.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,182,707 • including grants of \$ 174,225 •) (Revenue \$ )
4e	Total program service expenses ▶ 9,860,902.

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Form 990 (2018) 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)?	•	Х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4	Х	
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	21	
5	similar amounts as defined in Revenue Procedure 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	3		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7		0		
′	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8				х
•	Schedule D, Part III	8		22
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?	_		X
40	If "Yes," complete Schedule D, Part IV	9		- 25
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
e		TTE		22
'	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	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '	- 21	
ıza		12a	Х	
h		IZa	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		X
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		22
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		11h		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<del></del>
13	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	13		<del></del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17		10		<del></del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del>  ^</del>
18		10		X
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<del>  ^</del>
19		40		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a		20a		<del>  ^</del>
b oa	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	۱ ۵ ا	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	47	l

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Form 990 (2018)

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		Х	
0.4	Schedule J	23	Λ	
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			X
<b>h</b>	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		-
C	any tax-exempt bonds?	24c		
Ч	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	274		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	Х
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			_ v
0.4	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
20	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	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		╁
٠.	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Litter the number of Forms wize included in line 1a. Litter 10- in not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10	Х	
	(gambling) winnings to prize winners?	1c		

Form 990 (2018) REDF
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	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 2a 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		X
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
b	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			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	3 , 3 , 1 , 1 ,	7f	NT /	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	sponsoring organization have excess business holdings at any time during the year?  N/A  Sponsoring organizations maintaining donor advised funds.	-		
	N/A	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?  N/A  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:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	<b>Note.</b> 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 13b	4		
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		<b></b>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
. •	If "Yes," complete Form 4720, Schedule O.			
	, 1 ,			

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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 in 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   16			110
	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 in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Carla I. Javits - (415) 561-6679			
	2 Embarcedero Center, No. 650, San Francisco, CA 94111			

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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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	Ĭ		((	C)	•		(D)	(E)	(F)
Name and Title	Average	١,,	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	⊢	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	l trust		ee Ge	nedu		(W-2/1099-MISC)		organization and related
	below	dualt	ıtiona	_	mplo)	st co.	 			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) George R. Roberts	1.00									
Board Chair		Х		Х				0.	0.	0.
(2) Stuart Davidson	1.00									
Vice Chair		Х		Х				0.	0.	0.
(3) Philip Estes	1.00									
Treasurer		Х		Х				0.	0.	0.
(4) Dan Rose	1.00									
Secretary		Х		Х				0.	0.	0.
(5) Harris Barton	1.00									
Board Member		Х						0.	0.	0.
(6) Bonnie Boswell	1.00									
Board Member		Х						0.	0.	0.
(7) Lewis Byrd	1.00									
Board Member		Х						0.	0.	0.
(8) Elizabeth Y. A. Ferguson	1.00									_
Board Member		Х						0.	0.	0.
(9) Chet P. Hewitt	1.00									
Board Member		Х						0.	0.	0.
(10) Carla I. Javits	40.00									
President, CEO		Х		Х				251,878.	0.	19,400.
(11) Mack Jenkins	1.00							_	_	_
Board Member		Х						0.	0.	0.
(12) George Montgomery	1.00								_	_
Board Member		Х						0.	0.	0.
(13) Chris O'Donnell	1.00									
Board Member		Х						0.	0.	0.
(14) Chinwe Onyeagoro	1.00									
Board Member		Х						0.	0.	0.
(15) Jesse Rogers	1.00									
Board Member		Х						0.	0.	0.
(16) Adam Smith	1.00									
Board Member	1000	Х						0.	0.	0.
(17) David Samuels	40.00	1		l				100 100		20 007
Chief Financial & Admin				Х				192,188.	0.	30,807.
832007 12-31-18										Form <b>990</b> (2018)

Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B) Average	(C) e Position			1		(D)	(E)		Г-	(F)		
Name and title	hours per week	box	(do not check more than box, unless person is be officer and a director/tru		than is bot	th an	Reportable compensation from	Reportable compensation from related		an	stimate nount other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MIS	3	com fr orga	rom the anizat d relat anizatie	e ion ed
(18) Carrie McKellogg	40.00			7.							2	2 7	27
Chief Program Officer (19) Nicole A. Simoneaux	40.00			Х		-		187,299.		0.		2,7	<u> </u>
VP, Investments & Advisory	40.00	1				x		141,072.		0.	2	2,1	35.
(20) Brian Williams	40.00				$\vdash$	╫				<del>*  </del>			
Director of Talent		1				x		148,167.		0.	2	9,9	03.
(21) Lori Warren	40.00							-		$\neg$			
Dir. Marketing & Communica		1				X		127,160.		0.	3	6,3	31.
(22) Peter A. Lippman	40.00												
Director of Finance						X		140,732.		0.	2	1,5	<u>27.</u>
(23) Johanna Young	40.00							400 445			_		
Director of Development					_	X		138,415.		0.		1,8	24.
										$\dashv$			
										$\perp$			
								1 206 011			0.0	4 6	<u> </u>
1b Sub-total								1,326,911.		0.	20	4,6	54.
c Total from continuation sheets to Par								1,326,911.		0.	20	4,6	
d Total (add lines 1b and 1c)  2 Total number of individuals (including by							<b>DO</b> #		000 of reportable			4,0	J4 •
compensation from the organization		1056	IISLE	eu a	DOV	e) wi	110 1	eceived more man proc	,000 or reportable	3			14
compensation from the organization												Yes	No
3 Did the organization list any former office	cer, director, or tru	uste	e, ke	ev er	mplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J f				•	•	•		•			3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$	\$150,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		<u>L</u>	4	Х	
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	from	any	y unr	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," o	complete Schedul	e J f	or s	uch	pers	son .				<u></u>	5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highes										pensa	ition f	rom	
the organization. Report compensation (A)	for the calendar y	ear	endi	rig v	vitn	or w	ritnir T	n the organization's tax	year.		(C	<u>,,                                   </u>	
(A) Name and busin	ess address							Description of s	services	Cc	ی eompe	رر nsatio	n
	CEE 34 - 1.						$\dashv$	'			<u> </u>		

(A)
Name and business address

Mercury Public Affairs, 655 Madison
Avenue, 12th Floor, New York, NY 10065
Aimee Chitayat
605 Santa Fe Avenue, Albany, CA 94706

(B)
Description of services

(C)
Compensation

PR Support

114,000.

SNAP E&T Support

101,158.

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2018)

\$100,000 of compensation from the organization

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Form 990 (2018) REDF
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a respons	e or note to any line	e in this Part VIII			
			·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts its	1 a	Federated campaigns	1a					
ìrar oun		Membership dues						
S, G		Fundraising events						
ar /			1d					
s, (		Government grants (contribut		776,564.				
rion		All other contributions, gifts, gran	· -					
the		similar amounts not included abo	1 1	9,235,578.				
d di	g	Noncash contributions included in lines	·····	136,754.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	-	<b>&gt;</b>	10,012,142.			
				Business Code				
e l	2 a	Fiscal sponsorship		900099	18,642.	18,642.		
اه ک	b	Fee income		900099	2,885.	2,885.		
Program Service Revenue	С	;						
eve	d	I						
og R	е	•						
P.	f	All other program service reve	enue					
	g	<b>=</b>			21,527.			
	3	Investment income (including						
		other similar amounts)		▶ [	34,867.			34,867.
	4	Income from investment of ta						
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
nue		Gross income from fundraisin including \$	g events (not					
Other Rever		contributions reported on line						
Ä		Part IV, line 18	,	a				
the	b	Less: direct expenses		b				
0		: Net income or (loss) from fund						
		Gross income from gaming ac	-	, , , , , , , , , , , , , , , , , , ,				
		Part IV, line 19		a				
	b	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances		a				
	b	Less: cost of goods sold		b				
		: Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С	•						
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			10,068,536.	21,527.	0	. 34,867.

# 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).

	Charles School 1 Contains a record				X
	Check if Schedule O contains a respon	(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	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	3,683,884.	3,683,884.		
_	and domestic governments. See Part IV, line 21	3,003,004.	3,003,004.		
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,	E44 20E	0.50 000	247 424	126 261
	trustees, and key employees	714,327.	260,029.	317,434.	136,864.
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	3,667,499.	2,356,513.	921,909.	389,077.
8	Pension plan accruals and contributions (include				_
	section 401(k) and 403(b) employer contributions)	105,487.	59,686.	36,605.	9,196. 62,026.
9	Other employee benefits	635,865.	346,260.	227,579.	62,026.
10	Payroll taxes	335,582.	208,551.	89,158.	37,873.
11	Fees for services (non-employees):				
а	Management				
	Legal	11,451.		11,451.	
	Accounting	31,569.		31,569.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch 0.)	2,013,912.	1,605,460.	304,171.	104,281.
12	Advertising and promotion	, ,	, ,		·
13	Office expenses	55,800.	32,905.	15,008.	7.887.
14	Information technology	248,070.	144,033.	72,141.	7,887. 31,896.
15	Royalties			,	
16		502,372.	287,836.	148,763.	65,773.
17	Occupancy	482,211.	449,069.	22,952.	10,190.
	Travel  Payments of travel or entertainment expenses	102/211	113,003.	22/3321	10/1501
18	·				
40	for any federal, state, or local public officials	94,978.	32,451.	53,746.	8,781.
19	Conferences, conventions, and meetings	J=1J1U•	52, 451 •	33,740	0,701
20	Interest  Payments to offiliates				
21	Payments to affiliates	247,539.	160,623.	70,984.	15,932.
22	Depreciation, depletion, and amortization	39,385.	100,023.	39,385.	13,934.
23	Insurance	33,303.		39,303.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	143,648.	138,237.	1,211.	4,200.
a	Events Other expenses			4,159.	4,200.
b	Other expenses	86,107.	75,356.		6,592.
С	Recruiting	58,444.	295.	58,149.	004
d	Training & Development	36,416.	4,227.	31,905.	284.
	All other expenses	48,032.	15,487.	29,627.	2,918.
25	Total functional expenses. Add lines 1 through 24e	13,242,578.	9,860,902.	2,487,906.	893,770.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					C 000 (0010)

Form 990 (2018)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,330,804.	1	1,948,619.
	2	Savings and temporary cash investments			10,304,619.	2	14,263,714.
	3	Pledges and grants receivable, net			16,714,698.	3	11,482,323.
	4	Accounts receivable, net	232,855.	4	245,340.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect		_			
छ		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net		T		7	
ğ	8	Inventories for sale or use				8	
	9				115,589.	9	153,388.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,206,587.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	783,970.	525,406.	10c	422,617.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	175,000.	13	620,607.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	46,972.	15	46,972.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	32,445,943.	16	29,183,580.
	17	Accounts payable and accrued expenses	760,584.	17	672,263.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
jab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•	•		0.5	
		Schedule D			760,584.	25	672,263.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		Jr have X and	700,304.	26	072,203.
10		complete lines 27 through 29, and lines 33 an		K nere 🚩 🔼 and			
Š	27	_ · · · · · · · · · · · · · · · · · · ·			13,056,583.	27	13,565,935.
alan	28	Unrestricted net assets Temporarily restricted net assets	18,628,776.	28	14,945,382.		
Α̈́Β	29					29	
Fund Balances	23	Organizations that do not follow SFAS 117 (A				2.5	
		and complete lines 30 through 34.	00 000	, one or nore			
ţ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		F	31,685,359.	33	28,511,317.
	34	Total liabilities and net assets/fund balances			32,445,943.	34	29,183,580.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2				78.
3	Revenue less expenses. Subtract line 2 from line 1	3				42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31	,68	5,3	<u>59.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	28	<u>, 51</u>	1,3	<u> 17.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			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 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	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audi	t			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	1

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 54-2132153 REDF

Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.	
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	check only	one box.)		
1	Ŭ.	A church, convention of ch	•	•	•	•		
2	一	A school described in <b>secti</b>					-7676-7-	
	П			•			:: <b>\</b>	
3	H	A hospital or a cooperative					-	
4	ш	A medical research organiz	ation operated in col	njunction with a nospita	i described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6	Ш	A federal, state, or local gov	ernment or governn	nental unit described in	section 17	<sup>7</sup> 0(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support t	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	ınction with a land-grant	college
		or university or a non-land-g				-	-	-
		university:	,			,,	,,	,
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sur	nort from	contribution	ons membershin fees a	and aross receints from
		activities related to its exen	•	· · · · · · · · · · · · · · · · · · ·				-
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ilred by the organization	arter June 30, 1975.
		See section 509(a)(2). (Cor					20( )(4)	
11	H	An organization organized a	-	•	-			
12	ш	An organization organized a	· ·	•	•		•	
		more publicly supported or	•					Check the box in
		lines 12a through 12d that	• •			-	•	
а			ınization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organization					•	
d		Type III non-functionally		•				ization(s)
		that is not functionally int					• • • • • •	
		requirement (see instruct	-	-	•		•	
۵		Check this box if the orga	-	-				
Ŭ		functionally integrated, or					z type i, type ii, type iii	
	Ento	er the number of supported o		nally integrated support	ing organiz	zation.		
'		ride the following information		d organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	.,	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))				

### 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	,,	•	,			
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	,	, ,	. ,	` ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	5,132,465.	23,684,674.	15,223,008.	14,420,583.	10,012,142.	68,472,872.
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	5,132,465.	23,684,674.	15,223,008.	14,420,583.	10,012,142.	68,472,872.
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)						28,882,123.
	Public support. Subtract line 5 from line 4.						39,590,749.
	ction B. Total Support	Γ					
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	5,132,465.	23,684,674.	15,223,008.	14,420,583.	10,012,142.	68,472,872.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	12 206	2 154	10 526	12 207	24 067	77 240
	and income from similar sources	13,396.	3,154.	12,536.	13,387.	34,867.	77,340.
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	5,368.	4,571.	4,257.	7,141.		21,337.
44	assets (Explain in Part VI.)	3,300.	4,571.	4,2574	7,1410		68,571,549.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	eta (esa inetrueti	one)			12	45,527.
12	First five years. If the Form 990 is for	•	,	t fourth or fifth to		L .	13,3271
13	organization, check this box and stor					11 30 1(0)(3)	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2018 (			olumn (f))		14	57.74 %
	Public support percentage from 2017					15	43.55 %
	33 1/3% support test - 2018. If the o					•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		<b>&gt;</b>
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	ualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s <b>&gt;</b> 🔲

# 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	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(6) 2013	(6) 2010	(u) 2017	(e) 2010	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	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						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	I s first second thi	l d fourth or fifth t	av vear as a sectio	n 501(c)(3) organi:	zation
••		· ·	•				Lation,
Se	ction C. Computation of Publi						
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	<del>/</del> 6
	ction D. Computation of Inves					1 .0 1	70
17						17	%
18	Investment income percentage from 2					18	<del></del>
	a 33 1/3% support tests - 2018. If the						
196	more than 33 1/3%, check this box ar						., is not
ı	33 1/3% support tests - 2017. If the						🖊 🗀
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
20	i ilitato ibuliautibili il tilo bigariizatibi	i ala not onech a	DON OH HITCH, 13	a, or rob, oricon t	THE BOX ALIC SECTION	on aonono	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

1		Yes	No
	1		
	2		
	3a		
	- Gu		
	01		
	3b		
	3с		
	4a		
	4b		
	15		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	00		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2018

Pa	rt IV Supporting Organizations (continued)			
	(ontinoo)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations			•
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			•
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	T V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

#### **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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) organiza	tions: Complete Part III			
	ne of organization	tions. Complete Part III.		En	nployer identification number
	REDF				54-2132153
Pa	rt I-A   Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b>	*\$
Pa	rt I-B Complete if the org	janization is exempt und	er section 501(c)	(3).	
1 2 3 4a b Pa 1 2 3	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made?  If "Yes," describe in Part IV.	incurred by the organization und incurred by organization manage in 4955 tax, did it file Form 4720 ganization is exempt und by the filing organization for sectization's funds contributed to other. Add lines 1 and 2. Enter here a inployer identification number (Ell tion listed, enter the amount paid omptly and directly delivered to a	ler section 4955 ers under section 4955 for this year?  er section 501(c) ction 527 exempt function for section for form 1120-POL  N) of all section 527 pod from the filing organizations as separate political organizations.	ection 527  blitical organizations to w zation's funds. Also ente anization, such as a sep-	Yes No Yes No  11(c)(3).  \$ \$ \$ \$ \$ \$ \$ \$ Yes No N
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -	contributions received and

Part II-A Complete if the org section 501(h)).	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check ▶ ☐ if the filing organiza	ition belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check 🕨 📖 if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply.		
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent		e following table in bot	th columns.		
If the amount on line 1e, column (a)		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations t		501(h) election do not ate instructions for li	•	of the five columns I	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

# 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)).

501(c)(6).	X X n 501(c)(5	X X X X X X		1,83
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	X	X X X X		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	X	X X X X		
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	X	X X X X		
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c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).		X X X X		
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f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).		X X X		
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i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	X		1,83
j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	X		1,83
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d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5		1	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5			
501(c)(6).	11 30 1(0)(3		otion	
		<i>i</i> , or se	CLIOII	
and the second of the second o			Yes	No
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				1
answered "Yes."  1 Dues, assessments and similar amounts from members		1		
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political</li> </ul>				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds		3		
, ,				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomiature part year?		A		
expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)				
Part IV Supplemental Information		5		
	iiati. Davt II A	lines 4		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	iist), Part II-A	, illes i a	and 2 (See	
			1 1	
Part II-B, Line 1, Lobbying Activities:	state	1eve	ı ana	
Part II-B, Line 1, Lobbying Activities: REDF's influence on policy is primarily at California				эe
Part II-B, Line 1, Lobbying Activities:  REDF's influence on policy is primarily at California  was done by sending support letters, identifying and s  hearing testifier, and direct lobbying to targeted leg	securin	ng co	mmitte	

#### **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

Employer identification number 54-2132153

	REDF	54-2132153
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar I	Funds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	or advised funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pr	
	impermissible private benefit?	Yes No
Pai		n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	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 qualified conservation contribution in the	e form of a conservation easement on the last
	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	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic	structure
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated	
	year <b>&gt;</b>	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	ling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforci	ng conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections are according to the conservation of the conserva	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	include, if applicable, the text of the footnote to the organization's financial statements that des	cribes the organization's accounting for
Dai	conservation easements.  rt III   Organizations Maintaining Collections of Art, Historical Treasures	or Other Similar Assets
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	of Other Sillina Assets.
		a statement and belongs about works of ort
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in f	
		urtherance of public service, provide, in Part Alli,
<b>L</b>	the text of the footnote to its financial statements that describes these items.	tomant and halance sheet works of ort. historical
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	· · · · · · · · · · · · · · · · · · ·	e of public service, provide the following amounts
	relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	<b>*</b>
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for f	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these iten	
а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990. Part X	\$

	rt III Organizations Maintair		t Historical T	reacures or	Other S		ets/continu	
	•							
3	Using the organization's acquisition, a	accession, and other record	is, check any or the	e following that a	re a signifi	cant use or its	collection	items
_	(check all that apply):  Public exhibition		Looperay	ahanaa nyaayam	•			
a		d		change program	S			
b	′	e	U Other					
C	<b>-</b>		- l th f:th	Ale e e un e e i e e Ai e e			.4 VIII	
4	Provide a description of the organizat						π XIII.	
5	During the year, did the organization						¬ <sub>V</sub>	
Dai	rt IV Escrow and Custodial						Yes	No_
rai	reported an amount on Form 9		ete ir the organizati	on answered "Ye	es" on Forr	n 990, Part IV	, line 9, or	
10	Is the organization an agent, trustee,		lian, for contributio	no or other sees	to not inclu	ıdad		
Ia							Yes	☐ No
h	on Form 990, Part X?  If "Yes," explain the arrangement in P						1es	NO
b	ii fes, explain the arrangement in F	art Am and complete the fo	nowing table.		Г		Amount	
_	Poginning balance				H	1c	Amount	
۲ C	0 0					1d		
d	J ,							
•	Distributions during the year					1e   1f		
f 20	Ending balance					<del>"                                     </del>	Yes	□ No
	If "Yes," explain the arrangement in P	·	•		•			
	rt V Endowment Funds. Cor							
		(a) Current year	(b) Prior year	(c) Two years b		hree years back	(e) Four	years back
1a	Beginning of year balance	<u> </u>	(b) i noi year	(C) Two yours a	dok (d) i	moo youro buon	(C) rour	youro buok
b	±							
	Net investment earnings, gains, and le							
d								
e	0.1							
·	and programs							
f								
g								
2	Provide the estimated percentage of	·	e (line 1a, column	(a)) held as:				
a		· .	%	(a)) Ficia as.				
b		<u></u>						
Ū	The percentages on lines 2a, 2b, and							
За	Are there endowment funds not in the		ation that are held	and administered	d for the or	ganization		
	by:	- p				<b>J</b>	Γ,	Yes No
	(i) unrelated organizations						3a(i)	
							3a(ii)	
b							··	
4	Describe in Part XIII the intended use							
Pai	rt VI Land, Buildings, and E							
	Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 11a.	See Form 990, F	Part X, line	10.		
	Description of property	(a) Cost or o		t or other	(c) Accum		(d) Book	value
		basis (investr		s (other)	depreci	I	` ,	
1a	Land							
	Leasehold improvements			27,385.		,514.		,871.
			4(	02,397.		,432.		,965.
	Other			76,805.		,024.		781.
	al. Add lines 1a through 1e (Column (d)		X column (B) line	10c.)				617.

Scriedule D (Form 990) 2016 TCED1			T DISDISS Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, Ii <b>(b)</b> Book value	ne 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or e	and of year market value
-	(b) Book value	(c) Method of Valuation. Cost of e	end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV li	ine 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			<u> </u>
(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, li	ne 11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X Other Liabilities.	5 000 D 1 N/ II		
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, II	(b) Book value	25.
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8) (9)			
Total (Column (b) must equal Form 990, Part X, col. (R) line	25)		

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	dule D (Form 990) 2018 <b>KEDF</b>				Z13Z133 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,160,099.
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	91,563.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	91,563.
3	Subtract line 2e from line 1			3	10,068,536.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,068,536.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Witl	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	13,334,141.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	91,563.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	91,563.
3	Subtract line 2e from line 1			3	13,242,578.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,242,578.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inform	mation.		
Pa:	ct X, Line 2:				

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

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

Schedule D (Form 990) 2018 REDF	54-2132153 Page 5
Schedule D (Form 990) 2018 REDF  Part XIII   Supplemental Information (continued)	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
REDF							54-2132153
Part I General Information on Gran	ts and Assistance						
1 Does the organization maintain reco		•	•	•	,	•	
criteria used to award the grants or	assistance?	itaria a tha a af arrar		d Otataa			X Yes No
2 Describe in Part IV the organization's Part II Grants and Other Assistance					onization anawarad "	Voc" on Form 000 Port	t IV line 21 for any
recipient that received more th	•				ariization ariswered	res offrom 990, Fan	11V, IIIIe 21, 101 arry
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Beautiful Day							
10 Davol Square, Suite 100							
Providence, RI 02903	45-4946110	501(c)(3)	10,000.	0.			   Strategic
·			<u> </u>				-
Building Materials Reuse							
Association - P.O. Box 28 - Great	at						
Cranberry Isle, ME 04625	20-1733179	501(c)(3)	60,000.	0.			Strategic
Center for Employment							
Opportunities - 50 Broadway, Su	ite						
1604 - New York, NY 10004	13-3843322	501(c)(3)	210,000.	0.			Enterprise
Central City Concern							
232 NW 6th Avenue							
Portland, OR 97209	93-0728816	501(c)(3)	175,000.	0.			Enterprise
Central City Concern							
232 NW 6th Avenue							
Portland, OR 97209	93-0728816	501(c)(3)	25,000.	0.			Strategic
Civic Works Inc							
2701 Street Lo Drive							
Baltimore, MD 21213	52-1925614		30,000.	0.			Strategic
2 Enter total number of section 501(c)	• •	-	he line 1 table				<b>44.</b>
3 Enter total number of other organiza	tions listed in the line	1 table					<b>&gt;</b> 1.

Page 1

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coalition for Responsible							
Community Development (CRCD) -							
3101 South Grand Avenue - Los							
Angeles, CA 90007	20-2445113	501(c)(3)	75,000.	0.			Enterprise
Community Housing Partnership 20 Jones Street, Suite 200							
San Francisco, CA 94102	94-3112338	501(c)(3)	100,000.	0.			Enterprise
Comprenew 629 Ionia Avenue SW Grand Rapids, MI 49503	46-2139282	501(c)(3)	65,000.	0.			Strategic
Conservation Corps North Bay							
27 Larkspur Street							
San Rafael, CA 94901	94-2831592	501(c)(3)	124,619.	0.			Enterprise
CrossRoads Pets 707 Monroe Street Nashville, TN 37208	27-2397528	501(c)(3)	25,000.	0.			Strategic
			_ , , , , , ,				
Daybreak, Inc. 605 South Patterson Boulevard Dayton, OH 45402	31-0864474	501(c)(3)	11,000.	0.			Strategic
Downtown Women's Center							
442 South San Pedro Street	31-1597223	501/a)/3)	15 000	0.			Stratogic
Los Angeles, CA 90013	31-139/223	501(c)(3)	15,000.	0.			Strategic
FareStart 700 Virginia Street							
Seattle, WA 98101	91-1546757	501(c)(3)	210,000.	0.			Enterprise
Goodwill Industries of Central Texas - 1015 Norwood Park Blvd Austin, TX 78753	74-2750379	501(c)(3)	165,000.	0.			Enterprise

REDF

Schedule I (Form 990)

REDF

Part II Continuation of Grants and Oth	er Assistance to Go	overnments and Orga	anizations in the U	<b>nited States</b> (Schi	edule I (Form 990), Pa I	irt II.)	Γ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Goodwill of Silicon Valley							
1080 N 7th Street							
San Jose, CA 95112	94-1212132	501(c)(3)	210,000.	0.			Enterprise
Greyston Foundation							
21 Park Avenue							
Yonkers, NY 10703	13-3717310	501(c)(3)	50,000.	0.			Strategic
GRID Alternatives							
1338 South Flower Street							
Los Angeles, CA 90015	26-0043353	501(c)(3)	10,000.	0.			Strategic
HopeWorks Social Enterprises							
3331 Broadway							
Everett, WA 98201	80-0684608	501(c)(3)	23,540.	0.			Strategic
TVETECE, MI 30201	00 0004000	501(0)(3)	23,340.	<u> </u>			belucegie
Juma Ventures							
131 Steuart Street, Suite 201							
San Francisco, CA 94105	94-3203203	501(c)(3)	260,000.	0.			Enterprise
Mile High Ministries							
913 Wyandot Street							
Denver, CO 94105	84-0782214	501(c)(3)	60,000.	0.			 Enterprise
benver, ee sires	01 0702211	301(0)(3)	00,000.				
Millionair Club Charity Inc.							
2515 Western Avenue							
Seattle, WA 98121	91-0607513	501(c)(3)	130,000.	0.			Enterprise
More Than Words							
376 Moody Street							
Waltham, MA 02453	04-2784985	501(c)(3)	130,000.	0.			 Enterprise
•			1	•			-
Neighborhood Industries							
353 East Olive							
Fresno, CA 93728	74-3252737	501(c)(3)	20,000.	0.			Strategic

REDF Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Otl	har Assistance to Gr	overnments and Orac	nizations in the H	nited States (Sch	odulo I (Form 000) Po		<b>4</b> 2132133 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Avenues for Youth, Inc.							
1220 SW Columbia Street							
Portland, OR 97201	93-0910213	501(c)(3)	100,000.	0.			Enterprise
New Door Ventures							
3221 20th Street							
San Francisco, CA 94110	94-2780274	501(c)(3)	25,000.	0.			Strategic
•							
New Moms, Inc.							
5317 West Chicago Avenue							
Chicago, IL 60651	36-3265804	501(c)(3)	75,000.	0.			Enterprise
Nambhragh Cantan							
Northwest Center 7272 West Marginal Way South							
Seattle, WA 98108	91-0786790	501(c)(3)	20,000.	0.			Strategic
Seattle, WA 90100	91-0700790	501(0)(3)	20,000.	0.			Scracegic
Orion Industries							
1590 A Street NE							
Auburn, WA 98002	91-0727076	501(c)(3)	225,000.	0.			Enterprise
Pioneer Human Services							
7440 West Marginal Way South							
Seattle, WA 98108	91-0791552	501(c)(3)	80,000.	0.			Strategic
Rebel Nell							
1401 Vermont Street	46 2025261		15 000				g
Detroit, MI 48216	46-2825261		15,000.	0.			Strategic
Rebuilding Exchange							
1740 West Webster Avenue							
Chicago, IL 60614	80-0299860	501(c)(3)	25,000.	0.			Strategic
				•••			<del></del>
Refoundry							
586 President Street, #3B							
Brooklyn, NY 11215	47-3502776	501(c)(3)	25,000.	0.			Strategic

Page 1

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Roca, Inc.							
101 Park Street							
Chelsea, MA 02150	22-3223641	501(c)(3)	50,000.	0.			Enterprise
energea, ini ezise	22 3223311	501(0)(3)	30,000.	•••			Enterprise
Rockefeller Philanthropy Advisors							
6 West 48th Street, 10th Floor							
New York, NY 10036	13-3615533	501(c)(3)	30,000.	0.			   Strategic
The Cara Program							
237 South Desplaines							
Chicago, IL 60661	36-4268095	501(c)(3)	160,000.	0.			Enterprise
The Chrysalis Center dba Chrysalis							
522 South Main Street							
Los Angeles, CA 90013	95-3972624	501(c)(3)	190,000.	0.			Enterprise
The Doe Fund, Inc.							
345 East 102nd Street							
New York, NY 10029	13-3412540	501(c)(3)	20,000.	0.			Strategic
The Monkey & The Elephant							
1218 South Alder Street							
Philidelphia, PA 19147	80-0299860	501(c)(3)	10,000.	0.			Strategic
The NetWork for Better Futures							
2620 Minnehaha Avenue							
Minneapolis, MN 55406	45-0550557	501(c)(3)	50,000.	0.			Strategic
Mimalist Chann I							
Timelist Group, Inc							
2010 West Avenue K, Suite 135	46 0001011	F01/~\/3\	10.000	_			Strates is
Lancaster, CA 93536	46-0881011	501(c)(3)	10,000.	0.			Strategic
UTEC Inc.							
15 Warren Street, Suite 3, Lowell	38_2669522	501(a)(3)	100 000	0.			Enterprise
Lowell, MA 01852	38-2669532	ho1(6)(3)	100,000.	<u> </u>			Enterprise

REDF

Schedule I (Form 990)

REDF Schedule I (Form 990)

Page 1

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Weld Seattle							
164 NE 145th							
Shoreline, WA 98155	81-3922645	501(c)(3)	60,000.	0.			Strategic
Women's Bean Project							
3201 Curtis Street							
Denver, CO 80205	84-1144973	501(c)(3)	55,500.	0.			Enterprise
Workforce, Inc. dba RecycleForce 1255 Roosevelt Avenue, Suite D12							
Indianapolis, IN 46202	14-1892402	501(c)(3)	50,000.	0.			Enterprise

art W Supplemental Information. Provide the information required in Part, line 2. Part III, column (b); and any other additional information.  art I, Line 2:  3DF maintains a close relationship with the organizations we fund. We have  team of program, fiscal and compliance personnel who work closely with  ne organizations to monitor progress towards goals. In addition and as  appropriate, we restrict the use of funds to particular projects and  acquire evidence that the funds have been spent in alignment with the	(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
EDF maintains a close relationship with the organizations we fund. We have team of program, fiscal and compliance personnel who work closely with ne organizations to monitor progress towards goals. In addition and as expropriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the						
EDF maintains a close relationship with the organizations we fund. We have team of program, fiscal and compliance personnel who work closely with ne organizations to monitor progress towards goals. In addition and as expropriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the						
EDF maintains a close relationship with the organizations we fund. We have team of program, fiscal and compliance personnel who work closely with ne organizations to monitor progress towards goals. In addition and as oppropriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the						
The state of the s						
rt I, Line 2:  OF maintains a close relationship with the organizations we fund. We have team of program, fiscal and compliance personnel who work closely with e organizations to monitor progress towards goals. In addition and as propriate, we restrict the use of funds to particular projects and quire evidence that the funds have been spent in alignment with the						
The state of the s						
The state of the s						
EDF maintains a close relationship with the organizations we fund. We have team of program, fiscal and compliance personnel who work closely with ne organizations to monitor progress towards goals. In addition and as oppropriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the						
EDF maintains a close relationship with the organizations we fund. We have team of program, fiscal and compliance personnel who work closely with the organizations to monitor progress towards goals. In addition and as oppopriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the						
EDF maintains a close relationship with the organizations we fund. We have team of program, fiscal and compliance personnel who work closely with ne organizations to monitor progress towards goals. In addition and as expropriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the						
DF maintains a close relationship with the organizations we fund. We have team of program, fiscal and compliance personnel who work closely with the organizations to monitor progress towards goals. In addition and as oppropriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the	art IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
team of program, fiscal and compliance personnel who work closely with  ne organizations to monitor progress towards goals. In addition and as  opropriate, we restrict the use of funds to particular projects and  equire evidence that the funds have been spent in alignment with the	rt I, Line 2:					
ne organizations to monitor progress towards goals. In addition and as expropriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the	EDF maintains a close relationsh	nip with the	he organi:	zations we	fund. We have	
opropriate, we restrict the use of funds to particular projects and equire evidence that the funds have been spent in alignment with the	team of program, fiscal and com	mpliance p	ersonnel v	who work cl	osely with	
equire evidence that the funds have been spent in alignment with the	ne organizations to monitor prog	gress towa:	rds goals	. In additi	on and as	
equire evidence that the funds have been spent in alignment with the						
			_			
	estrictions.			<u> </u>		

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

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

Employer identification number 54-2132153 REDF

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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 filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		_X_
	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
	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		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations section 53 4058 6(c)2	اما		

Schedule J (Form 990) 2018 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation	
(A) Name and Title	(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	benents	(6)(1)-(U)	in column (B) reported as deferred on prior Form 990	
(1) Carla I. Javits	251,878.	0.	0.	6,667.	12,733.	271,278.	0.	
President, CEO (ii)	0.	0.	0.	0.	0.	0.	0.	
(2) David Samuels (i)	192,188.	0.	0.	7,903.	22,904.	222,995.	0.	
Chief Financial & Admin (ii)	0.	0.	0.	0.	0.	0.	0.	
(3) Carrie McKellogg (i)	187,299.	0.	0.	7,706.	25,021.	220,026.	0.	
Chief Program Officer (ii)	0.	0.	0.	0.	0.	0.	0.	
(4) Nicole A. Simoneaux (i)	141,072.	0.	0.	5,515.	16,620.	163,207.	0.	
VP, Investments & Advisory (ii)	0.	0.	0.	0.	0.	0.	0.	
(5) Brian Williams (i)	148,167.	0.	0.	6,073.	23,830.	178,070.	0.	
Director of Talent (ii)	0.	0.	0.	0.	0.	0.	0.	
(6) Lori Warren (i)	127,160.	0.	0.	5,410.	30,921.	163,491.	0.	
Dir. Marketing & Communica (ii)	0.	0.	0.	0.	0.	0.	0.	
(7) Peter A. Lippman (i)	140,732.	0.	0.	0.	21,527.	162,259.	0.	
Director of Finance (ii)	0.	0.	0.	0.	0.	0.	0.	
(8) Johanna Young (i)	138,415.	0.	0.	0.	11,824.	150,239.	0.	
Director of Development (ii)	0.	0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Schedule J (Form 990) 2018	REDF	54-2132153	Page 3
Part III Supplemental Inform			
Provide the information, explana	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a,	6b, 7, and 8, and for Part II. Also complete this part for any additional inform	ation.

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

**Noncash Contributions** 

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Part I

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

Attach to Form 990.

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

Employer identification number Name of the organization 54-2132153 REDF 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 1g	Method of noncash contri		•		
1	Art - Works of art		itomo contributou	r onn ood, r are viii, iii o rg					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	6	136,754.	Value at t	ime	of	tra	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other • ()								
27	Other • ()								
28	Other ()								
29	Number of Forms 8283 received by the organic								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29					
							Yes	No	
30a	During the year, did the organization receive b	-			-				
	must hold for at least three years from the date							77	
	exempt purposes for the entire holding period	?				. 30a		X	
	If "Yes," describe the arrangement in Part II.							37	
31	Does the organization have a gift acceptance					. 31		X	
32a	Does the organization hire or use third parties		-					77	
_	contributions?		• • • • • • • • • • • • • • • • • • • •			. 32a		X	
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y tor which column (a) is che	ecked,				
	describe in Part II.								

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

Schedule M (Form 990) 2018

	is rep this p	ortin	g in Pa or any	art I,	colur	nn (b)	), the	e nun	nber	of co	ntribi	ution	s, th	ne nui	mber	of it	ems	rece	eived,	or a	omb	inatio	n of I	ooth.	Also	comple	ete
Schedu	le 1	м,	Paı	rt	I,	Со	1u	mn	(þ	):																	
Number	of	CC	onti	rib	ut	ion	s	det	er	mi	ned	l b	У	nun	nbe	r	of	d	ono	rs.							

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

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

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

REDF

Employer identification number 54-2132153

Form 990, Part I, Line 1, Description of Organization Mission:

REDF has earned and reinvested in their business more than \$720 million

in revenue and employed over 36,000 people, helping spending for

government programs go further while improving lives and communities.

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

Other programs services include policy and partnerships, impact

lending, and Farber MBA internships.

Expenses \$ 2,182,707. including grants of \$ 174,225. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

REDF's 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 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization REDF	Employer identification number 54-2132153
approved by the Executive Committee (President & CEO, Chi	ef Financial and
Administrative Officer and Chief Program Officer). Compen	sation levels are
set within the boundaries of the annual Board approved or	ganizational
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	e available on
www.redf.org and REDFs 990 available on www.redf.org and	on
www.guidestar.org.	
Form 990, Part IX, Line 11g, Other Fees:	
Payroll service fees:	
Program service expenses	0.
Management and general expenses	79,786.
Fundraising expenses	0.
Total expenses	79,786.
Consultants:	
Program service expenses	1,605,460.
Management and general expenses	224,385.
Fundraising expenses	104,281.
Total expenses	1,934,126.
Total Other Fees on Form 990, Part IX, line 11g, Col A	2,013,912.