Form	990
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EXTENDED TO NOVEMBER 15, 2022

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

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



Depa Interr	be for the second of the Treasury ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
-				ending								
	Check if Ipplicabl	le: C Name o	forganization		D Employer identific	ation number						
	Addre		D, INC.									
	Name		usiness as	83-1579781								
	Initial return		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number							
	Final	1602	512-947-2	2176								
	termin		G Gross receipts \$	3,044,504.								
	definition ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return LONG ISLAND CITY, NY 11101 H(a) Is this a group return											
	Applic tion	^{ca-} F Name a	nd address of principal officer: DANA GUNDERS RIVER)	for subordinates?							
	pendii		AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No						
11	Fax-ex	empt status: [X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a I	ist. See instructions						
		te: 🕨 REFE			H(c) Group exemption							
			X Corporation	L Year	of formation: 2018 M	State of legal domicile: DE						
Pa	art I	Summary										
đ	1		be the organization's mission or most significant activities: $\underline{\mathtt{REFE}}$									
Governance		DEDICAT	ED TO ENDING FOOD LOSS AND WASTE A	CROSS	THE U.S. FOO	DD SYSTEM						
erne	2		x 🕨 🛄 if the organization discontinued its operations or dispos	sed of more								
Ň	3					8						
ي ھ			lependent voting members of the governing body (Part VI, line 1b)			8						
es			of individuals employed in calendar year 2021 (Part V, line 2a) \dots			20						
iviti			of volunteers (estimate if necessary)			0						
Activities			d business revenue from Part VIII, column (C), line 12			0.						
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.						
					Prior Year	Current Year						
ē	8		and grants (Part VIII, line 1h)		8,394,345.	2,883,794.						
ent	9	•	ce revenue (Part VIII, line 2g)		133,250.	160,549.						
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	0.	161.							
-	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,527,595.	3,044,504.						
			nilar amounts paid (Part IX, column (A), lines 1-3)		3,521,440.	0.						
			to or for members (Part IX, column (A), line 4)		0.	0.						
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,434,815.	1,725,182.						
Expenses	16a		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 343, 2	7	0.	0.						
ц Д	b		• • • • • • • • •		1,872,452.	1 105 501						
	1 ''		es (Part IX, column (A), lines 11a-11d, 11f-24e)			1,195,501.						
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>6,828,707.</u> 1,698,888.	<u>2,920,683.</u> 123,821.						
<u> </u>		Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year							
Net Assets or Fund Balances		Tatal assists //			3,525,220.	End of Year 3,245,213.						
Asse	20	Total assets (I			707,551.	303,723.						
let ∕	21		: (Part X, line 26) fund balances. Subtract line 21 from line 20		2,817,669.	2,941,490.						
	art II	Signature			2,01,,00J•	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			I declare that I have examined this return, including accompanying schedule:	s and stateme	ents and to the hest of my	knowledge and helief it is						
			. Declaration of preparer <u>(other t</u> han officer) is based on all information of wi			Miowiouyo and boliol, it 15						
	,			ποτι μισμαι σι	11-28-	-22						
Sig	n	Signatur	e of officer		Date							
Her		l' -	EN SWARTZ, TREASURER									
1101			print name and title									
		+		l r	Data lat t							

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	AMYN GILLANI		11/15/2	2 self-employed P01522152						
Preparer	Firm's name 🕒 CITRIN COOPERMAN	ADVISORS LLC	Firi	m's EIN ▶ 87-2525370						
Use Only	y Firm's address 50 ROCKEFELLER PLAZA									
	NEW YORK, NY 10020 Phone no. 212-697-10									
May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2021) REFED, INC. 83 rt III Statement of Program Service Accomplishments	8-1579781	Page 2
Ta	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	<u></u>	21
'	REFED IS A NATIONAL NONPROFIT DEDICATED TO ENDING FOOD LOSS	AND WAST	E
	ACROSS THE U.S. FOOD SYSTEM BY ADVANCING DATA-DRIVEN SOLUTI		-
	VISION IS A SUSTAINABLE, RESILIENT, AND INCLUSIVE FOOD SYST		
	OPTIMIZES ENVIRONMENTAL RESOURCES, MINIMIZES CLIMATE IMPACT		
	· · · · · · · · · · · · · · · · · · ·	.S, AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	77	
	prior Form 990 or 990-EZ?	X Yes	No.
	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 meas	sured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 818,769. including grants of \$) (Revenue \$)	250,	549.
	CAPITAL, INNOVATION, & ENGAGEMENT PROGRAM SERVICE ACCOMPLIE	SHMENTS :	
	REFED INCREASED AWARENESS, EDUCATION, AND ENGAGEMENT OF CAR		
	PROVIDERS, SOLUTIONS PROVIDERS, AND FOOD BUSINESSES, LEADIN		
	INCREASE IN FUNDING FOR AND ADOPTION OF FOOD WASTE SOLUTION		AS
	ACCOMPLISHED THROUGH ONGOING MATCHMAKING AND MARKET MAKING		
	AND THROUGH THE LAUNCH OF THE FOOD WASTE FUNDER CIRCLE, A N		
	FOR CAPITAL PROVIDERS TO NETWORK AND LEARN ABOUT INVESTMENT		n.
	GRANTMAKING OPPORTUNITIES IN FOOD WASTE, SHARING NEARLY 100		
	PROVIDERS WITH THE FUNDER CIRCLE. REFED ALSO ADVISED THE WO		
	COMPANY'S POM \$1 MILLION INNOVATION CHALLENGE TO FIND SOLUT		
	ADDRESS 50,000 POUNDS OF POMEGRANATE HUSK WASTE AND SERVED		
	ADVISORY COMMITTEE OF THE KROGER CO. ZERO HUNGER ZERO WAS		
4b	(Code:) (Expenses \$780 , 685 . including grants of \$) (Revenue \$)	550,	000.
	DATA & INSIGHTS PROGRAM SERVICE ACCOMPLISHMENTS :		
	REFED LAUNCHED THE INSIGHTS ENGINE, A FIRST-OF-ITS-KIND ON		
	KNOWLEDGE HUB BUILT FROM 50 PUBLIC AND PROPRIETARY DATASETS		
	OFFERING EXTENSIVE ANALYSES AND THE MOST UP-TO-DATE INFORMA		
	INFORM THE WORK OF STAKEHOLDERS OF ALL TYPES. ACCOMPANYING		
	ENGINE WAS AN UPDATED VERSION OF OUR LANDMARK 2016 ROADMAP	CALLED TH	E
	ROADMAP TO 2030: REDUCING U.S. FOOD WASTE BY 50%, WHICH DET	CAILS SEVE	N
	KEY ACTION AREAS TO HELP GUIDE THE FOOD SYSTEM IN ITS WASTE	E REDUCTIO	N
	EFFORTS. THE INSIGHTS ENGINE WELCOMED OVER 22,000 USERS AND) WAS	
	UTILIZED IN OVER 450 USE CASES BY A VARIETY OF FOOD SYSTEM		
	STAKEHOLDERS.		
4c	(Code:) (Expenses \$ 274,330 · including grants of \$) (Revenue \$		
τc	BUSINESS INITIATIVES PROGRAM SERVICE ACCOMPLISHMENTS :		
	REFED PROVIDED TAILORED RECOMMENDATIONS THAT WOULD ELEVATE	FOOD WAST	F
	PREVENTION ACTIVITIES IN CERTIFICATIONS AND STANDARDS TO 10		6
	ORGANIZATIONSFOR INSTANCE, WE ADVISED THE ASSOCIATION FOR T		
	ADVANCEMENT OF SUSTAINABILITY IN HIGHER EDUCATION (AASHE) O		~ .
	SUSTAINABILITY TRACKING, ASSESSMENT & RATING SYSTEM (STARS)		
	TRANSPARENT, SELF-REPORTING FRAMEWORK FOR COLLEGES AND UNIV		го
	MEASURE THEIR SUSTAINABILITY PERFORMANCE. WE ALSO WORKED WI		
	COUNCIL FOR RESPONSIBLE SPORT, THE WORLD'S LEADING RESPONSI		
	CERTIFICATION PROGRAM, ON ITS RESPONSIBLE SPORT STANDARD FO		
	ORGANIZATIONS. REFED PARTNERED WITH THE ENVIRONMENTAL DEFEN		ONE
	OF THE WORLD'S LEADING ENVIRONMENTAL ORGANIZATIONS, TO DEVE		
4d			
	(Expenses \$ 217,795. including grants of \$) (Revenue \$)	
10			
4e	Total program service expenses 2,091,579.	(90 (2021
	SEE SCHEDULE O FOR CONTINUATION(S)	Form 9	2021
32002			
	3		1
11	115 790347 168631 2021.05000 REFED, INC.		1686

Form	1 990 (2021) REFED, INC. 83-15	79781	Р	age 3
	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in eff			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pa	rt I <u>6</u>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a	· · · ·			x
h	Part VI			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III			X
20a				X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		000	
132003	3 12-09-21	Form	390	(2021)

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Form	990	(2021)
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Form 990 (2021) REFED, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ا م	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
0.	Part V, line 1	34		х
35a	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X QQA	(2021)
132004	↓ 12-09-21	⊢orm	330	2021)

5 2021.05000 REFED, INC.

Form	990 (2021) REFED, INC.		83-1579	781	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			1		Yes	No					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	20								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	<u> </u>					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s		3a		X					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a forcing country (such as a back account, account account, or other financial			10		x					
h	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccour	iu) ?	<u>4a</u>							
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoup									
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th										
	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 contributi										
	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 ser	vices p	rovided 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	as requ	uired								
	to file Form 8282?			7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e								
				8							
9	Sponsoring organizations maintaining donor advised funds.										
а				9a							
b				9b							
10	Section 501(c)(7) organizations. Enter:		I								
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-							
11	Section 501(c)(12) organizations. Enter:		I								
	Gross income from members or shareholders	<u>11a</u>		1							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b									
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>120</u>	1	1							
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
-	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
с	Enter the amount of reserves on hand	13c									
14a			•	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \dots			17							
	If "Yes," complete Form 6069.										
	12-09-21 6 6			Form		(2021)					
511	15 790347 168631 2021.05000 REFED, II	NC.			16	863					

12051115 790347 168631

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 throut to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>		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	la	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	lb	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	th 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 dir				
	of officers, directors, 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, stock				
	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				
а		-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Reven	ua Cada)			
		ue coue.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapt		104		
U			10b		
	· · · · · · · · · · · · · · · · · · ·	for a filing the form?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	elore ming the form?	11a	<u></u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to o		12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,			v	
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	rindependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а			15a	X	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	s participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizat	tion's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
Sec	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright\mathrm{NY}$, CA , OR				
		990-T (section 501(c)(3	s) only)	availat	ole
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9				
17	for public inspection. Indicate how you made these available. Check all that apply.				
17	for public inspection. Indicate how you made these available. Check all that apply.	Schedule O)			
17 18	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on the complexity)		nd finand	ial	
17 18	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict		nd financ	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. Image: State in the	ct of interest policy, ar	nd finand	ial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. Image: State in the	ct of interest policy, ar	nd financ	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books KATY FRANKLIN - 512-947-2176	ct of interest policy, ar	nd finano	sial	
17 18 19 20	for public inspection. Indicate how you made these available. Check all that apply. Image: State in the	ct of interest policy, ar		5ial	(202-

Form 990 (2021)	REFED, I	INC.	83-1579781 F	- _{age} 7								
Part VII Compensat	tion of Officers,	Directors, Trustees, Key Emp	loyees, Highest Compensated									
Employees, and Independent Contractors												
Check if Scheo	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 t	he calendar year ending with or within the organization's ta	x year.								

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Estimated	
	hours per	box	box, unless person		rson i	s both	an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	rector/trustee)		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldr	st con vee	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DANA GUNDERS RIVERO	40.00	_	_							
EXECUTIVE DIRECTOR		1		x				232,620.	0.	22,839.
(2) ALEXANDRIA COARI	40.00									
VP, CAPITAL, INNOVATION, & ENGAGEMEN						Х		154,054.	0.	18,052.
(3) JEFFREY COSTANTINO	40.00									
COMMUNICATIONS DIRECTOR						Х		125,537.	0.	16,938.
(4) KATHLEEN FRANKLIN	40.00									
OPERATIONS DIRECTOR						X		126,345.	0.	15,759.
(5) SHAWN SHEPHERD	40.00									
DEVELOPMENT DIRECTOR						Х		112,909.	0.	3,858.
(6) JESSE FINK	2.00									
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(7) NICOLA DIXON	2.00									_
CHAIR, BOARD OF DIRECTORS		Х		X				0.	0.	0.
(8) STEVEN SWARTZ	2.00									-
TREASURER, BOARD OF DIRECTORS		Х		X				0.	0.	0.
(9) YALMAZ SIDDIQUI	2.00									-
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(10) EDUARDO ROMERO	2.00									-
SECRETARY, BOARD OF DIRECTORS		Х		X				0.	0.	0.
(11) CHARLES C. SAVITT	2.00									_
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(12) STACEY G. KOEHNKE	2.00									-
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
(13) EMILY MA	2.00									-
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.
	<u> </u>	•								
		1								
132007 12-09-21	1				1					Form 990 (2021)

132007 12-09-21

	990 (2021) REFED, IN									83-1	<u>579</u>	781	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	e Posi (do not check n				1 than o s both	one 1 an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anizatio	e ion ed
											-+			
											-+			
											-+			
											_			
	Subtotal Total from continuation sheets to Part VII								751,465.		0.	7	7,44	$\frac{16}{0}$
	Total (add lines 1b and 1c)								751,465.		0.	7	7,44	
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			5
													Yes	No
3	Did the organization list any former officer,		,	,	•	,	,	0		,		0		Х
4	•		e compensation and other compensation from the						3		л			
_		,	" complete Schedule J for such individual						4	X				
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i>	-				-			•			5		х
	tion B. Independent Contractors													
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								censat	ion fro	m	
	(A) Name and business				0				(B)			(C	;) nsatioi	2
VIZ	ZZUALITY	audress							Description of s	ervices		ompei	ISALIOI	1
	ENCARRAL 123 5 A, MADRI	D, SPAI	N	28	01	0		_	WEB DEVELOPM			15	5,9!	57.
	NIATA ANALYTICS 2 CAMPANELLO WAY, BRENT	WOOD. C	A	94	51	3			DATA ANALYTI SOFTWARE ENG			12	7,2'	74.
WAI	RREN ADAMS, 200 BROOKLI STON, MA 02215						1,		STRATEGIC AD				, 4,4(
<u>D01</u>	510N, MA 02215							-	DIRAILGIC AD	VIDORI		10.	<u>, , , , , , , , , , , , , , , , , , , </u>	
								\neg						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos 3		ted	above) who received mo	ore than				
												Form	990 (2	2021)

			2021) REFED, INC.				83-1579	781 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin			(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ខ្ល	1	а	Federated campaigns 1a					
rant			Membership dues 1b					
۵. م		с	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
ini) S		е	Government grants (contributions) 1e	134,385.				
ibution Other S		f		,749,409.				
outr		-	Noncash contributions included in lines 1a-1f					
<u>ठ</u> ह		h	Total. Add lines 1a-1f		2,883,794.			
				Business Code				
ice	2		FEES FOR SERVICE	900099	160,549.	160,549.		
er v		b						
Program Service Revenue		с						
grai Re		d						
roç		e 4						
			All other program service revenue		160,549.			
	3		Total. Add lines 2a-2f Investment income (including dividends, inter		100,549.			
	3		other similar amounts)		161.			161.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
venue		с	Gain or (loss)					
Re			Net gain or (loss)	►				
Other	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
			Less: direct expenses 8t					
			Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 94					
				<u> </u>				
	10	а	Gross sales of inventory, less returns					
		۴	and allowances 10					
			Less: cost of goods sold 10					
		G	Net income or (loss) from sales of inventory .	Business Code				
sn	11	2						
oer ue		a b						
iscellaneous Revenue		с С						
Be			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		3,044,504.	160,549.	0.	161.
13200					-	-		Form 990 (2021)

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
Dou	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ч 		•
	and domestic governments. See Part IV, line 21				
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,				
	trustees, and key employees	255,460.	153,276.	51,092.	51,092.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 100 100		100.000	1 6 4 4 6 5
7	Other salaries and wages	1,192,133.	919,680.	108,288.	164,165.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	176 770	105 200		
9	Other employee benefits	176,779.	125,380.	26,245.	<u>25,154.</u> 14,991.
10	Payroll taxes	100,810.	74,720.	11,099.	14,991.
11	Fees for services (nonemployees):				
	Management	34,626.	13,057.	21 560	
		82,115.	13,057.	<u>21,569.</u> 82,115.	
	Accounting	02,113.		02,113.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	792,094.	636,988.	83,108.	71,998.
12	Advertising and promotion	,			,
13	Office expenses	120,308.	52,928.	54,191.	13,189.
14	Information technology				•
15	Royalties				
16	Occupancy				
17	Travel	56,104.	13,320.	41,810.	974.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,500.	19,500.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,584.		2,584.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	E0 000	E0 000		
a	DATA	58,233. 29,937.	58,233. 24,497.	3,729.	1,711.
b	RENT	43,331.	<u> </u>	5,129.	⊥,/⊥⊥•
с С					
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	2,920,683.	2,091,579.	485,830.	343,274.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
-					

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Form 990 (2021)

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Form 990 (2021)

REFED, INC. 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)

Form 990 (
Part X	Balance	Sheet

REFED, INC.

		Check if Schedule O contains a response or note to any line in this Part	Χ		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,571,255.	1	2,134,698.
	2	Savings and temporary cash investments		2	835,256.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	245,000.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	28,170.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,870.	15	2,089.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,245,213.
	17	Accounts payable and accrued expenses	497,880.	17	202,109.
	18	Grants payable		18	
	19	Deferred revenue	59,601.	19	101,614.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%		
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D	150,070.	25	0.
	26	Total liabilities. Add lines 17 through 25	707,551.	26	303,723.
		Organizations that follow FASB ASC 958, check here \blacktriangleright X			
ice		and complete lines 27, 28, 32, and 33.	040.660		1 000 185
alan	27	Net assets without donor restrictions		27	1,822,175. 1,119,315.
B	28	Net assets with donor restrictions	1,975,000.	28	1,119,315.
nuc		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ţÀ	31	Retained earnings, endowment, accumulated income, or other funds		31	0 0 4 1 4 0 0
Ne	32	Total net assets or fund balances		32	2,941,490.
	33	Total liabilities and net assets/fund balances	3,525,220.	33	3,245,213. Form 990 (2021)

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12 2021.05000 REFED, INC.

Form	990 (2021) REFED, INC.	83-15	79781	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,044		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,920		
3	Revenue less expenses. Subtract line 2 from line 1	3	123		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,817	,66	<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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,941	.,49	<u>90.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200 /	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan	ne of t	the organization							identification number
			D, INC.						3-1579781
	nrt I	Reason for Public (-		ee instructions	5.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch				on 170(b)(1	I)(A)(i).		
2		A school described in section		-					
3		A hospital or a cooperative					•		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	X	An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
_		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	ine college	or
40		university:		than 22 1/20/ of its sum	art from a	optribution		n faan an	d areas ressints from
10		An organization that norma							•
		activities related to its exem income and unrelated busin		-					-
		See section 509(a)(2). (Cor				ses acqui	red by the org		
11	\square	An organization organized a	-	vely to test for public sat	fetv See	section 50	9(a)(4)		
12	H	An organization organized a	•		•			rv out the	purposes of one or
		more publicly supported or	•	•	•				
		lines 12a through 12d that	-						
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatior	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
Ċ		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its support	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	,	•					
e		Check this box if the orga					Type I, Type I	I, Type III	
	_	functionally integrated, or		nally integrated supporting	ng organiz	ation.			[
		er the number of supported o	-						
<u> </u>		vide the following information i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	```	organization	() =	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)
		-		above (see instructions))	163				
Tota	al								

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		676,259.	4060327.	8394345.	2883794.	16014725.		
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)								
6	Public support. Subtract line 5 from line 4.						16014725.		
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4		676,259.	4060327.	8394345.	2883794.	16014725.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources					161.	161.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						16014886.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	705,197.		
13	First 5 years. If the Form 990 is for th		,			01(c)(3)			
	organization, check this box and <b>stor</b>	-		-			<b>X</b>		
Se	ction C. Computation of Publi								
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, c	olumn (f))		14	%		
15						15	%		
16a	a 33 1/3% support test - 2021. If the o					ore, check this bo	k and		
	stop here. The organization qualifies	as a publicly supp	orted organization						
k	stop here. The organization qualifies as a publicly supported organization <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and <b>stop here.</b> The organization qualifies as a publicly supported organization								
17a	10% -facts-and-circumstances test		• •						
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	-	5			
t	0 10% -facts-and-circumstances test	-		• • • •					
	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18	<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

(f) Total

2883794.16014725.

7	Amounts from line 4		676,259.	4060327.	8394345.	2883794	<b>1.</b> 16014725.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					161	L. 161.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16014886.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	705,197.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	ohere					<b>X</b>
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	1 33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this	box and
	stop here. The organization qualifies	as a publicly supp	orted organization				
k	<b>33 1/3% support test - 2020.</b> If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r <b>e.</b> Explain in Part	VI how the orga	anization
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
k	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15	is 10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	op here. Explain i	n Part VI how th	ne
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	►
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructi	ons 🕨 🗌
						Schedule	A (Form 990) 2021

REFED, INC.

(a) 2017

Schedule A (Form 990) 2021

Section A. Public Support

Calendar year (or fiscal year beginning in) 🕨

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

Part II

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(d) 2020

8394345.

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.)

(c) 2019

4060327.

(b) 2018

676,259

132022 01-04-22

12051115 790347 168631

**(e)** 2021

REFED, INC.

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

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

Sec	ction A. Public Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	Total. Add lines 1 through 5				-		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		(,	(-) == : =	(-,		(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
Sec	check this box and stop here						<b>&gt;</b>
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
17				ino 13 column (f))		17	%
18						18	%
	33 1/3% support tests - 2021. If the			on line 14 and lin			
100	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2020. If the	-	-				······································
2	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
-	23 01-04-22			,, enconce			ule A (Form 990) 2021
			16	5			· · · · · · · - · - · - ·

2021.05000 REFED, INC.

REFED	. INC
	/

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

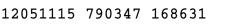
## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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#### 17 2021.05000 REFED, INC.

	(Form 990) 2021 Supporting Orgar	REFED,	
Failly	Supporting Organ	izations (con	tinued)

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
		1 4		

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 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	<u>d. or controlle</u>	d the support	ing organization.	
Section C. T	ype II Sup	porting Or	ganizations	

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that control or managed

|--|

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a 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 <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>	
-----	--	---------------------------------------------------	------------------------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

12051115 790347 168631

18 2021.05000 REFED, INC. Yes No

Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI) See instruction
All other Type III non-functionally integrated supporting organizations mus			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
<ul> <li>Acquisition indebtedness applicable to non-exempt-use assets</li> </ul>	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 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-functional	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021 REFED, INC.

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

REFED, INC.

Schedule A (Form 990) 2021

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Pai	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )				
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	c From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	REFED,	INC.			83-1579781	Page <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	<b>mation.</b> Pro 2, 3b, 3c, 4b, lines 2 and 3;	ovide the explanations , 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lin	, 11a, 11b, and 11c; Par es 1c, 2a, 2b, 3a, and 3	t IV, Section B, lines 1 b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,
	(See instructions.)						
132028 01-04-2	2			21		Schedule A (Form 9	90) 2021

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form	990)
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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.



Employer identification number

83-	1	5	7	9	7	8	1
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	REFED, INC.		83-1579781
Par		d Funds or Other Similar Funds or	
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advised f	funds
	are the organization's property, subject to the organization's e	0	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	· · · · ·	
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		nistorically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ►		5
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	l)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
			<b>N</b> .
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial ga	iin, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 202
132051	10-28-21		

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2021.05000	REFED,	INC.

Sche	dule D (Form 990) 2021 <b>REFED</b> ,						83-15			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, o	r Othe	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	asures, or othe	er similaı	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered	"Yes" or	n Form 990	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
<b>1</b> a	Is the organization an agent, trustee, custodi						_	_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:				1			
								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									<b></b>
	Did the organization include an amount on F					• • • • • • •	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete									<u></u>
		(a) Current year	(b) Prior year	(c) Two yea			years back	(e) Fou	vears	hack
10	Paginning of year balance	95.	95	., ,	TO DUON	(4) 11100	youro buok	(0) 1 00	youro	buok
1a 5	Beginning of year balance	835,000.		•						
u o	Contributions	161.								
d	Grants or scholarships									
	Other expenditures for facilities									
e										
f	Administrative expenses									
g	End of year balance	835,256.	95							
2	Provide the estimated percentage of the curr		e (line 1a, column (	a)) held as:						
a	Board designated or quasi-endowment	100	%	a)) Hold do.						
	Permanent endowment		_/*							
		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse		tion that are held a	and administer	red for th	ne organiz	ation			
	by:	Ũ				0			Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investm	• •	st or other s (other)		Accumulat epreciation		<b>(d)</b> Boo	k valu	е
1a	Land									
b	Buildings									
с	Leasehold improvements									
	Equipment									
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B), line	10c.)						0.
							Calcaduda		- 000	0004

Schedule D (Form 990) 2021

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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
			- jea manot faido
Pinancial derivatives     Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Endered in come toxee			
(1) Federal income taxes			
(2)			
(2) (3)			
(2)			
(2) (3) (4) (5)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7)			

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

Schedule D (Form 990) 2021

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	edule D (Form 990) 2021 REFED, INC.				15/9/81 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,204,504.
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	160,000.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	160,000.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,044,504.
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			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
С					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990 Part 1 line 12)			5	3,044,504.
5					<u>3,044,504.</u> n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990 Part 1 line 12)	ments With			3,044,504. n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	<b>ments With</b> ^{2a.}	Expenses per F		3,044,504. n. 3,080,683.
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<b>ments With</b> ^{2a.}	Expenses per F	Returi	n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements	ments With 2a.	Expenses per F	Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With 2a.	Expenses per F	Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a.           2a           2a           2a           2b	Expenses per F	Returi	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses	2a.         2a            2a            2b            2c	Expenses per F	Returi	n.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other losses	2a.         2a            2a            2b            2c            2d	Expenses per F	Returi	n. <u>3,080,683.</u> 160,000.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d	2a.         2a            2a            2b            2c            2d	Expenses per F	1	n. 3,080,683.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other losses in Part XIII.)	2a.         2a            2a            2b            2c            2d	Expenses per F	1 2e	n. <u>3,080,683.</u> 160,000.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a.         2a            2a            2b            2c            2d	Expenses per F	1 2e	n. <u>3,080,683.</u> 160,000.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a.           2b           2c           2d	Expenses per F	1 2e	n. <u>3,080,683.</u> 160,000.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a.         2a           2b         2b           2c         2d           2d         2d           4a         4b	Expenses per F	1 2e	n. <u>3,080,683.</u> 160,000.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a.         2a           2b         2b           2c         2d           2d         2d	Expenses per F	1 2e 3	n. 3,080,683. 160,000. 2,920,683.

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

#### PART V, LINE 4:

SUPPORT EMERGENCY CASH NEEDS OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A DELAWARE NONPROFIT CORPORATION AND HAS

BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICVE ("IRS") AS EXEMPT FROM

FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(A) AS

ORGANIZATIONS DESCRIBED IN IRC SECTION 501 (C)(3), QUALIFY FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND

33

(VII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER IRC

SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE ORGANIZATION IS ANNUALLY

REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM

132054 10-28-21

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Schedule D (Form 990) 2021
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2021.05000 REFED, INC.

Schedule D (Form 990) 2021 REFED, INC.	83-1579781 Page 5
Part XIII Supplemental Information (continued)	
990) WITH IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO	INCOME TAX ON
NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE	E UNRELATED TO
THEIR EXEMPT PURPOSES. THE ORGANIZATION HAS DETERMINED THAT	IT IS NOT
SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED A	AN EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH TH	HE IRS.

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SCHEDULE J	Compensation Information		OMB No. 1	545-004	17
(Form 990)		20	<b>91</b>		
		20		l	
Department of the Treasu	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organ			identificatio		nber
	REFED, INC.	83-	157978	1	
Part I Ques	tions Regarding Compensation				
				Yes	No
-	ropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	n A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	s or charter travel Housing allowance or residence for perso				
	companions Payments for business use of personal re				
	nnification and gross-up payments				
	hary spending account Personal services (such as maid, chauffe	ur, chet)			
<b>b</b> If any of the b	was an line to are checked, did the argonization follow a written notice recording normant or				
-	oxes on line 1a are checked, did the organization follow a written policy regarding payment or to represent to the expenses described above? If "No," complete Part III to explain		1b		
	zation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
trustees, and					
3 Indicate whic	, if any, of the following the organization used to establish the compensation of the organization?	s			
	e Director. Check all that apply. Do not check any boxes for methods used by a related organization				
	pensation of the CEO/Executive Director, but explain in Part III.				
	ation committee				
	ent compensation consultant				
	of other organizations $\overline{X}$ Approval by the board or compensation	committee			
	5				
4 During the ye	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization of	r a related organization:				
a Receive a sev	erance payment or change-of-control payment?		4a		X
<b>b</b> Participate in	or receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate in	or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to an	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons li	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
•	the revenues of:				
a The organizat	on?		<u>5a</u>		X
	ganization?		<u>5b</u>		X
	5a or 5b, describe in Part III.				
	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
0	the net earnings of:				v
	on?				X X
	ganization?		<u>6b</u>		
	e 6a or 6b, describe in Part III.	_			
	ted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		-		x
	on lines 5 and 6? If "Yes," describe in Part III		7		
	unts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		0		x
			8		
	8, did the organization also follow the rebuttable presumption procedure described in		9		
	ction 53.4958-6(c)? rk Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2024
LINA FOI Paperw		Sche	uule J (Forn	1 990)	2021

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#### 83-1579781

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANA GUNDERS RIVERO	(i)	232,620.	0.	0.	6,639.	16,200.	255,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	154,054.	0.	0.	6,162.	11,890.	172,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD APPROVES THE COMPENSATION OF ALL EXECUTIVE EMPLOYEES.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

83-1579781

REFED, INC.

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

BY ADVANCING DATA-DRIVEN SOLUTIONS. OUR VISION IS A SUSTAINABLE,

RESILIENT, AND INCLUSIVE FOOD SYSTEM THAT OPTIMIZES ENVIRONMENTAL

RESOURCES, MINIMIZES CLIMATE IMPACTS, AND MAKES THE BEST USE OF THE

FOOD WE GROW.

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

MAKES THE BEST USE OF THE FOOD WE GROW.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DIVERSITY, EQUITY, INCLUSION PROGRAM SERVICE ACCOMPLISHMENTS:

CONDUCTED INTERNAL STAFF TRAINING PROGRAMS TO EDUCATE EMPLOYEES ON

VARIOUS ASPECTS OF DIVERSITY, EQUITY, INCLUSION AND JUSTICE AND THE

WAYS IN WHICH THEY INTERSECT WITH REFED'S WORK ON FOOD WASTE. REFED

HIRED IT'S FIRST DEIJ FELLOW TO LEAD A YEAR-LONG WORKSTREAM TO CONDUCT

A LANDSCAPE ASSESSMENT TO FURTHER INVESTIGATE THESE INTERSECTIONS AND

BEGIN WORK ON A PUBLIC REPORT. STAFF ALSO CONDUCTED THE FIRST HALF OF

AN INTERNAL DEIJ ASSESSMENT TO IDENTIFY OPPORTUNITIES FOR GREATER

INTEGRATION OF DEIJ WORK INTO THE ORGANIZATION'S INTERNAL POLICIES AND

PROCESSES AND EXTERNAL-FACING PROGRAMMING AND STRATEGIES.

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

FOUNDATION'S 2021 OPEN CALL.

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

CLIMATE CORPS FOOD WASTE FELLOWSHIP FOR LAUNCH IN 2022. IT IS A

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

Schedule O (Form 990) 2021

Name of the organization REFED, INC.	Employer identification number 83-1579781
FIRST-OF-ITS-KIND COLLABORATION DESIGNED TO ADVANCE COM	PANIES'
STRATEGIC FOOD WASTE INITIATIVES AND TRAIN THE NEXT GEN	ERATION OF FOOD
WASTE AND CLIMATE LEADERS. WE ALSO CONTINUED TO SERVE A	S A PARTNER TO
THE PACIFIC COAST FOOD WASTE COMMITMENT WHICH WELCOMED	ADDITIONAL FOOD

BUSINESS SIGNATORIES, INCLUDING BOB'S RED MILL AND FOOD NORTHWEST, AS

THE PROJECT EXPANDED TO INCLUDE BOTH RETAILERS AND MANUFACTURERS.

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

DIVERSITY, EQUITY, INCLUSION PROGRAM SERVICE ACCOMPLISHMENTS :

CONDUCTED INTERNAL STAFF TRAINING PROGRAMS TO EDUCATE EMPLOYEES ON

VARIOUS ASPECTS OF DIVERSITY, EQUITY, INCLUSION AND JUSTICE AND THE

WAYS IN WHICH THEY INTERSECT WITH REFED'S WORK ON FOOD WASTE. REFED

HIRED IT'S FIRST DEIJ FELLOW TO LEAD A YEAR-LONG WORKSTREAM TO CONDUCT

A LANDSCAPE ASSESSMENT TO FURTHER INVESTIGATE THESE INTERSECTIONS AND

BEGIN WORK ON A PUBLIC REPORT. STAFF ALSO CONDUCTED THE FIRST HALF OF

AN INTERNAL DEIJ ASSESSMENT TO IDENTIFY OPPORTUNITIES FOR GREATER

INTEGRATION OF DEIJ WORK INTO THE ORGANIZATION'S INTERNAL POLICIES AND

PROCESSES AND EXTERNAL-FACING PROGRAMMING AND STRATEGIES.

EXPENSES \$ 217,795. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

PRIOR TO FILING THE FORM 990, A COMPLETE COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. ALL BOARD MEMBERS WERE GIVEN THE OPPORTUNITY TO PROVIDE COMMENTS AND ASK QUESTIONS ABOUT THE INFORMATION CONTAINED IN FORM 990.

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

EACH DIRECTOR, OFFICER, AND OTHER STAFF MEMBER AND COMMITTEE MEMBER WITH
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2021.05000 REFED, INC.
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Name of the organization REFED, INC.	Employer identification number 83-1579781	
GOVERNING-BOARD-DELEGATED POWERS SHALL, BEFORE INITIAL ELE	CTION OR	
APPOINTMENT AND ANNUALLY THEREAFTER, SIGN A STATEMENT AND	GIVE SUCH	
STATEMENT TO THE SECRETARY OF REFED, INC., WHICH AFFIRMS I	HAT SUCH	
PERSON: (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST	POLICY, (B) HAS	
READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY, (C)	HAS AGREED TO	
COMPLY WITH THE CONFLICT OF INTEREST POLICY, (D) UNDERSTAN	DS THAT THE	
ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FE	DERAL TAX	
EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR		
MORE OF ITS TAX-EXEMPT PURPOSES (AND WILL ENDEAVOR TO FURT	HER SUCH	
PURPOSES), AND (E) UNDERSTANDS THAT HE OR SHE MUST DISCLOS	E ANY CONFLICT OF	
INTEREST; SPECIFICALLY, THE DIRECTOR, OFFICER, AND OTHER S	TAFF MEMBER, OR	
COMMITTEE MEMBER MUST IDENTIFY, TO THE BEST OF HIS OR HER	KNOWLEDGE ANY	
ENTITY OF WHICH HE OR SHE IS AN OFFICER, DIRECTOR, TRUSTEE	, MEMBER, OR	
EMPLOYEE AND WITH WHICH THE ORGANIZATION HAS A RELATIONSHI	P, AND ANY	
TRANSACTION IN WHICH THE ORGANIZATION IS A PARTICIPANT. A	NY POTENTIAL	
CONFLICT THAT ARISES IS IMMEDIATELY BROUGHT TO THE ATTENTI	ON OF THE BOARD	
OF DIRECTORS FOR DISCUSSION AND RESOLUTION OF HOW TO PROCE	ED. ANY	
DIRECTOR(S) TO WHOM A CONFLICT OF INTEREST RELATES WILL RE	CUSE THEMSELVES	
FROM SUCH DISCUSSIONS AND VOTING.		

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

THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE ORGANIZATIONS OFFICERS AFTER A REVIEW OF THEIR QUALIFICATIONS, THEIR PROPOSED EMPLOYMENT CONTRACTS, AND COMPARABILITY DATA FROM OTHER ORGANIZATIONS. A SUMMARY OF EACH REVIEW AND DECISION IS PROVIDED IN THE MINUTES OF THE BOARD MEETING AT WHICH (OR THE UNANIMOUS WRITTEN CONSENT IN LIEU OF MEETING IN WHICH) THE DECISION WAS MADE.

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Name of the organization REFED,INC •	Employer identification numb 83-1579781
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S 990'S ARE AVAILABLE ON THE ORGANIZATIO	N'S WEBSITE AND
OTHER WEBSITES SUCH AS GUIDESTAR. FORM 1023 IS AVAILABLE	UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPRON RE	QUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ANALYTICS:	
PROGRAM SERVICE EXPENSES	146,568.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,568.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	33,991.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,991.
EVENT PLANNING:	
PROGRAM SERVICE EXPENSES	4,156.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,156.

HUMAN RESOURCES:

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Name of the organization <u>REFED</u> , INC.		Employer identification number 83-1579781
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		39,417.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		39,417.
IT SUPPORT:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		218.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		218.
PROJECT MANAGEMENT:		
PROGRAM SERVICE EXPENSES		65,513.
MANAGEMENT AND GENERAL EXPENSES		5,277.
FUNDRAISING EXPENSES		26,082.
TOTAL EXPENSES		96,872.
PUBLIC RELATIONS:		
PROGRAM SERVICE EXPENSES		79,095.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		79,095.
STRATEGIC ADVISORY:		
PROGRAM SERVICE EXPENSES		61,378.
MANAGEMENT AND GENERAL EXPENSES		20,886.
FUNDRAISING EXPENSES		41,813.
TOTAL EXPENSES		124 , 077 . Schedule O (Form 990) 2021
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2021.05000 REFED, INC.

Schedule O (Form 990) 2021 Name of the organization REFED, INC.	Employer identification number 83–1579781
KEFED, INC.	05-1575701
WEB & GRAPHIC DESIGN:	
PROGRAM SERVICE EXPENSES	237,537.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	4,103.
TOTAL EXPENSES	241,640.
SERVICE FEE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,060.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,060.
ADMINISTRATIVE SERVICES:	
PROGRAM SERVICE EXPENSES	8,750.
MANAGEMENT AND GENERAL EXPENSES	6,250.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	792,094.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION FORMED A BOARD AUDIT COMMITTEE IN 2021	THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE ORGANIZATION'S AUDIT	AND SELECTION
OF AN INDEPENDENT ACCOUNTANT. THE BOARD AUDIT COMMITTEE	IS COMPRISED OF
THREE INDEPENDENT VOTING MEMBERS FROM THE BOARD OF DIRECT	TORS.

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