

Form	8868
(Rev.	January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	Name of exempt organization or other filer, see instruct	Taxpayer identification number (TIN					
print	REFED, INC.	83-1579781					
File by the due date t filing your return. Se	Number, street, and room or suite no. If a P.O. box, se		tions.				
instruction		-	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file						
Applica	tion	Return	Application		Return		
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation)	07					
 The 	books are in the care of \blacktriangleright 3444 32ND STREE	ET, 17	A - ASTORIA, NY 111	.06			
Tele	phone No. ► 512-947-2176		Fax No. 🕨				
• If the	e organization does not have an office or place of business	in the Un	ited States, check this box			🕨 🗔	
 If this 	s is for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) I	f this is fo	r the whole g	roup, check this	
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the exten	sion is for.	
tl	request an automatic 6-month extension of time until ne organization named above. The extension is for the orga \overline{X} calendar year 2022 or \overline{X} tax year beginning	anization's		e the exem	npt organizati 	on return for	
2 If	the tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	n		
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the	e tentative tax, less				
<u>a</u>	ny nonrefundable credits. See instructions.			3a	\$	0.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			•	
e	stimated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.	
сB	alance due. Subtract line 3b from line 3a. Include your page	yment wit	h this form, if required, by				
u	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ons.	3c	\$	0.	
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMENT INTERNAL R OGDEN, UT	OF I EVENU	THE TREASURY JE SERVICE CENTER		Form 8	868 (Rev. 1-2022)	

223841 04-01-22

Form **990**

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Interi	nal Revei	the Service do to www.ii3.gow/ officion instructions and the la	atest ini	ormation	Inspection
AF	For the	e 2022 calendar year, or tax year beginning and endi	ing		
B (Check if applicable	e: C Name of organization		D Employer ident	ification number
	Addre	REFED, INC.			
	Name Chang	e Doing business as		83-1579	781
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone numl	ber
	Final return/	4602 21ST STREET PO BOX 1531		512-947	-2176
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,483,716.
	Ameno	LONG ISLAND CITY, NY 11101		H(a) Is this a group	return
	Applic tion	F Name and address of principal officer: DANA GONDERS KIVERO		for subordinat	es? Yes X No
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinate	s included? Yes No
11	Tax-exe	empt status: 🚺 501(c)(3) 🔄 501(c) () (insert no.) 🗌 4947(a)(1) or 🗌	527	If "No," attach	a list. See instructions
	Vebsit			H(c) Group exemp	
			L Year o	f formation: 2018	M State of legal domicile: DE
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: REFED I			
ŭ		DEDICATED TO ENDING FOOD LOSS AND WASTE ACRO	oss '	THE U.S. F	OOD SYSTEM
Governance	2	Check this box if the organization discontinued its operations or disposed or	of more t	han 25% of its net a	
0 Vē	3	Number of voting members of the governing body (Part VI, line 1a)			3 10
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 10
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5 20
Viti	6	Total number of volunteers (estimate if necessary)			6 0
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			'a 0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		<u>b</u> 0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,883,794	
ent	9	Program service revenue (Part VIII, line 2g)		160,549	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		161	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 3,044,504	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	,
		Benefits paid to or for members (Part IX, column (A), line 4)		1,725,182	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,725,182	
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0	• 0•
ц. Д				1,195,501	. 1,832,476.
	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,920,683	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		123,821	· 4,840,302. • 643,414.
<u> </u>		Revenue less expenses. Subtract line 18 from line 12	 	inning of Current Yea	
Net Assets or	20	Total assets (Part X, line 16)		3,245,213	
Asse	20			303,723	
Vet /	22	I otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,941,490	
	art II	Signature Block	••	2,512,150	0,001,001
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	statemer	nts, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p			,
	Ste	win Swartz		10/27/202	3
Sig	n 85	Stightarane officer		Date	
Her		STEVEN SWARTZ, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paic	t	PAULA VUKSIC PAULA VUKSIC	1(0/25/23 self-em	ployed P00360739
Prep	parer	Firm's name CITRIN COOPERMAN ADVISORS LLC			87-2525370
Use	Only	Firm's address 290 W. MT. PLEASANT AVENUE #3310			
		LIVINGSTON, NJ 07039		Phone no. 9	73-218-0500
May	y the IF	RS discuss this return with the preparer shown above? See instructions	<u></u>		X Yes No
	01 12-1				Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check fi Schedus Ocentarias a response or nets to any line in this Pet II Introl denotes the cognizations events or entry of the period of the comparison of the cognizations events of the comparison of the com	orm	n 990 (2022) REFED, INC.	83-1579781	Page
Bit of the organization's mesolow REFED 15 A NATIONAL MONROPIT DEDICATED TO ENDING FOOD LOSS AND WASTE ACROSS THE U.S. FOOD SYSTEM BY ADVANCING DATA-DRIVEN SOLUTIONS. OUR VISION 15 A SUSTAINABLE, RESULIENT, AND INCLUSIVE FOOD SYSTEM THAT OPTIMIZES ENVIRONMENTAL RESOURCES, MINIMIZES CLIMATE IMPACTS, AND Dot the organization undertake any significant program services (MINIMIZES CLIMATE IMPACTS, AND Dot the organization case conducting, or make significant changes in how it conducts, any program services, as measured by sepanse. Section 506(2) and ST(c)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, and meanue, if any, for each program merice accompliatments for ach of its three largest program services, as measured by sepanses. Section 507(c)(3) and ST(c)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, and meanue, if any, for each program merice accompliatments for ach of its three largest program services, as measured by sepanses. Section 507(c)(3) and ST(c)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, and meanue, if any, for each program merice acport DATA & INSIGHTS PROGRAM SERVICE ACCOMPLISHMENTS : DATA & INSIGHTS PROGRAM SERVICE ACCOMPLISHMENTS : CAPITAL, INNOVATIVE SOLUTIONS THAT CAN DRIVE POOD SYSTEM CHANGE WHERE NEEDED. THE INSIGHTS ENGINE HAS AHD 25,000 USERS WITH AFI USE CASES DEMONSTRATING HW THE TOOL HAS DIRECTED	Pa	rt III Statement of Program Service Accomplishments		
REFED IS A NATIONAL MONPROFIT DEDICATED TO ENDING FOOD LOSS AND WASTE ACROSS THE J.S. FOOD SYSTEM BY ADVANCING DATA DRIVEN SOLUTIONS. OUR VISION IS A SUSTAINABLE, RESILIENT, AND INCLUSIVE FOOD SYSTEM THAT OFFINIZES ENVIRONMENTAL RESOURCES, MINIMIZES CLIMATE IMPACTS, AND Dd the organization undertake any significant program services out minimum to the second state of the second services on Schedule O. If 'Tac.'decortes these news envices on Schedule O. Do the organization cester conducting, or make significant changes in how it conducts, any program services, as measure by expenses. Section 50:0023 (and 50:00) equatations are equipated to each of the three largest program services, as measure by expenses. Section 50:0023 (and 50:00) equatations are equipated to each of the mount of grams and locations to others, the that expenses, and revenue, fary, for each program service accomplishments for each of 16 three largest program services, are measure by expenses. Section 50:0023 (and 50:00) equatations are equipated to each the singest program services, are measure by expenses. Section 50:0023 (and 50:00) equatations are equipated to accomplishments for each of 18 three largest program services are schedule O. TAT & INSIGHTS PROGRAM SERVICE ACCOMPLISHMENTS : IN 2022 WE BEGAN BACKEND DEVELOPMENT AND DATA MANAGEMENT EFFORTS TO FREPARE FOR THE FIRST-EVER UPDATE TO THE INSIGHTS ENGINE, THE LEADING SOURCE OF DATA AND INFORMATION ON FOOD LOSS AND WASTE IN THE LUNITED STATES. THE POLICY FINDER (A COMPONENT OF THE INSIGHTS ENGINE) WAS UPDATED IN 2022. IT IS A TOOL BEING USED BY POLICY MAKERS AND PUBLIC OFFICIALS AT CITY, STATE, AND REGIONAL LEVELS TO FIND BEST PRACTICES AND INNOVATIVE SOLUTIONS THAT CAN DRIVE FOOD SYSTEM CHANCE WHERE NEEDED. THE INSIGHTS ENGINE HAS HAD 52,000 USERS WITH 971 USE CASES DEMONSTRATING HOW THE TOOL HAS DIRECTED POLICY, GOVERNMENT FLANNING, AND BUSINESS INTERSIT IN A TOOL BEING USED BY FOLICY MAKERS AND PUBLICES AND DUSINESS INTERVENTIONS. CAPITAL & INNOVATION, & ENGAGEME		Check if Schedule O contains a response or note to any line in this Part III		X
ACROSS THE U.S. FOOD SYSTEM BY ADVANCING DATA-DRIVEN SOLUTIONS. OUR VISION IS A SUSTAINABLE, RESULIENT, ADD INCLUSIVE FOOD SYSTEM THAT OPTIMIZES ENVIRONMENTAL RESOURCES, MINIMIZES CLIMATE IMPACTS, AND Did the organization undertake any significant program services of minimation undertake any significant program services of minimation of the organization services completiments for each of its three largest program services, at measured by expenses. Section 5016(2) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and recence, if any for each program service control of the completion of the organization's program services of the function of the completion of t	1	,		
VISION IS A SUSTAINABLE, RESILIENT, AND INCLUSIVE FOOD SYSTEM THAT OPTIMIZES ENVIRONMENTAL RESOURCES, MINIMIZES CLINATE IMPACTS, AND Did the organization undertake any significant changes in how it conducts, any program services? ves (X) If 'Yes, 'decide these new services on Schedule 0. ves (X) Did the organization case conducting, or make significant changes in how it conducts, any program services, as measure by expenses. ves (X) Section 501(5)(3) and 501(6) organizations are expended. ves (X) ves (X) If 'Yes, 'decide these change organizations are expended. ves (X) ves (X) IN 2022 WE BEGAN BACKEND DEVELOPMENT AND DATA MANAGEMENT EFFORTS TO PREPARE FOR THE FIRST EVER UPDATE TO THE INSIGHTS ENGINE). THE LEADING SOURCE OF DATA AND INFORMATION ON FOOD LOSS AND WASTE IN THE UNITED STATES. THE FOLICY FINDER (A COMPONENT OF THE INSIGHTS ENGINE) MAS UPDATED IN 2022. IT IS A TOOL BEING USED BY FOLICY MARKERS AND PUBLIC OFFICIALS AT CITY, STATE, AND REGIONAL LEVELS TO FIND BEST PRACTICES MAS ND INNOVATIVE SOLUTIONS THAT CAN DRIFT FORGRAM SERVICE ACCOMPLISHMENTS : CAPITAL, INNOVATION LAUNCHED THE CAPITAL TRACKER, PROVIDED MONTHLY, DEAL FLOW, AND REGIONAL LEVELS TO SCALE SOLUTIONS, AND LAUNCHED THE CAPITAL TRACKER, PROVIDED MONTHLY, DEAL FLOW THE TOOL HAS DIRECTED POLICY ANEXES AND OPONTHLY, DEAL FLOW THE TOOL HAS DIRECTED POLICY ANEXES AND DUBLIC Offer AL AND INFORMATION ON FOOD USSTEM CHANCE WHERE NEEDED. THE INSIGHTS ENGINE HAS HAD 52,000 USERS WITH		REFED IS A NATIONAL NONPROFIT DEDICATED TO ENDING	FOOD LOSS AND WAST	Έ
OPTINIZES ENVIRONMENTAL RESOURCES, MINIMIZES CLIMATE IMPACTS, AND Dd the organization undetake any significant program services which were not listed on the prof form 500 of 500 CP? Uves [X] If 'Yes, 'describe these new services on Schedule 0. Uves [X] Uves [X] Dd the organization case conclusition, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and adiocations to others, the total expenses, and revenue, if any, for each organ area required to report the ACCOMPLISHMENTS : IN 2022 WE BEGAN BACKEND DEVELOPMENT AND DATA MANAGEMENT EFFORTS TO PREPARE FOR THE FIRST-EVER UPDATE TO THE INSIGHTS ENGINE, THE LEADING SOURCE OF DATA AND INFORMATION ON FOOD LOSS AND WASTE IN THE UNITED STATES. THE FOLLOY FINDER (A COMPONENT OF THE INSIGHTS ENGINE) WAS UPDATED IN 2022. IT IS A TOOL BEING USED BY POLICY MAKERS AND PUBLIC OFFICIALS AT CITY, STATE, AND REGIONAL LEVELS TO FIND BEST PRACTICES AND INNOVATIVE SOLUTIONS THAT CAN DRIVE FOOD SYSTEM CHANCE WHERE NEEDED. THE INSIGHTS ENGINE HAS HAD 52,000 USERS WITH 671 USE CASES DEMONSTRATING HOW THE TOOL HAS DIRECTED POLICY, GOVERNMENT PLANNING, AND BUSINESS INTERVENTIONS; AND REGIONAL SERVICE ACCOMPLISHMENTS : CAPITAL, INNOVATION & LAUNCHED THE CAPITAL TRACKER, PROVIDE MONTHLY BEAL FLOW TONS AND HASTES FOR DAVES OF OND MASTE FUNDER CIRCLE. THE CAPITAL TRACKER S AND DUSINESS INTERVENTIONS; AND LAUNCHED OUR FOOD WASTE FUNDER CIRCLE. THE CAPITAL FINCES (WFC). CAPITAL, INNOVATION AUNCHED THE CAPITAL TRACKER, PROVIDE MORTHLY DECEDS INTERVENTIONS, AND LAUNCHED OUR FOOD WASTE FUNDER CIRCLE. THE CAPITA		ACROSS THE U.S. FOOD SYSTEM BY ADVANCING DATA-DRIV	EN SOLUTIONS. OUR	
Due the organization undertake any significant program services during the year which were not listed on the prior Form 590 or 990 E27 If 'Yes, 'discribe these new services on Schedule 0. Dot the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Describe the organizations are accompliationers for each of its three largest program services, as measured by expenses. Section 501(6) and 501(6) dignalizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompliationers to reach of its three largest program services, as measured by expenses. DATA & INSIGHTS PROGRAM SERVICE ACCOMPLISHMENTS : IN 2022 WE BEGAN BACKEND DEVELOPMENT AND DATA MANAGEMENT EFFORTS TO PREPARE FOR THE FIRST-EVER UPDATE TO THE INSIGHTS ENGINE, THE LEADING SOURCE OF DATA AND INFORMATION ON FOOD LOSS AND WASTE IN THE UNITED STATES. THE POLICY FINDER (A COMPONENT OF THE INSIGHTS ENGINE) WAS UPDATED IN 2022. IT IS A TOOL BEING USED BY POLICY MAKERS AND PUBLIC OFFICIALS AT CITY, STATE, AND REGIONAL LEVELS TO FIND BEST FRACTICES AND INNOVATIVE SOLUTIONS THAT CAN DRIVE FOOD SYSTEM CHANGE WHERE NEEDED. THE INSIGHTS ENGINE HAS HAD 52,000 USERS WITH 671 USE CASES DEMONSTRATING HOW THE TOOL HAS DIRECTED POLICY, GOVERNMENT FLANNING, AND BUSINESS INTERVENTIONS. (code: 1, 162, 450. include grants of 265,000) (increase 206,159 CAPITAL, INNOVATION LAUNCHED THE CAPITAL TRACKER, PROVIDED MONTHLY DEAL FLOW REPORTS AND ANALYSES OF FUNDER CIRCLE. THE CAPITAL TRACKER IS BEING USED BY INVESTORS TO SEE WHERE THERE ARE OPPORTUNITIES SOLUTIONS, AND LAUNCHED OUR FOOD WASTE FUNDER CIRCLE. THE CAPITAL TRACKER IS BEING USED BY INVESTORS TO SEE WHERE A BUSINESS PROPOSITION, AND WE HAVE TRACKED MORE THAN \$888M IN DEAL FLOW TO DATE. (COMTINENT, A PRUDER CIRCLE HOSTED INTE FITCH EVENTS : WE LAUNCHED A BUSINESS ENGAGEMENT SUITE OF SERVICES AND WITHESED FEAL FOOD LOSS AND WASTE REDUCTIONS IN OUR PACIFIC COAST FOO		VISION IS A SUSTAINABLE, RESILIENT, AND INCLUSIVE	FOOD SYSTEM THAT	
prof m 980 or 990E27		OPTIMIZES ENVIRONMENTAL RESOURCES, MINIMIZES CLIMA	TE IMPACTS, AND	
prof m 980 or 990E27	2	Did the organization undertake any significant program services during the year which were not liste	d on the	
<pre>I*Yes, 'describe these new services on Schedule 0. Dot the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by exponse. Section 501(e) and 501(e) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by exponses. action 501(e) and 501(e) (b) and 501(e) (b) (c) 533. revaluing grant or s</pre>				XN
Dud the organization cases conducting, or make significant changes in how it conducts, any program services?		1		
If "rest, "describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported. (coce	3			XN
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Secton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported [cote::::::::::::::::::::::::::::::::::::	4		convices as measured by expenses	
<pre>revenue.Haw.for seah program Service reported a (code) (performed : 1,200,533. including gument of) (Revenues) DATA & INSIGHTS PROGRAM SERVICE ACCOMPLISHMENTS : IN 2022 WE BEGAN BACKEND DEVELOPMENT AND DATA MANAGEMENT EFFORTS TO PREPARE FOR THE FIRST-EVER UPDATE TO THE INSIGHTS ENGINE, THE LEADING SOURCE OF DATA AND INFORMATION ON FOOD LOSS AND WASTE IN THE UNITED STATES. THE POLICY FINDER (A COMPONENT OF THE INSIGHTS ENGINE) WAS UPDATED IN 2022. IT IS A TOOL BEING USED BY POLICY MAKERS AND PUBLIC OFFICIALS AT CITY, STATE, AND REGIONAL LEVELS TO FIND BEST PRACTICES AND INNOVATIVE SOLUTIONS THAT CAN DRIVE FOOD SYSTEM CHANCE WHERE NEEDED. THE INSIGHTS ENGINE HAS HAD 52,000 USERS WITH 371 USE CASES DEMONSTRATING HOW THE TOOL HAS DIRECTED POLICY, GOVERNMENT PLANNING, AND BUSINESS INTERVENTIONS. 0 (code</pre>	•			
a (car) (seconds 1,200,533. metalong pains of) (measured of the second			ons to others, the total expenses, a	inu
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Par	t 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)?		77	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	<u> </u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			-
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	
232003	12-13-22	Form	990	(2022)

Form **990** (2022)

Form	990 (2022) REFED, INC. 83-15	79781	Р	_{age} 4
Pa	TIV 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			37
~~	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	23	x	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X X
		358		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	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	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
		15		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
232004	ب 12-13-22 ۲	Form	990	,2022)

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Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, ties for the calendar year, of day with or within the year covered by this return b If a last one is reported on line 3. d dth e organization fiel al regular defaul employment tax returns? 3a Dd the organization have unrelated business grass income of \$1,000 or more during the year? 3b Dd Tws, That Bifed a Form 300 for the years? (HV for the risk, provide an explanation or other autority over, a the during the calendar year, d dth erganization have there is no as significer or there autority over, a the organization have anneal a bank accurd, securits accurd, or other transcial acccurity over, a the organization approximation that it was or is a party to a profibiod tax shorts accurding the tax year? See instructions for timp equinements for FnCEN Form 114, Report of Foreign Bank and Financial Acccurding (FBAR), 5b Was the organization in the two or paralitation for m688-17 6c De the organization have annual grass receipts that are normally greater than \$100,000, and dd the organization for M686-17 7e Twa, ' did the organization for M686-17 7e Twa, ' did the organization for m688-17 7e Twa, ' did the organization for of the value of the good or services provided? 7e Twa, ' did the organization for admiter that accountly for goods and services provided? 7e Twa, ' did the organization for admiter that accountly for poles. 7e Twa, ' did the organization free organization file form the service provided? 7e Twa, ' did the organization for admiter the value of the good or services provided? 7e Twa, ' did	Form	990 (2022) REFED, INC.	83-1579	781	Р	age 5							
2a Enter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements, 2a 20 bit at least one is reported on fine 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unstated business grooms concer of \$1,000 or more during the year? 3b X 3b If "Yes," has it field a Form 980.7 for this year? <i>It "No" to line 3b, provide an application on Schedule 0</i> 3b X 3b If "Yes," has it field a Form 980.7 for this year? <i>It "No" to line 3b, provide an application on Schedule 0</i> 3c X 3b If "Yes," enter the name of the toring nountry leach as a bark account, securits are therm framcial accounts (EBAP). 5a X 3b Did sty taxanil groos scopits that as or real party to a prohibit tax shelter transaction at any time during the tax year? 5a X 3c Did sty taxanil groos scopits that as or contrally greater than \$100,000, and did the organization solidit any contrallation an express statement that such contributions or gifts were not tax deductible? 5a X 3c If "Yes," indicate the number of Form 88282 filed during the year? 7a X 3c If "Yes," indicate that any constall parts the year of tangible personal property for which it was required? 7b	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-								
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If "Yes," see the instructions and file Form 4720, Schedule N. Id Id 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Id Id 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If Id Id Id		excess parachute payment(s) during the year?		15		Х							
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 													
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		income?	16		Х							
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?													
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities										
				17		1							
	_	If "Yes," complete Form 6069.											
232005 12-13-22 Form 990 (2022)	232005			Form	990	(2022)							

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X
6	Did the organization have members or stockholders?					X
7a						
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a		-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	vonuo	Codo)			1
		venue	COUE.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					<u> </u>
			annacos,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body				х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			125		
C		,		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				X	
14 15	Did the process for determining compensation of the following persons include a review and approva					
15		i by inc	lependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			15a	X	
a ⊾						x
U	Other officers or key employees of the organization			150		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		4la a			
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			10-		x
16a	taxable entity during the year?			. <u>16a</u>		
			articipation			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•				
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?	ization		16b		
b Sec	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? ction C. Disclosure	ization		16b		
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NY, CA, OR</u>	ization				
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? Extinn C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NY, CA, OR</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ization			availa	ble
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? Extinc C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NY, CA, OR</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	ization	T (section 501(c		availa	ble
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NY, CA, OR</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar 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	nd 990	T (section 501(c)(3)s only)		ble
b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NY, CA, OR</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar 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 Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparisation made its governing documents, comparisation made its governing documents.	nd 990	T (section 501(c)(3)s only)		ble
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed	nd 990- no on Sc nflict o	T (section 501(c hedule O) f interest policy,)(3)s only)		ble
b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed	nd 990- no on Sc nflict o	T (section 501(c hedule O) f interest policy,)(3)s only)		ble
b Sec 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NY, CA, OR</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar 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 Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book KATY FRANKLIN - 512-947-2176	nd 990- no on Sc nflict o	T (section 501(c hedule O) f interest policy,)(3)s only)		ble
b Sec 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed	nd 990- no on Sc nflict o	T (section 501(c hedule O) f interest policy,)(3)s only) and finan		

Form 990 (2022) REFED , INC .	83-1579781 Page 7										
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	/ees										
 1a Complete this table for all persons required to be listed. Report compensation for the calendar y List all of the organization's current officers, directors, trustees (whether individuals or organ 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 List the organization's five current highest compensated employees (other than an officer, dire who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 3 \$100,000 from the organization and any related organizations. 	ector, trustee, or key employee)										

• 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	(- 1 -	Position			Reportable	Reportable	Estimated				
	hours per	box,	(do not check more than one box, unless person is both an			s both	ı an	compensation	compensation	amount of		
	week				officer and a directo				tee)	from	from related	other
	(list any	ector						the	organizations	compensation		
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the		
	related	Istee	truste		æ	pens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	ual tru	ional		ploye	t com		1099-NEC)		and related		
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DANA GUNDERS RIVERO	40.00	=	=	0	×	<u> </u>	ш					
EXECUTIVE DIRECTOR				х				256,039.	0.	32,791.		
(2) ASCH HARWOOD	40.00											
VP, DATA & INSIGHTS						X		147,181.	0.	32,339.		
(3) ALEXANDRIA COARI	40.00											
VP, CAPITAL, INNOVATION, & ENGAGEMEN						X		161,959.	0.	15,676.		
(4) SHAWN SHEPHERD	40.00											
DEVELOPMENT DIRECTOR						X		148,800.	0.	12,477.		
(5) JEFFREY COSTANTINO	40.00											
COMMUNICATIONS DIRECTOR						X		134,756.	0.	21,043.		
(6) KATHLEEN FRANKLIN	40.00											
OPERATIONS DIRECTOR						X		126,270.	0.	22,910.		
(7) PAMELA MURPHY	2.00									_		
CHAIR, BOARD OF DIRECTORS		Х		Х				0.	0.	0.		
(8) STEVEN SWARTZ	2.00											
TREASURER, BOARD OF DIRECTORS		Х		х				0.	0.	0.		
(9) EMILY MA	2.00											
SECRETARY, BOARD OF DIRECTORS		Х		Х				0.	0.	0.		
(10) YALMAZ SIDDIQUI	2.00											
MEMBER, BOARD OF DIRECTORS		Х						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) EDUARDO ROMERO	2.00											
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.		
(14) SHASHANK MOHAN	2.00											
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.		
(15) JEFFREY RHODES	2.00											
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.		
(16) ERIC WOODS	2.00											
MEMBER, BOARD OF DIRECTORS		Х						0.	0.	0.		
										- 000 (2222)		

232007 12-13-22

Form 990 (2022)

12471025 790347 168631

Form 990 (2022) REFED, II									83-1	5792	781	Page 8										
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																						
(A) Name and title	Name and title Average				Name and title Average (do not o box, unle officer au officer au						Average Position (do not check more than or box, unless person is both officer and a director/truste					than c s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	in I	(F) Estima amoun othe	ted t of r
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		ation he ation ated tions											
		-																				
1b Subtotal								975,005.		0.	137,2	236.										
c Total from continuation sheets to Part VI	I, Section A							<u> </u>		0.	137,2	0.										
 2 Total number of individuals (including but n compensation from the organization 	ot limited to th								000 of reportable		10171	6										
3 Did the organization list any former officer,	director. truste	ee. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on]	Yes	6 No										
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	uch individual								•		3	X										
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual			4 X											
rendered to the organization? <i>If</i> "Yes," <i>corr</i> Section B. Independent Contractors	-				-			-		<u></u>	5	X										
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensat	ion from											
(A) Name and business	address							(B) Description of s		C	(C) ompensati	on										
JUNIATA ANALYTICS 732 CAMPANELLO WAY, BRENT	WOOD, C	A	94	51	3			DATA ANALYTI SOFTWARE ENG			178,2	209.										
VIZZUALITY FUENCARRAL 123 5 A, MADRI	D, SPAI	N	28	010	0			WEB DEVELOPM	ENT		112,2	L68.										
2 Total number of independent contractors (ii \$100,000 of compensation from the organized structure)	•	ot lin	nitec	to t	thos 2		ted	above) who received mo	ore than													

Form **990** (2022)

232008 12-13-22

			REFED, INC.				83-1579	781 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	((5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b]			
s, G		с	Fundraising events 1c					
Gift lar /			Related organizations 1d					
) s, (imi			Government grants (contributions) 1e					
itio er S		f	All other contributions, gifts, grants, and	000 000				
oth				277,223.				
ont		÷.	Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f		5,277,223.			
0 0		<u> </u>		Business Code	5,211,225			
e)	2	а	CONFERENCE FEES	900099	147,572.	147,572.		
vice	-		FEES FOR SERVICE	900099	58,587.	58,587.		
Ser nue		С			,	,		
am eve		d						
Program Service Revenue		е						
Ъ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		206,159.			
	3		Investment income (including dividends, intere		224			224
	other similar amounts)Income from investment of tax-exempt bond proc				334.			334.
	5 Royalties							
			(ii) Personal					
			(ii) Foreeriar					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
venue			and sales expenses 7b					
			Gain or (loss)					
Other Re			Net gain or (loss) Gross income from fundraising events (not	Τ				
Othe	0	a	including \$ of					
0			contributions reported on line 1c). See					
			Part IV, line 18	1				
		b	Less: direct expenses 8b	,				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	T				
	10	a	Gross sales of inventory, less returns	1				
		h	and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		-		Business Code				
sno	11	а						
ellaneo evenue		b						
cella		с						
Miscellaneous Revenue			All other revenue					
_			Total. Add lines 11a-11d			006 150		224
	12		Total revenue. See instructions		5,483,716.	206,159.	0.	334.
23200	9 12-	13-	22					Form 990 (2022)

REFED, INC Form 990 (2022) 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). Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 265,000. 265,000. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 57,766. 288,830. 173,298. 57,766. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 255,908. 277,845. 1,937,644. 1,403,891. Other salaries and wages 7 8 Pension plan accruals and contributions (include 57,260. 39,704. 10,115. 7,441. section 401(k) and 403(b) employer contributions) 189,791. 278,599. 50,337. 38,471. Other employee benefits 9 180,493. 128,150. 25,269. 27,074. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 41,339. 29,413. 11,926. b Legal 79,800. 79,800. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,069,186. 944,065. 98,832. 26,289. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 201,644. 139,112. 38,300. 24,232. Office expenses 13 51,610. 51,610. Information technology 14 15 Royalties 45,665. 43,088. 750. 1,827. 16 Occupancy 177,153. 117,937. 56,008. 3,208, 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 163,580. 151,888. 11,692. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,499. 2,499. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) а b С d All other expenses е 4,840,302. 3,676,947. 699,202. 464,153. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

12471025 790347 168631

Form 990 (2022)

990 (2 † X	2022) REFED, INC. Balance Sheet		83-	1579781 Page 1
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,134,698.	1	876,835
2		835,256.	2	835,590
3			3	2,047,500
4		245,000.	4	54,088
5				
	-			
			5	
6				
			6	
7			7	
-			8	
		28,170.		51,828
			-	
b			10c	
		2,089.		22,590
		3,245,213		3,888,431
				227,517
				,
		101,614.		76,010
	Frances on events dial account liability. Complete Dart IV of Cabadula D			
			22	
23				
			25	
26		303,723.		303,527
27		1,822,175.	27	1,790,431
		1,119,315.		1,794,473
29			29	
32	Total net assets or fund balances	2,941,490.	32	3,584,904
		,,		3,888,431
	t X 1 2 3 4 5 6 7 8 9 10 a 6 7 8 9 10 a 6 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Iob 1 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 11 Intrasets. See Part IV, line 11 11 Intrasets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any	Image: Second	X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 2, 134, 698. 1 2 Savings and temporary cash investments 835, 256. 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 3 2 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 receivable, net 7 8 Inventories for sale or use 7 9 Prepaid expenses and deferred charges 28,170. 9 10a 10a 10a 10a 10b 10c 11 Investments - publicly traded securities 11 11 11 12 11 11 12 11 12 13 11 12 13 11 12 13 11 12 13 11 14 2,089. 16 13 <

232011 12-13-22

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 5,483,716. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4,840,302. 3 Revenue less expenses. Subtract line 2 from line 1 3 643,414. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,941,490. 5 0 6 6 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 3,584,904. 9 0. Part XII Financial Statements and Reporting 10 3,584,904.	Form	990 (2022) REFED, INC.	83-15	79781	Pac	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 5, 483, 716. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 840, 302. 3 Revenue less expenses. Subtract line 2 from line 1 3 643, 414. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2, 941, 490. 5 Net unrealized gains (losses) on investments 5 6 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 3, 584, 904. 3 584, 904. Part XII Financial Statements and Reporting 10 3, 584, 904.						
2 Total expenses (must equal Part IX, column (A), line 25) 2 4,840,302. 3 643,414. 3 643,414. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,941,490. 5 5 5 6 7 6 7 6 7 8 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 3,584,904. 3,584,904. Part XII Financial Statements and Reporting 10 3,584,904.		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 4,840,302. 3 643,414. 3 643,414. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,941,490. 5 5 5 6 7 6 7 6 7 8 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 3,584,904. 3,584,904. Part XII Financial Statements and Reporting 10 3,584,904.						
3 Revenue less expenses. Subtract line 2 from line 1 3 643,414. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,941,490. 5 5 5 6 7 6 7 6 7 8 7 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 3,584,904. Part XII Yes No	1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,483	,71	16.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,941,490. 5 Net unrealized gains (losses) on investments 5 6 5 7 6 7 7 8 7 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 3,584,904. Part XII Financial Statements and Reporting 10 3,584,904.	2	Total expenses (must equal Part IX, column (A), line 25)	2	4,840	, 30	02.
5 Net unrealized gains (losses) on investments 6 6 7 6 7 7 8 7 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 3, 584, 904. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 3, 584, 904 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,941	.,49	90.
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 3, 584, 904. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	5	Net unrealized gains (losses) on investments	5			
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 3,584,904. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	6	Donated services and use of facilities	6			
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 3,584,904. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3,584,904. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	8		8			
column (B)) 10 3,584,904. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII			10	3,584	.,9(04.
Yes No	Pa	rt XII Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	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 O.		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		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, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		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		X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	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?		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 Schedule O.		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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	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		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

SCHEDULE A Public Charity Status and Public Support						OMB No. 1545-0047				
(Form 990)			mplete if the organization is a section 501(c)(3) organization or a section						2022	
					47(a)(1) nonexempt cha		ZUZZ			
		of the Treasury venue Service			ttach to Form 990 or Fo					Open to Public
				Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	F	
inar	ne oi	f the organization		D, INC.						identification number 3-1579781
Pa	nrt I	Reason			(All organizations must c	omplete tr	nis part.) S	ee instruction		5 15/5/01
					For lines 1 through 12, cl					
1		٦	-		on of churches described	•		I)(A)(i).		
2		- -		-	Attach Schedule E (Form			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							the hospital's name,		
	city, and state:									
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								ed in		
~		1					70/L-\/ 4\/ A\	()		
6 7	X	۰ ۲		-	nental unit described in a ntial part of its support fr				o gonoral i	aublic described in
'		- 0		omplete Part II.)	Initial part of its support in	on a gove	menta		le general j	
8		· ·			(1)(A)(vi). (Complete Part	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a (less section 511 tax) fro					-
				mplete Part III.)			ses acqui		jai lization a	
11		1			ively to test for public sat	fetv. See	section 50)9(a)(4).		
12		-	-	-	ively for the benefit of, to	•			rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3).	Check the box on
	_	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
â					upervised, or controlled	• • • •	-			
			0	., .	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
L				complete Part IV, Se		ion with it	oupporte	d organizatio	n(a) by bay	ina
k				-	l or controlled in connect anization vested in the sa			-		•
			-	t complete Part IV,					ge the cap	
c	: [-	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
	_	its supporte	ed organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
C		_ ,	-	•	porting organization oper				0	
				•	ation generally must sat	•		•	an attentiv	/eness
_		'	,	,	nplete Part IV, Sections					
e					written determination from nally integrated supporting			турет, туре	п, туре п	
1	En	ter the number of			nany integrated capporti					
			••	about the supporte						
		(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tot										
101	ы									

	edule A (Form 990) 2022 R	EFED, INC	•			83-157	9781 Page 2
Ра	rt II Support Schedule for	-		-			-
	(Complete only if you checked			-	n failed to qualify u	nder Part III. If the	organization
<u></u>	fails to qualify under the tests	s listed below, plea	se complete Part I	II. <i>)</i>			
	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	676 250	4060327.	8394345.	2883794.	E077000	21291948.
•	include any "unusual grants.")	676,259.	4000327.	0394343.	2003/94.	5211225.	
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		406000	0004045	00000000		01001010
	Total. Add lines 1 through 3	676,259.	4060327.	8394345.	2883794.	5277223.	21291948.
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,						4000101
	column (f)						4793151.
6	Public support. Subtract line 5 from line 4.						16498797.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	676,259.	4060327.	8394345.	2883794.	5211223.	21291948.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				1.01	224	405
	and income from similar sources				161.	334.	495.
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.)						01000440
11	Total support. Add lines 7 through 10						21292443.
12	Gross receipts from related activities,		,				911,356.
13	First 5 years. If the Form 990 is for th						37
800	organization, check this box and stor		aantaga				X
	tion C. Computation of Publi						
	Public support percentage for 2022 (I		•			14	%
15	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the other have The experimentiate multilized						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the c						
47-	and stop here. The organization qual				12 160 or 16b o		
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	vi now the organiz	
I-	meets the facts-and-circumstances te	-		• • • •	-	Zo and line 15 :-	10% or
a	10% -facts-and-circumstances test	-					10% 01
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation If the organization		•		• •		······
18	Private foundation. If the organization	T GIU HOL CHECK A		a, 100, 17a, 01 170	, ONEON THIS DOX A		(Form 990) 2022
						Soneulie A	1. 0111 000 ZUZZ

232022 12-09-22

Schedule A (Form 990) 2022

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.)

REFED, INC.

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1		
	First 5 years. If the Form 990 is for th	Le organization's fi	rst second third	fourth or fifth tax	vear as a section		ization
	check this box and stop here	•					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		15	%
16	Public support percentage from 2021					16	%
_	ction D. Computation of Invest					1 1	
	Investment income percentage for 20			ine 13. column (f))		17	%
	Investment income percentage from	· ·				18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	•			-		·
20	Private foundation. If the organization						
23202	23 12-09-22		·				ule A (Form 990) 2022
			16	5			- •

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Schedule A (Form 990) 2022

REFED. Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

INC.

- 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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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3b	
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6	
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c	
8	
9a	
9b	
9c	
10a	
104	
10b	

Schedule A (Form 990) 2022

No Yes

		83-157978	1 Pa	age :
Par	t IV Supporting Organizations (continued)			
			Yes	N
I	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		
ec	tion B. Type I Supporting Organizations			
			Yes	N
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	auto d		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
eC	tion C. Type II Supporting Organizations			
			Yes	N
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations	•		
			Yes	N
	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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			
20	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	tity (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		

- b Did the activities described 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. 232025 12-09-22

Зb Schedule A (Form 990) 2022

2b

3a

Part	ule A (Form 990) 2022 REFED, INC. V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi		<u>83-1579781 ра</u>
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	-
ectio	on 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		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
:	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on 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		

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

	dule A (Form 990) 2022 REFED, INC.			3-1579781 Page 7				
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	1				
Secti	on D - Distributions		I	Current Year				
_1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	2					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose							
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
_6	Other distributions (<i>describe in</i> Part VI). See instructions.		6					
_7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2022 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount	10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2020							
	Excess from 2022							
5								

Schedule A (Form 990) 2022

<u>Schedule A (</u> F	orm 990) 2022	REFED,					83-157978	31 Page 8
Part VI S	Supplemental Infor Part IV, Section A, lines 1 ine 1; Part IV, Section D, Section D, lines 5, 6, and See instructions.)	mation. Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the explai 4c, 5a, 6, 9a, Part IV, Section	9b, 9c, 11a, 11b, and n E, lines 1c, 2a, 2b, 3	11c; Part IV, S 3a, and 3b; Par	Section B, lines 1 t V, line 1; Part V	17b; Part III, line 12 and 2; Part IV, Sec , Section B, line 1e	2; tion C,
(•	See Instructions.)							
028 12-09-22				01			Schedule A (For	m 990) 2022
1025 7	90347 168631			21 2022.04030	REFED,	INC.		168631

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OMB	No.	1545-0047

Employer identification number

83-1579781

2022

(Form	990)

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

REFED, INC

Organization type (check or	rganization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

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

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts were received *nonexclusively* for the parts were nonexclusively for the pa

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

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

Schedule B (Form 990) (2022)

Schedule E Name of or	3 (Form 990) (2022) rganization	E	Page 2 mployer identification number
REFED,	, INC.		83-1579781
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,625,000	Person X Payroll Image: Second secon
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,003,860	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$375,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$257,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$250,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2022)		Page 2
Name of or	ganization		Employer identification number
REFED,	INC.		83-1579781
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7			00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8_		\$155,0	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9_		\$100,0	01. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$100,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contribution		(d) ns Type of contribution
		\$90,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$80,7	00. (Complete Part II for noncash contributions.)

	3 (Form 990) (2022)	I	Page 2	
Name of or	rganization	Emp	loyer identification number	
REFED	, INC.	8	3-1579781	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16		\$50,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

	3 (Form 990) (2022)		Page 2
Name of or	ganization		Employer identification number
REFED,	INC.		83-1579781
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) DNS Type of contribution
<u> 19</u>		\$30,!	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
20		\$25,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$25,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
22		\$25,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
23		\$25,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Dns Type of contribution
24_		\$25,0	Person X Payroll

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	3 (Form 990) (2022) rganization	Empl	Page 2 Page 2
	-		
REFED	, INC. Contributors (see instructions). Use duplicate copies of Part I if a	· · · · · · · · · · · · · · · · · · ·	3-1579781
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>29</u>		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule E Name of or	3 (Form 990) (2022)	Em	Page 2 Ployer identification number
	-		
REFED,		· · · · · · · · · · · · · · · · · · ·	3-1579781
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	, , , , , , , , , , , , , , , , ,	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	,,,,	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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ame of or	ganization	Emp	oyer identification num
EFED,	INC.	8	3-1579781
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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Schedule B (Form 990) (2022)

	(Form 990) (2022) ganization		Pag Employer identification numbe
	ganzaton		
	INC.		83-1579781
Part III	from any one contributor. Complete columns (a)	through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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	Complete if the org Part IV, line 6, 7, 8, 9, 1	anization answered " 0, 11a, 11b, 11c, 11d		Ph.	2022
Department of the Treasury		Attach to Form 990.			Open to Public
nternal Revenue Service	Go to www.irs.gov/Form9	90 for instructions ar	nd the latest informa		
Name of the organization	REFED, INC.			Emplo	over identification number 83-1579781
Part I Organiza	tions Maintaining Donor Advise	ed Funds or Othe	er Similar Funds	or Accounts	
	n answered "Yes" on Form 990, Part IV, li				
		(a) Donor ad	lvised funds	(b) Funds	and other accounts
1 Total number at er	d of year				
	contributions to (during year)				
	grants from (during year)				
	end of year				
	n inform all donors and donor advisors in		s held in donor advis	ed funds	
are the organizatio	n's property, subject to the organization's	s exclusive legal contro	ol?		Yes 🗌 No
6 Did the organizatio	n inform all grantees, donors, and donor	advisors in writing tha	t grant funds can be	used only	
for charitable purp	oses and not for the benefit of the donor	or donor advisor, or fo	or any other purpose of	conferring	
impermissible priva					🗌 Yes 📃 No
Part II Conserva	ation Easements. Complete if the o	organization answered	"Yes" on Form 990, F	Part IV, line 7.	
	ervation easements held by the organizat		<u> </u>		
Preservation	of land for public use (for example, recre	ation or education)	Preservation of	f a historically in	portant land area
	natural habitat		Preservation of	f a certified histo	pric structure
	of open space				
	through 2d if the organization held a qual	lified conservation con	tribution in the form o		
day of the tax year					eld at the End of the Tax Yea
	nservation easements				
-					
	vation easements on a certified historic st			<u>2c</u>	
	vation easements included in (c) acquired				
	sted in the National Register				
	vation easements modified, transferred, re	eleased, extinguished,	or terminated by the	organization du	iring the tax
year					
	where property subject to conservation ea				
	ion have a written policy regarding the pe				Yes No
	prcement of the conservation easements hours devoted to monitoring, inspecting		a and onforcing conc		
	nours devoted to monitoring, inspecting	, nanoling of violations	s, and enforcing cons	Servation easem	ents during the year
7 Amount of expense	 es incurred in monitoring, inspecting, han	dling of violations and	d enforcing conservat	tion easements	during the year
	s meaned in monitoring, inspecting, han	idining of violations, and		tion casements	during the year
8 Does each conserv	 vation easement reported on line 2(d) abo	ove satisfy the requiren	nents of section 170(h)(4)(B)(i)	
	(4)(B)(ii)?		•		Yes No
	how the organization reports conserval				
	include, if applicable, the text of the fool		-		bes the
organization's acco	ounting for conservation easements.	Ū			
Part III Organiza	tions Maintaining Collections of	of Art, Historical 7	Treasures, or Ot	her Similar /	Assets.
Complete if	the organization answered "Yes" on Forr	m 990, Part IV, line 8.			
1a If the organization	elected, as permitted under FASB ASC 9	58, not to report in its	revenue statement a	nd balance she	et works
of art, historical tre	asures, or other similar assets held for pu	ublic exhibition, educa	tion, or research in fu	irtherance of pu	blic
service, provide in	Part XIII the text of the footnote to its fina	ancial statements that	describes these item	IS.	
b If the organization	elected, as permitted under FASB ASC 9	58, to report in its reve	enue statement and t	palance sheet w	orks of
art, historical treas	ures, or other similar assets held for publi	ic exhibition, education	n, or research in furth	nerance of publi	c service,
	ng amounts relating to these items:				
provide the followi	ded on Form 990, Part VIII, line 1			\$	
(i) Revenue inclue	d in Form 990, Part X				
(i) Revenue include(ii) Assets include	a in Form 990, Part X received or held works of art, historical tr	easures, or other simil	lar assets for financial	r guin, provide	
(i) Revenue include(ii) Assets include2 If the organization				gain, provide	
(i) Revenue includ(ii) Assets include2 If the organization the following amount	received or held works of art, historical tr	ASC 958 relating to th	nese items:	•	
 (i) Revenue include (ii) Assets include 2 If the organization the following amount a Revenue included 	received or held works of art, historical tr nts required to be reported under FASB /	ASC 958 relating to th	nese items:	\$	
 (i) Revenue include (ii) Assets include 2 If the organization the following amound a Revenue included b Assets included in 	received or held works of art, historical tro nts required to be reported under FASB on Form 990, Part VIII, line 1	ASC 958 relating to th	nese items:	\$ \$	chedule D (Form 990) 202

Sche	dule D (Form 990) 2022 REFED ,					83-15			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make s	significant u	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
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 th	ne organization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	r assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the organizatio	n answered "Yes" o	n Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1 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:						
							Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance								1
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes		∣ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i]
		(a) Current year	(b) Prior year		(d) Three y	ears hack	(e) Four	vears	hack
10	Beginning of year balance	835,256.	95.				(0) i oui	youro	Suon
1a b			835,000.						
0	Contributions Net investment earnings, gains, and losses	334.	161.						
	Grants or scholarships								
	Other expenditures for facilities								
U									
f	Administrative expenses								
	End of year balance	835,590.	835,256.	95.					
2	Provide the estimated percentage of the curr		,		1				
_ a	Board designated or quasi-endowment	1 0 0	%						
b	Permanent endowment	%	_,,						
с		%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	tion that are held ar	nd administered for t	he				
	organization by:	Ū.					Γ	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				Зb		
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book	value	э
		basis (investr	nent) basis	(other) de	epreciation				
1a	Land								
	Buildings								
с	Leasehold improvements								
d	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X <u>, column (B), line 1</u>	0c.)					0.
						Schedule	D (Form	990)	2022

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obodulo D) (Form 990) 2022 REFED , INC .		83	-1579781 Page
Part VII			00	-1379761 Page
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
Financia	al derivatives			
	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	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)				
al . (Col. ((b) must equal Form 990, Part X, col. (B) line 13.)			
art IX	Other Assets.			
	Complete if the organization answered "Yes" of	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)				
tal. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	15.)		
art X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
	(a) Description of liability	(b) Book value		
(1) Fec	deral income taxes			
(2)				
(3)				
(4)				
(5)				

(9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

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(6) (7) (8)

	chedule D (Form 990) 2022 REFED, INC.				1579781	Page 4		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					,716.		
1	Total revenue, gains, and other support per audited financial statements			1	5,505	, / 1 0 •		
2	, , ,							
a	Net unrealized gains (losses) on investments	2a	100,000.	-				
a	Donated services and use of facilities	2b	100,000.	-				
с.	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)				100	000		
e	Add lines 2a through 2d			2e	5,483	,000.		
3	Subtract line 2e from line 1			3	5,405	,/10.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1						
а	Investment expenses not included on Form 990, Part VIII, line 7b			-				
b	Other (Describe in Part XIII.)					0		
С	Add lines 4a and 4b			4c 5	5,483	$\frac{0}{10}$		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						,/10.		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					200		
1	Total expenses and losses per audited financial statements				4,940	,302.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	100 000					
а	Donated services and use of facilities	2a	100,000.					
b	Prior year adjustments	2b						
С	Other losses							
d	Other (Describe in Part XIII.)	·						
е	Add lines 2a through 2d			2e 3		,000.		
3	Subtract line 2e from line 1					,302.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
с	Add lines 4a and 4b			4c		0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,840	,302.		
Part XIII Supplemental Information.								

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

PART V, LINE 4:

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

(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

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Schedule D (Form 990) 2022 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 AR	E UNRELATED TO
THEIR EXEMPT PURPOSES. THE ORGANIZATION HAS DETERMINED THAT	IT IS NOT
SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED	AN EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH T	HE IRS.
232055 09-01-22	Schedule D (Form 990) 2022

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	irants and Oth vernments, ar ete if the organizatio Go to www.irs	nd Individual	s in the Ŭni on Form 990, Pa 1990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization REFED,	INC						Employer identification number 83-1579781
Part I General Information on Grant							05-1579701
 Does the organization maintain recorr criteria used to award the grants or a <u>2</u> Describe in Part IV the organization's Part II Grants and Other Assistance 	ssistance? procedures for monit	oring the use of grant	funds in the United	l States.			X Yes No
recipient that received more that	•					es on Form 990, Fait	TV, III e 2 1, IOF any
1 (a) Name and address of organization or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FOOD RECOVERY NETWORK 1100 H ST. NW SUITE 520 WASHINGTON, DC 20005	45-3836775	501 (C) (3)	100,000.	0.			EXPANSION OF THE FOOD RECOVERY NETWORK
HIDDEN GEMS BEVERAGE COMPANY 3230 MARKET ST. SUITE 402 PHILADELPHIA, PA 19104	84-3367650		50,000.	0.			ADVANCE THE UPCYCLED USE OF THE AVOCADO SEED
UPCYCLED FOOD FOUNDATION 5070 VALLEJO STREET DENVER, CO 80221	84-3451824	501(C) (3)	100,000.	0.			ADVANCE UPCYCLED MARKETING STRATEGIES
CAVA MEZZE GRILL 14 RIDGE SQUARE NW SUITE 500 WASHINGTON, DC 20016	47-3426661		15,000.	0.			SUPPORT HOSTING OF EDFCC SUMMER FELLOW
 2 Enter total number of section 501(c)(3 3 Enter total number of other organizat 			e line 1 table				<u> </u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022 REFED, INC.					83-1579781	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		e organization answ	vered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, colum	n (b); and any other ac	l Iditional information.		
PART I, LINE 2:						
THE ORGANIZATION MAINTAINS DETAILE	D RECORDS	OF APPLI	CANT AND GR	ANTEE		

SUBMISSION INFORMATION, INCLUSIVE OF LETTERS OF INTENT AND FULL

APPLICATIONS. IT ALSO MAINTAINS FULL RECORDS OF CORRESPONDENCE WITH

GRANTEES REGARDING THEIR ACCEPTANCE OF GRANT FUNDS AND THE ASSOCIATED TERMS

AND CONDITIONS FOR ACCEPTING SAID FUNDS. ALL APPLICANTS ARE EVALUATED USING

THE SAME ELIGIBILITY CRITERIA THROUGH A RIGOROUS PROCESS THAT CONSIDERS

INITIATIVE IMPACT POTENTIAL, CATALYTIC POTENTIAL, ORGANIZATIONAL TRACK

RECORD, AND TEAM AND IMPLEMENTATION POTENTIAL. APPLICANTS ARE EVALUATED BY

Part IV Supplemental Information

Schedule I (Form 990)

BOTH AN INDEPENDENT REVIEW COMMITTEE AND A GRANT FUND SELECTION COMMITTEE.

AFTER BEING AWARDED A GRANT, SELECTED GRANTEES ENGAGE IN QUARTERLY REPORTING MEETINGS TO ENABLE THE MONITORING OF THE USE OF FUNDS. THEY ALSO

COMPLETE REGULAR IMPACT AND FINANCIAL REPORTING, AS AGREED UPON IN THE

TERMS AND CONDITIONS OF EACH GRANT AGREEMENT.

REFED,

INC.

Schedule I (Form 990)

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SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	_	•	
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic	
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatior			identificatio		nber	
Da	rt I Question	REFED, INC. s Regarding Compensation	83	157978	L		
Fd		s Regarding Compensation			N		
4	Chaoli the energy	ate her (ee) if the exception provided any of the following to as fer a nerson listed on Ferm	000		Yes	No	
a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,				
	First-class or c						
	Travel for com	, i i i i i i i i i i i i i i i i i i i					
		ation and gross-up payments Health or social club dues or initiation fee					
		spending account					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	6				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation	committee Written employment contract					
		ompensation consultant Compensation survey or study					
	X Form 990 of o	ther organizations X Approval by the board or compensation of	committee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	-				v	
		e payment or change-of-control payment?		4		X X	
	-	eive payment from a supplemental nonqualified retirement plan?		4.		A X	
С		eive payment from an equity-based compensation arrangement?		<u>4c</u>			
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
5	contingent on the re						
а	-			5a		x	
		ation?				X	
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on				
	contingent on the n						
а	The organization?	-		6a		X	
		ation?				X	
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3				
		es 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?		9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2022	

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Schedule J (Form 990) 2022 REFED, INC.

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANA GUNDERS RIVERO	(i)	256,039.	0.	0.	9,589.	23,202.	288,830.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ASCH HARWOOD	(i)	147,181.	0.	0.	553.	31,786.	179,520.	0.
VP, DATA & INSIGHTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALEXANDRIA COARI	(i)	161,959.	0.	0.	6,208.	9,468.	177,635.	0.
VP, CAPITAL, INNOVATION, & ENGAGEMEN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHAWN SHEPHERD	(i)	148,800.	0.	0.	5,755.	6,722.	161,277.	0.
DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEFFREY COSTANTINO	(i)	134,756.	0.	0.	5,273.	15,770.	155,799.	0.
COMMUNICATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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Schedule J (Form 990) 2022 REFED, INC.

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) 2022

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 2022 Open to Public Inspection	
Name of the organization	1		identification number	
	<i>i</i>		579761	
<u>FORM 990, PA</u>	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:		
BY ADVANCING	DATA-DRIVEN SOLUTIONS. OUR VISION IS A SUSTAL	NABLE,		
RESILIENT, A	ND INCLUSIVE FOOD SYSTEM THAT OPTIMIZES ENVIRO	NMENTA		
RESOURCES, M	INIMIZES CLIMATE IMPACTS, AND MAKES THE BEST U	SE OF 1	ГНЕ	
FOOD WE GROW	•			
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:		
MAKES THE BE	ST USE OF THE FOOD WE GROW.			
FORM 990, PA	RT III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:		
AND WASTE RE	DUCTION. THE FIRST OPEN CALL OF THE CATALYTIC	GRANT 1	FUND IN	
NOVEMBER 202	2 RECEIVED GRANT APPLICATIONS IN EXCESS OF \$99	M FROM	270	
ORGANIZATION	5.			
FORM 990, PA	RT III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:		
TESTING OF A	CUSTOM DATA REPORTING AND ANALYTICS TOOL TO B	E FURTI	HER	
DEVELOPED AN	D ROLLED OUT TO BUSINESSES IN 2023.			
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:			
DIVERSITY, E	QUITY, INCLUSION PROGRAM SERVICE ACCOMPLISHMEN	TS :		
CONDUCTED IN	FERNAL STAFF TRAINING PROGRAMS TO EDUCATE EMPL	OYEES (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 ITS FI	RST DEIJ FELLOW TO LEAD A YEAR-LONG WORKSTREAM	то соі	NDUCT A	
LANDSCAPE AS	SESSMENT TO FURTHER INVESTIGATE THESE INTERSEC	TIONS A	AND	
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sched	lule O (Form 990) 2022	

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
REFED, INC.	83-1579781

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 \$ 311,509. 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 GOVERNING-BOARD-DELEGATED POWERS SHALL, BEFORE INITIAL ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER, SIGN A STATEMENT AND GIVE SUCH STATEMENT TO THE SECRETARY OF REFED, INC., WHICH AFFIRMS THAT 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) UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES (AND WILL ENDEAVOR TO FURTHER SUCH PURPOSES), AND (E) UNDERSTANDS THAT HE OR SHE MUST DISCLOSE ANY CONFLICT OF INTEREST; SPECIFICALLY, THE DIRECTOR, OFFICER, AND OTHER STAFF 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 RELATIONSHIP, AND ANY Schedule O (Form 990) 2022 232212 10-28-22 43

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Name of the organization	Employer identification number
REFED, INC.	83-1579781

TRANSACTION IN WHICH THE ORGANIZATION IS A PARTICIPANT. ANY POTENTIAL

CONFLICT THAT ARISES IS IMMEDIATELY BROUGHT TO THE ATTENTION OF THE BOARD

OF DIRECTORS FOR DISCUSSION AND RESOLUTION OF HOW TO PROCEED. ANY

DIRECTOR(S) TO WHOM A CONFLICT OF INTEREST RELATES WILL RECUSE 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.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S 990'S ARE AVAILABLE ON THE ORGANIZATION'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 INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ANALYTICS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

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0.

0.

231,159.

231,159.

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Name of the organization		Page : Employer identification number
REFED, INC.		83-1579781
COMMUNICATIONS:		
PROGRAM SERVICE EXPENSES		30,250.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		30,250.
EVENT PLANNING:		
PROGRAM SERVICE EXPENSES		67,975.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		67,975.
SOFTWARE ENGINEERING:		
PROGRAM SERVICE EXPENSES		204,887.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		204,887.
HUMAN RESOURCES:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		23,647.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		23,647.
IT SUPPORT:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		769 . Schedule O (Form 990) 202
²³²²¹² 10-28-22 71025 790347 168631	45 2022.04030 REFED, INC.	1686

45 2022.04030 REFED, INC.

Name of the organization REFED, INC.	Employer identification numb 83-1579781
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	769.
PROJECT MANAGEMENT:	
PROGRAM SERVICE EXPENSES	161,313.
MANAGEMENT AND GENERAL EXPENSES	2,444.
FUNDRAISING EXPENSES	19,962.
TOTAL EXPENSES	183,719.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	96,280.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,280.
INVOICE LEVEL CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,000.
STRATEGIC ADVISORY:	
PROGRAM SERVICE EXPENSES	34,620.
MANAGEMENT AND GENERAL EXPENSES	8,120.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	42,740.

WEB & GRAPHIC DESIGN:

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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
REFED, INC.	83-1579781
PROGRAM SERVICE EXPENSES	117,581.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	6,327.
TOTAL EXPENSES	123,908.
SERVICE FEE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	59,102.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,102.
ADMINISTRATIVE SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,750.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,750.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,069,186.

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Schedule O (Form 990) 2022