SCANNED FFB 3 1 2020

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

OMB No 1545-0047

2018

Department of the Treasury

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

Open to Public

		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest inform	ation.		Inspection					
Α	For the	2018 cale	ndar year, or tax year beginning July 16 , 2018, and ending	Decer	mber 3	1,2018					
В	Check if	applicable	C Name of organization ReFED, Inc.	D	Employe	er identification number					
$\overline{}$	Address	1	Doing business as		83_15	579781					
			Number and street (or P O box if mail is not delivered to street address) Room/suite			ne number					
_	Name ch	_	· I		•						
X	Initial ret	nitial return 2120 University Ave. #333 (512)									
\sqcup	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende	d return	Berkeley, CA 94704	G	Gross re	ceipts \$ 771,677.					
	Applicati	on pending	F Name and address of principal officer (H(a)	Is this a group	return for s	subordinates? Yes No					
			Jesse Fink, 2120 University Ave., Berkeley, CA 94704 HB								
	Tay-exel	mpt status	▼ 501(c)(3)			list (see instructions)					
J	Website										
				Group ex							
_			X Corporation	2018	M State	of legal domicile CA					
ľ	art I	Summ									
	1	Briefly de	scribe the organization's mission or most significant activities: REFED is a ni	onprofit	think t	ank wholly dedicated to					
Governance		reducing (J.S. food waste and the leading authority on food waste data, insights and guida	ance. It :	is our	vision to eliminate food					
Вa		waste i	n order to increase food security, spur economic growth	and pr	otect	the environment.					
er	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of mo	re than 2	5% of	its net assets.					
8	3		of voting members of the governing body (Part VI, line 1a)		3	5					
<u>ن</u>	4		of independent voting members of the governing body (Part VI, line 1b)	•	4						
S	1		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5						
Ę	5										
Activities &	6		nber of volunteers (estimate if necessary)		6	5					
ď	7a		elated business revenue from Part VIII, column (C), line 12		7a						
	b	Net unrel	ated business taxable income from Form 990-T, line 38		7b	0.					
				Prior Year	· _	Current Year					
ø	8	Contribut	ions and grants (Part VIII, line 1h)			676,259.					
5	9	Program	service revenue (Part VIII, line 2g)			95,418.					
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)								
ď	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			771,677.					
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			771,077.					
	14										
	1		• • • • • • • • • • • • • • • • • • • •			205 505					
Ses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			225,525.					
Expenses	16a		anal fundraising fees (Part IX, column (A), line 11e)								
. <u>×</u>	b		draising expenses (Part IX, column (D), line 25) ► 50,112.								
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			341 <u>,</u> 754.					
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			567,279.					
	19	Revenue	less expenses. Subtract line 18 fro阿佩阿巴以下D			204,398.					
20.0			Beginn.	ing of Curre	ent Year	End of Year					
ets	20	Total ass	ets (Part X, line 16)			394,844.					
Ass	21	Total liab	Illities (Part X, line 26)			190,246.					
Net Assets or Fund Balances	22		ts or fund balances. Subtract line-21-from line-20			204,598.					
	art II		ture Block OGDEN, UT			201/0101					
			ry, I declare that I have examined this return, including accompanying schedules and statements,	and to the	best of r	my knowledge, and helief it is					
tru	e, correc	t, and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowled	lge	ny knowledge and beller, it is					
		1 N		<u>-</u>	11/1	4/10					
e:	~n	2	ature of officer	Date		4/17					
Sig	-	1! [,	Date							
He	ere		sse Fink, Chairman & Director								
		<u> </u>	or print name and title								
Pa	iid	Print/Ty	pe preparer's name Preparer's signature Date		Check	☐ if PTIN					
	epare	er			self-em						
	se On	I	ame ►	Fırm's	EIN ▶						
_	,5 011		ddress ►	Phone	e no						
Ma	y the li		s this return with the preparer shown above? (see instructions)			. Yes No					

Page	2

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ReFED is a nonprofit think tank wholly dedicated to
	reducing U.S. food waste and the leading authority on food waste data, insights and guidance. It is our vision to eliminate food
	waste in order to increase food security, spur economic growth and protect the environment.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$45,742. including grants of \$) (Revenue \$)
	Data & Insights Program
	Increase knowledge of how to reduce U.S. food waste by refreshing
	the Roadmap (ReFED's initial research report on U.S. food waste
	and solutions) as a digital-first, continuously improved resource
	that continues to serve as the leading source of data-driven guidance on U.S.
	food waste and solutions. This program also has a communication and stakeholder
	engagement component to increase awareness of the issue of food waste.
	(Code) (Expenses \$ 65,581. including grants of \$) (Revenue \$)
4b	
	Capital & Innovation Program
	Increase investment in food waste solutions and increase innovator
	capacity to prevent, recover and recycle food waste. Including
	but not limited to: advising capital providers, connecting food waste
	innovators to funding opportunities, planning a food recovery
	accelerator with a focus on technology and earned income models.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ 101,613. including grants of \$) (Revenue \$)
	Business Initiatives
	Encourage businesses to reduce food waste generation through prevention,
	recovery and recycling, specifically through a focus on date labeling and
	packaging. For date labeling, work towards widespread industry
	adoption of standardized date labeling. And, for packaging,
	increase the shelf life of food through encouraging the adoption of
	food waste reduction packaging solutions.
	······································
	•
	······································
4d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 212, 936.
-70	rotal program doi trod expelled F 212, 300.

ABLO

Form 990 (20	18)	\mathcal{H}	
Part IV	Checklist of Required Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_×	
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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? Is the five Boil of the Parts I and II	21	ļ	×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	×	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		×
31	conservation contributions? If "Yes," complete Schedule M	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	·	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_	Estantia anni de Pari de Cara		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
_	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	÷		٠. ا
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country:			
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f 7g		×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		,	
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	<u>. </u>	
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]	-	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		'	'
11	Section 501(c)(12) organizations. Enter:		.	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		, ,	
100	against amounts due or received from them.)	12a		الــــــا
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		· · ·]
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	:		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		'
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			· ·
-	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X ,
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	-		لیـــ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.	For	, gan	(2018)
		rorn		(2010)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	ions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		,	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	 	×
6	Did the organization have members or stockholders?	0		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	5		
a	The governing body?	8a 8b	×	
ь 9	Each committee with authority to act on behalf of the governing body?	ОВ	<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	×
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	1	
40.	Did the constitute that the standard beautiful and the standard beautiful a	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	\vdash	×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	×	
b		120	-^-	
C 12	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13 14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Â	
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		e e	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	1 50	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	٤	1.	
	organization's exempt status with respect to such arrangements?	16b	Щ	<u></u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 st			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	Γ (Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re			2176

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles	Pos eck s pe	rson	than the both or/trust employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jesse Fink Chairman & Director	4.00	×		×						
(2) Rob Kaplan Treasurer & Director	4.00	×		×						
(3) Dana Gunders Secretary & Director	4.00	×		×						
(4) Nicola Dixon Director	2.00	×								
(5) Steven Swartz Director	2.00	×								
(6) Christopher Cochran Executive Director	40.00			×				53,000.		3,128.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										-
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees		nd F	lighe	st C	ompensated E	mployees (continu	ued)		
	(A) Name and title		(B) (do not chece box, unless proficer and a					an ee)	(D) Reportable compensation from	(E) Reportable compensation for related	n from	Estir amo	F) nated unt of her	
		week (list any hours for related organizations below dotted line)	ו מיטו	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	compe fron organ and r	ensation in the sization elated zations	
(15)					:									-
(16)								-	-		-			
(17)														
(18)												-		
(19)														
(20)														
(21)														
(22)														
(23)														
(24)												•		-
(25)												,		
1b c d	Sub-total	VII, Sectio	n A					>	53,000.		-		3,12	
2	Total number of individuals (including but reportable compensation from the organic							e) w		ore than \$1	00,000	O of	5,12	<u>.</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete a	ficer, direc Schedule J	for su	ıch	ınd	ivid	ual					3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	50,	000)? /	f "Ye	s, "	complete Sch	nedule J fo	on the or suct	h 4		×
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompei	nsat	tion	fro	m any	un un	related organiz	zation or ind	dıvıdua	5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax	
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensa	ation	
														_
2	Total number of independent contractor		_					th	ose listed abo	ove) who	مان والع	· Calleger	Gette:	

Par	VIII	Statement of Revenue				
	,	Check if Schedule O contains a response or no			<u> </u>	<u>.</u> 🗆
,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 676, 25	59.	-		
ont nd (g	Noncash contributions included in lines 1a–1f: \$	▶ 676,259.			
	<u>h</u>	Total. Add lines 1a-1f				
Program Service Revenue	2a b c d	Ticket sales Fees for service	.50,418. 45,000.	50,418. 45,000.		
аш	е					
rogi	f	All other program service revenue . Total. Add lines 2a–2f	▶ 95,418.			<u> </u>
Other Revenue	3 4 5 6a b c d 7a b	Investment income (including dividends, intere	st,			
Off	b c 10a b c	Gross income from gaming activities. See Part IV, line 19	De de			
	d e 12	Total Add lines 11a–11d	>	95 419		

	90 (2018)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con		All other organization	ne must complete o	olumn (A)
SUCIIC	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			4	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			, j. _ unl * _	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	56,128.	33,677.	14,032.	8,419.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	117,046.	90,867.	4,188.	21,991.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1		67.0	1.00
9	Other employee benefits	1,680. 39,561.	840. 27,790.	672. 4,422.	168. 7,349.
10	Payroll taxes	11,110.	7,828.	1,215.	2,067.
11	Fees for services (non-employees):	11/1101		2,2201	
а	Management				
b	Legal	16,728.		16,728.	
C	Accounting	11,900.		11,900.	
d e	Lobbying				
f	Investment management fees			*	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	123,496.	87,267.	31,653.	4,576.
12	Advertising and promotion	30,444.	30,444.		
13	Office expenses	2,607.	716.	1,712.	179.
14 15	Information technology				
16	Occupancy	10,415.	7,339.	1,139.	1,937.
17	Travel	19,553.	4,873.	11,707.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	117,972.	117,972.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2,704.	952.	1,501.	251.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	· ·	1 . A. F. 1		, • • •
	line 24e amount exceeds 10% of line 25, column		2 /2	10.3	.,,
	(A) amount, list line 24e expenses on Schedule O.)		1 · 1 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 ·	and the second	3
а					
b					
Ç					
d e	All other expenses	5,935.	765.	4,968.	202.
25	Total functional expenses. Add lines 1 through 24e	567,279.	411,330.	105,837.	
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	301,213.	111,000.	100,001.	307112.
	following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>		

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	394,764.
	2	Savings and temporary cash investments	•	2	80.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	•		' ,
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	-
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	394,844.
	17	Accounts payable and accrued expenses		17	190,246.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u></u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,	, , , , , , , , , , , , , , , , , , , ,		
Liabilities		trustees, key employees, highest compensated employees, and construction disqualified persons. Complete Part II of Schedule L	· '4	22	3
<u> </u>	02	 		23	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		24	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	190,246.
es		Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	204,598.
3al	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets	*****	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			•
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Ne	33	Total net assets or fund balances		33	204,598.
	34	Total liabilities and net assets/fund balances		34	394,844.
					Form 990 (2018)

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	71,6	577.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	67,2	79.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	04,3	398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	200.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	04,5	98.
Part	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		ŀ		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			,
	reviewed on a separate basis, consolidated basis, or both:		ļ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			•	
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		•	
	separate basis, consolidated basis, or both.		į	4	
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent according	untant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplaın ın			'; ^
	Schedule O.				14
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2018

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the or	ganization					Employer identification	number			
ReF	ED, I						83-1579781				
Par		Reason for Public Cha						ns.			
The c 1 2 3 4	☐ A c ☐ A s ☐ A h ☐ A m	ation is not a private foundathurch, convention of church chool described in section ospital or a cooperative hospital research organization of the country, and states the country, and states of the country, and states the country, and states of the country.	nes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descri (Attach Schedule E (F ganization described i	ibed in se form 990 n sectior	ection 17 or 990-E n 170(b)(1	0(b)(1)(A)(i). Z).) I)(A)(iii).	(iii). Enter the			
5	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.)										
6 7	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
8	□Ac	ommunity trust described in	n section 170(b))(1)(A)(vi). (Complete	Part II.)						
9	or u	agricultural research organi university or a non-land-gra versity:	nt college of agr	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or			
10	rec sup	organization that normally reipts from activities related port from gross investment uired by the organization a	to its exempt fu income and un	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ie (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its			
11		organization organized and	•	-	-						
12	of o	organization organized and one or more publicly supported the box in lines 12a thro	rted organizatio	ns described in sect i	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).			
а		Type I. A supporting organithe supported organization supporting organization. Y	(s) the power to	regularly appoint or e	elect a ma	jority of t	he directors or trust	ees of the			
b		Type II. A supporting organization(s). You must	the supporting o	organization vested in	the same						
С		Type III functionally integ its supported organization(s) (see instructio	ons). You must comp	lete Part	IV, Secti	ons A, D, and E.				
d		Type III non-functionally integrequirement (see instruction	grated. The orga	inization generally mu	st satisfy	a dıstribı	ition requirement an				
е		Check this box if the organ functionally integrated, or 1	ype III non-func	tionally integrated sup				e II, Type III			
f		the number of supported of	•								
<u>g</u>		de the following information		· · · · · · · · · · · · · · · · · · ·	·						
	(i) Name	e of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Total	<u> </u>		,		, , , , , , , , , , , , , , , , , , , 	l					

Schedu	ele A (Form 990 or 990-EZ) 2018						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	he box on line	e 5, 7, or 8 of	Part I or if the	e organizatioi	n failed to qua)
	on A. Public Support	T	T				
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018_	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					667,927.	667,927.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					667,927.	667,927.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					4 71	- "
6	Public support. Subtract line 5 from line 4	H-1.	y	C T.			667,927.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					667,927.	667,927.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				7 70,	* * * * *	667,927.
12	Gross receipts from related activities, etc	•	-			12	
13	First five years. If the Form 990 is for the	-			-		
<u> </u>	organization, check this box and stop he			· · · · · · · · · · · · · · · · · · ·	<u> </u>		🕨 🗵
	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line	• •	-			14	<u>%</u>
15 16a	Public support percentage from 2017 Sci 33 ¹ / ₃ % support test—2018. If the organ					15 10% or more	check this
iva	box and stop here. The organization qua						•

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y			
	organization, check this box and stop here		<u> </u>	<u> </u>
Secti	on C. Computation of Public Support Percentage			
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14		%
15	Public support percentage from 2017 Schedule A, Part II, line 14	15		%
16a	331/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 box and stop here. The organization qualifies as a publicly supported organization			
b	331/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 this box and stop here. The organization qualifies as a publicly supported organization			
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 1 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box a Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifier organization	and st s as a	top here. Explain in publicly supported	n
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization	this b	ox and stop here alifies as a publicly) .
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, checinstructions	k this	box and see	

Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	,
	on A. Public Support						(T = 1)
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose				1		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
ı a	received from disqualified persons .			_			
b	Amounts included on lines 2 and 3			/		•••	
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	A	7			, , ,	
	line 6.)					•	
	on B. Total Support		1 1 1 1 2 1 2		1 4 0 004 7	() 2010	(0 T .)
	dar year (or fiscal year beginning in)	(a) 2014	(b) /2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,	,	/				
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less				-		
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					·	
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he						▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2018 (line	B, column (f), d	livided by line	13, column (f))		15	%
16	Public support percentage from 2017 Scl			<u> </u>		16	%
Secti	on D. Computation of Investment In	*					
17	Investment income percentage for 2018 (-		17	%
18	Investment income percentage from 2017					18	<u>%</u>
19a	331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box						
L	/		=	="		=	_
b	381/3% support tests—2017. If the organization 18 is not more than 331/3%, check this limited						
20//	Private foundation. If the organization di		-	•	· · · · · ·	•	_
//	ato roundation il tile organization di	a not one on a	SON OIL III IC 14	, , , , , , , , , , , , , , , , , , , ,	STOCK THE DUX	and Joe manu	5.10113 F L

Part IV Supporting Organizations

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

ecti	on A. All Supporting Organizations		,	
			Yes	No
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.	1		
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).	<u> </u>		
2-	· · ·	2	<u> </u>	
Şа	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
L	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3c		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		L.,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
		5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		1
,	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
0	·	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
9a	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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		<u>:</u>	
	below, the governing body of a supported organization?	11a	L	
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			;
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	"		-
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	i		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of 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	ļ		•
	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		<u> </u>
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		_	
	or management of the supporting organization was vested in the same persons that controlled or managed			·
	the supported organization(s).	1		<u> </u>
Section	on D. All Type III Supporting Organizations		17	T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	· .		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	•		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Ь—	
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		·· 、-	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		,	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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		i.	
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations		· · · · ·	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ('see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		,	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļ		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u>, </u>	
	activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			·
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI.	3a		1,
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	l	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1 Net short-term capital gain	1								
2 Recoveries of prior-year distributions	2								
3 Other gross income (see instructions)	3								
4 Add lines 1 through 3.	4								
5 Depreciation and depletion	5								
6 Portion of operating expenses paid or incurred for production or									
collection of gross income or for management, conservation, or									
maintenance of property held for production of income (see instructions)	6								
7 Other expenses (see instructions)	7								
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1 Aggregate fair market value of all non-exempt-use assets (see	- Jan 1	es 2							
instructions for short tax year or assets held for part of year):		, , , , , , , , , , , , , , , , , , ,							
a Average monthly value of securities	1 <u>a</u>								
b Average monthly cash balances	1b								
c Fair market value of other non-exempt-use assets	1c								
d Total (add lines 1a, 1b, and 1c)	1d								
e Discount claimed for blockage or other	, "	The second secon							
factors (explain in detail in Part VI):	' ₄ '								
2 Acquisition indebtedness applicable to non-exempt-use assets	2								
3 Subtract line 2 from line 1d.	3		· -						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			•						
see instructions).	4								
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6 Multiply line 5 by .035.	6								
7 Recoveries of prior-year distributions	7		•						
8 Minimum Asset Amount (add line 7 to line 6)	8								
Section C-Distributable Amount	'		Current Year						
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	f 2 - 1							
2 Enter 85% of line 1.	2								
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3								
4 Enter greater of line 2 or line 3.	4	C. P. S.							
5 Income tax imposed in prior year	5	The state of the s							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to									
emergency temporary reduction (see instructions).	6								
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see						

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	→ GO t	o www.irs.govir	ormeso	for instru	ictions and t	ne iate	Emplo	vor ide	atificat	ion nu			
G							1	*		.0	iibci		
ReFED, Inc.			() (0)		5044)(4)		<u>-</u>	1579					
Part I Excess Bend Complete if t	efit Transactior he organızatıon	ns (section 501 answered "Ye	(c)(3), s" on f	section : Form 990	501(c)(4), a 0, Part IV, I	ind 50 line 25	11(c)(29) organız 5a or 25b, or Foi	ations m 99	only) 0-EZ,	Part '	V, line	40b.	
1 (a) Name of disqualified	d namon	(b) Relationship be	etween d	disqualified	person and		(c) Description	n of trai	neactio	n		(d) Con	ected?
(a) Name of disquame	a person		organiza	ation		l	(c) Description		1546116			Yes	No
(1)													
(2)													
(3)													
(4)	·												
(5)									•				
(6)													
2 Enter the amount under section 495		-		_			ied persons du		he ye 	ar ► \$			
3 Enter the amount	of tax, if any, on	line 2, above,	reimbi	ursed by	the organ	ızatıoı	n		!	> \$			
Complete if t	d/or From Inter he organization reported an am	answered "Ye	s" on F	Form 990 art X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	e 38a or Form 99	90, Pa	ırt IV,	line 2	6; or 1	f the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or m the nization?	(e) Origir principal an		(f) Balance due	(g) In (default?		proved eard or nittee?	(ı) Wi agreei	ritten ment?
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)													L
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)	<u> </u>						<u></u>	ļ	<u> </u>				
Total						<u>. ▶</u>	\$	<u> </u>				L	
	ssistance Bene he organization				0, Part IV, I	ine 27	7 .						
(a) Name of interested person		ship between inter and the organization		(c) Amount	of assistance	,	(d) Type of assistance	е	(e) Purpo	se of a	ssistan	ce
(1)													
(2)													
(3)													
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(5)													
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F D	A - 4 A I - 4' A I		, -	000	200 57			Caba		(Farms	000	000-57	7) 201

Page 2 Schedule L (Form 990 or 990-EZ) 2018 Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction transaction organization's interested person and the revenues? organization Yes No 18,000. Event Planning × (1) Next Course, LLC Secretary & Director (2) (3) (4) (5) (6)(7) (8)(9) (10)Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).

Trovide additional information for responded to questions of contestion 2 (see metadetector).
Part IV, Line 1 (a): Dana Gunders, the organization's Secretary and Director,
is the direct owner of Next Course, LLC
Part IV,Line 1(d): Plan and facilitate an affiliate event and reception at the
Global Climate Action Summit in San Francisco. Specifically, this included the
following activities: Identify and coordinate co-host partners and event sponsors;
Lead development of event program and agenda; Lead development of online marketing
tools to publicize the event; Manage attendee registration and communicate with
partners on the status of attendees; Coordinate the affiliate event and reception
on the day of the events; Identify, secure, and provide oversight to additional
service providers, including but not limited to venue rental, catering, and AV
support.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

2018 Open to Public Inspection

Employer identification number

OMB No 1545-0047

ReFED, Inc.	83-1579781	
Pt XI: Line 9 - Initial cash deposit to open bank account		
Pt VI, 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.		
Pt VI, Line 12c: Each Director, Officer, and other staff	member and committee	
member with governing-board-delegated powers shall, befor	e 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 a	nd understands the conflict	
of interest policy, (c) has agreed to comply with the con	flict of interest policy,	
(d) understands that the organization is charitable and i	n order to maintain	
its federal tax exemption it must engage primarily in act	ivities 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 conf	lict of interest; specifically,	
the director, officer, and other staff member, or committ	ee member must identify,	
to the best of his or her knowledge any entity of which h	e or she is an officer,	
director, trustee, member, or employee and with which the	organization has a	
relationship, and any transaction in which the organizati	on is a participant.	
Any potential conflict that arises is immediately brough	t to the attention of	
the Board of Directors for discussion and resolution of h	ow to proceed. Any	
Director(s) to whom a conflict of interest relates will r	ecuse themselves from	
such discussions and voting.		
Pt VI, Line 15a: The Board of Directors approves the comp	ensation of the organizations	
Officers after a review of their qualifications, their pr	oposed employment contracts,	

Name of the organization ReFED, Inc.	Employer identification number 83-1579781
and comparability data from other organizations. A summary of each 1	
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.	
Pt VI, Section C, Line 17:	
State: DE	
Pt IX, Line 11g:	
Description: Analytics	
Total: \$22,670	
Program services: \$18,012	
Management and general: \$4,658	
Description: Project management	·····
Total: \$58,411	
Program services: \$39,990	
Management and general: \$14,392	
Fundralsing: \$4,029	
Description: Research	
Total: \$18,800	
Program services: \$18,800	
Description: Service fees	
Total: \$2,940	
Program services: \$2,071	
Management and general: \$322	
Fundraising: \$547	
Description: Strategic advisory	
Total: \$12,281	
Management and general: \$12,281	
Description: Web and graphic design	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
ReFED, Inc.	83-1579781
Total: \$8,394	
Program services: \$8,394	
	•
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•••••••••••••••••••••••••••••••••••••••	
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