EXTENDED TO NOVEMBER 15, 2024 **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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	2023 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres change	REFUGEPOINT, INC.			
	Name change	B	20-20614	82	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/		802	617-864-	
	termin- ated			G Gross receipts \$	15,859,255.
	Ameno return			H(a) Is this a group	
	Application			for subordinate	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	
ī	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1)	or 527	7 ` ′	a list. See instructions
	Websit			H(c) Group exemption	on number
K	Form of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile; MA
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: REFU	GEPOIN	T PARTNERS	WITH
90		REFUGEES TO ACCESS LIFE-CHANGING SOLUTION			
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	
Č	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
V.	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
Vi‡i	6	Total number of volunteers (estimate if necessary)		6	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			+
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		12,820,096.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	
200	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42,094.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,000.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,892,190.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,098,674.	<del> </del>
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,301,852.	<del> </del>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ž	b	Total fundraising expenses (Part IX, column (D), line 25) 883,5		2 417 626	2 020 222
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,417,626. 9,818,152.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,074,038.	1 020 020
	/19 //	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
ts o		Tabel accords (Dark V. Para 40)		15,752,756.	End of Year 17,462,977.
SSe	현 <b>20</b>	Total assets (Part X, line 16)		877,547.	
Net Assets or	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		14,875,209.	
P	art II	Signature Block		14,075,207.	10,077,071.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wl			y kilowiougo alla bollol, it io
ti u	, 001100	gain complete. Books and of property (early than officer) to become on an information of the	mon proparor	That any knowneago.	
Sig	ın	Signature of officer		Date	
He		ALEXANDER CHANOFF, FOUNDER & CHIEF EXECUT	IVE OF	FFICER	
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d		CPA 0	09/17/24 self-emplo	P01641608
		Firm's name AAFCPAS, INC.	<u> </u>		)4-2571780
	Only	Firm's address 50 WASHINGTON STREET			
-		WESTBOROUGH, MA 01581		Phone no. 5 0	08-366-9100
Ma	v +bo IE	25 discuss this return with the preparer shown above? See instructions		1	X Ves No

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: REFUGEPOINT PARTNERS WITH REFUGEES TO ACCESS LIFE-CHANGING SOLUTIONS	
	AND TRANSFORMS HOW THE WORLD SUPPORTS THEM. REFUGEPOINT SEEKS TO	
	EXPAND ACCESS TO LASTING SOLUTIONS FOR REFUGEES, ESPECIALLY THOSE	
	FACING VULNERABILITIES WHO ARE UNDERSERVED BY AID SYSTEMS. WE EXPAND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4-	0.005.440 0.004.700 1.004	
4a	(Code:) (Expenses \$9,895,442. including grants of \$2,284,780. ) (Revenue \$1,084 REFUGEPOINT FOCUSES ON TWO KEY PROGRAMMATIC AREAS:	
	SELF-RELIANCE PROGRAMS, WE HELP REFUGEES STABILIZE, BUILD SOCIAL AND	
	ECONOMIC CAPITAL, AND ENGAGE IN DIGNIFIED LIVELIHOODS IN THE COUNTRIES	
	TO WHICH THEY HAVE FLED SO THEY CAN MEET THEIR OWN ESSENTIAL NEEDS.	
	2. RESETTLEMENT AND OTHER PATHWAYS TO SAFETY (THIRD COUNTRY SOLUTIONS	
	3CS) THROUGH OUR 3CS PROGRAMS, WE HELP REFUGEES WHO CAN'T REMAIN SAFELY	
	WHERE THEY ARE TO PERMANENTLY AND LEGALLY RELOCATE TO A SAFE, NEW	
	COUNTRY TO REBUILD THEIR LIVES.	
	REFUGEPOINT'S STRATEGIES FOR IMPROVING THE LIVES OF REFUGEES AND THE	
	COMMUNITIES WHERE THEY LIVE ARE DESCRIBED IN SCHEDULE O:	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 9,895,442.	
	- 000 /a	

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# Form 990 (2023) REFUGEPOINT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		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	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		<del></del>
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	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,			
	Part VI	11a	X	<u> </u>
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		<u> </u>
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		<u> </u>
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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i		T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		<del></del>
.9	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		<del>  ^</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		,		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Δ.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
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	04-		x
L	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-74		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete			x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	х	
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	N OOO	(0000)
332004	4 12-21-23	⊢orm	23U	(2023)

	990 (2023) REFUGEPOINT, INC. 20-206	1482	Р	age <b>5</b>				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a7	וכ						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х					
h	If "Yes," enter the name of the foreign country  KENYA, CANADA	1.4						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	150						
Va	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ba						
b	, , , , , , , , , , , , , , , , , , , ,	Gh.						
-	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	7-		х				
a	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?							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X				
	to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х				
e								
f								
g		7g						
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h						
8	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	-						
	Pid the conversion are districted and be an expected by the time and described 40000							
b	b. Did the analysis and a single-time makes a Calife Start and association and the decrease of							
10	Section 501(c)(7) organizations. Enter:	9b						
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	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?	17						
	If "Yes," complete Form 6069.							

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 **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 on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA, NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request \_\_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ALEXANDER CHANOFF - 617-864-7800 SOUTH STREET SUITE 802, BOSTON, MA

Form **990** (2023)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	I	Lu	((	C)	.,,,		(D)	(E)	(F)
Name and title	Average	(-1-	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for related	or di	e e			sated		organization	(W-2/1099-MISC/	from the
	organizations	ruste	l trus		ee (ee	ubeu	4	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	nstitutional trustee	_	employee	st cor	<u></u>	1000 (120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			3
(1) ALEXANDER CHANOFF	38.00									
FOUNDER & CEO		Х	4	X				244,887.	0.	38,017.
(2) MARTIN ANDERSON	38.00									
DIRECTOR OF INT'L PROGRAMS						X		156,400.	0.	40,441.
(3) ROGER SWARTZ	38.00									
CHIEF OPERATING OFFICER				X				172,099.	0.	20,893.
(4) C. DAVID WEAVER	38.00	]								
CFAO				Х				155,257.	0.	21,254.
(5) SARAH HIDEY	38.00									
CHIEF DEVELOPMENT OFFICER						X		157,882.	0.	17,915.
(6) AMY SLAUGHTER	38.00	1								
CHIEF STRATEGY OFFICER			_	Х				161,411.	0.	11,677.
(7) SIMAR SINGH	38.00	4				l				
CHIEF PROGRAM OFFICER			_			X		146,641.	0.	26,025.
(8) ALEXIS FELDER	38.00	1				l				
ASSOC. DIR. OF COMM.		<u> </u>	_			X		116,310.	0.	31,690.
(9) ZACHARY GROSS	38.00	4				l		115 000		20 554
ASSOC. DIR. FOR DEPLOYMENT PROG.	1 00					X		117,232.	0.	30,754.
(10) GEORGE LEHNER	1.00	ļ		l						•
BOARD CHAIR/CLERK/DIRECTOR	0.00	Х	_	Х		_		0.	0.	0.
(11) DANIEL A. DRAPER	2.00								•	•
DIRECTOR/TREASURER	1 00	Х	_	Х				0.	0.	0.
(12) SAMANTHA KIRBY	1.00	4		,,					0	0
ASSISTANT CLERK	1 00		-	Х		_		0.	0.	0.
(13) JULIA DHAR	1.00	٠,,							0	0
DIRECTOR TO THE PROPERTY HERDERS	1 00	Х	┝					0.	0.	0.
(14) ELIZABETH FERRIS	1.00	.,						_	0	0
DIRECTOR (15) FARAM MONAMER	1 00	Х	┝					0.	0.	0.
(15) FARAH MOHAMED	1.00	₹.						_	0.	0
DIRECTOR (1.6.) EDWARD GUARING	1 00	Х						0.	0.	0.
(16) EDWARD SHAPIRO DIRECTOR	1.00	х						0.	0.	^
(17) SANDRA UWIRINGIYIMANA	1.00	^	$\vdash$		$\vdash$			"	U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
DINIGION	I	22		L	<u> </u>		<u> </u>	1 0.	0.	Form <b>990</b> (2022)

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Dort VII													9-
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C		,		_		
(A)	(B)			Pos	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c				one	Reportable	Reportable		l	stimat	
	hours per		box, unless person is l officer and a director/s					compensation	compensation		ar	nount	
	week (list any	-	T	I	T	T	1	from	from related			other	
	hours for	director						the	organization: (W-2/1099-MIS		l .	pensa	
	related	I >	e e			sated		organization (W-2/1099-MISC/	1099-NEC)		l	om th anizat	
	organizations	trustee	trustee		e e	npen		1099-NEC)	1099-1120)		٠ ١	d relat	
	below	dual t	tiona	١.	employee	st cor	_	10001420)			l	anizati	
	line)	Individual	Institutional t	Officer	Key en	Highest compensated employee	Former				5.9	ai ii Lac	0110
(18) BARRIE LANDRY	1.00	-	-		Ť	1	1						
DIRECTOR EMERITUS (UNTIL 12/18/2023)		Х						0.		0.			0.
(19) EDITH MUNEZERO	1.00												
DIRECTOR		Х						0.		0.			0.
(20) DR. SAMORA OTIENO	1.00												
DIRECTOR		Х						0.		0.			0.
(21) NASRA ISMAEL	1.00												
DIRECTOR		Х						0.		0.			0.
(22) LINA TORI JAN	1.00												
DIRECTOR		Х						0.		0.			0.
(23) MOHY OMER	1.00												
DIRECTOR		Х					4	0.		0.			0.
(24) ARMINE AFEYAN	1.00	1											
DIRECTOR		Х			4			0.		0.			0.
		]											
							4						
4b Cubtatal						H		1,428,119.		0.	23	8,6	66
1b Subtotal						,		0.		0.	23	0,0	00.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								1,428,119.		0.	23	8,6	
Total (add lines ib and ic)      Total number of individuals (including but n						) w/b		<del> </del>	000 of roportable			0,0	00.
compensation from the organization	of infinted to th	1030	11316	ual	JOVE	, vvi	10 16	scerved more triair \$100,	ooo or reportable	•			15
compensation from the organization				4								Yes	No
3 Did the organization list any former officer,	director trust	ee k	CEV E	mnl	love	ല	r hia	ihest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su								ner compensation from t		••••	Ŭ		
and related organizations greater than \$150								•	-		4	Х	
5 Did any person listed on line 1a receive or a											_		
rendered to the organization? If "Yes." com	•				•			· ·			5		Х
Section B. Independent Contractors	ipiete Scriedur	<del>-</del> J /	UI SL	<i>ICIT</i>	<i>DEIS</i>	OH							
Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than 9	3100.000 of comp	ensa	tion fr	om	
the organization. Report compensation for	-	-							•				
(A)				· .				(B)			((	C)	
Name and business	address	N	ONE	3				Description of s	ervices	C	Compe		n
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	sted	above) who received me	ore than				

Form 990 (2023) REFUGEPOINT, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ية ق		c Fundraising events 1c					
ffs,		d Related organizations					
ig ig							
ons,		e Government grants (contributions)  1e					
utic		f All other contributions, gifts, grants, and	13,089,352.				
ë			68,665.				
o d		g Noncash contributions included in lines 1a-1f	,	13 090 352			
Oa		h Total. Add lines 1a-1f	Business Code	13,089,352.			
			Business Code				
<u>ic</u> e	2						
Program Service Revenue		b					
n S		c			4		
ran 3ev		d					
og F		e					
Ē		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	, and				
		other similar amounts)		387,180.			387,180.
	4						
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 2,381,639.					
		<b>b</b> Less: cost or other basis					
ē		and sales expenses					
her Revenue		<b>c</b> Gain or (loss) 7c -21,045.					
Jev		d Net gain or (loss)		-21,045.			-21,045.
e		a Gross income from fundraising events (not					·
G E	·	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	•	Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
$\overline{}$		c Net income or (loss) from sales of inventory	Business Code				
S		_	900099	1 004	1 004		
eo Te	11		JUUU33	1,084.	1,084.		
Miscellaneous Revenue		b					
sce Be		C					
Ξ̈́		d All other revenue		1 004			
		e Total. Add lines 11a-11d		1,084.	1 004	2	366 135
	12	Total revenue. See instructions		13,456,571.	1,084.	0.	366,135.

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# Form 990 (2023) REFUGEPOINT, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All otho	r organizations must con	nolete column (A)	
Jecli	Check if Schedule O contains a respon			ipiete coluitiii (A).	
	not include amounts reported on lines 6b, 8b, 9b, 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		схропаса	general expenses	САРСПЗСЗ
-	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	2,284,780.	2,284,780.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	825,496.	464,453.	256,213.	104,830
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	4,569,825.	3,746,085.	325,209.	498,531.
8	Pension plan accruals and contributions (include	22 221			
	section 401(k) and 403(b) employer contributions)	83,031.	73,520.	888.	8,623
9	Other employee benefits	686,434.	542,119.	71,544.	8,623 72,771 28,577
10	Payroll taxes	256,642.	201,359.	26,706.	28,577
11	Fees for services (nonemployees):				
а	Management	П 020	6 000	0.72	020
b	•	7,939.	6,828.	873.	238
С	•	82,713.	71,133.	9,098.	2,482
d	, 0				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	299,062.	229,527.	30,175.	39,360
12	Advertising and promotion	156 452	124 560	10 050	00 010
13	Office expenses	176,453.	134,562.	19,878.	22,013.
14	Information technology				
15	Royalties	132,289.	104 277	12 620	1/ 20/
16	Occupancy	1,926,730.	104,377.	13,628.	14,284
17	Travel	1,920,730.	1,003,730.	17,209.	45,765.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	02 022	02 022		
22	Depreciation, depletion, and amortization	93,833.	93,833.	2 710	2 001
23	Insurance	36,036.	28,433.	3,712.	3,891.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	152,110.	44,885.	70,048.	37,177
b	TRAINING	13,168.	5,792.	2,392.	4,984
c			<u> </u>		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,626,541.	9,895,442.	847,573.	883,526
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)				

<u>Pa</u> i	<u>t X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	7,037,794.	1	1,204,252
	2	Savings and temporary cash investments	5,696,161.	2	2,957,844
	3	Pledges and grants receivable, net	1,944,279.	3	1,071,843
	4	Accounts receivable, net		4	841
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1 1/2 016	9	60,266
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 951,90	1.		
	b	Less: accumulated depreciation 10b 394,30	1. 459,039.	10c	557,600
	11	Investments - publicly traded securities		11	11,240,376
	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	471,287.	15	369,955
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u>  15,752,756.</u>	16	17,462,977
	17	Accounts payable and accrued expenses	394,980.	17	403,577
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
ב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	482,567.	25	382,329
	26	Total liabilities. Add lines 17 through 25	877,547.	26	785,906
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	13,141,841.	27	15,827,071
Ва	28	Net assets with donor restrictions	1,733,368.	28	850,000
pur		Organizations that do not follow FASB ASC 958, check here			
ī.		and complete lines 29 through 33.			
SO	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	14,875,209.	32	16,677,071
	33	Total liabilities and net assets/fund balances	15,752,756.	33	17,462,977

OIII	1000 (2020)				ıα	gc
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13	,45	6,5	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,62	6,5	41.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,83	0,0	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,87	5,2	09.
5	Net unrealized gains (losses) on investments	5		-2	8,1	68.
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	16	,67	7,0	71.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).			
За	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?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Z. Open to Public

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

Inspection
Employer identification number

OMB No. 1545-0047

		REFU	GEPOINT, I	NC.				2	0-2061482			
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.					
he	organ	nization is not a private found										
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(i	ii <b>).</b> Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental unit	describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	al government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma	nization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in conju	unction with a la	nd-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	e college	or			
		university:										
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the orga	nization a	ifter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry	out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1)	r <b>section</b>	509(a)(2).	See section 50	9(a)(3). (	Check the box on			
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and 1	2g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typ	ically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees	of the su	pporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it:	s supporte	ed organization(	s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage	the supp	oorted			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	ed with,			
		its supported organization	n(s) (see instructions	). You must complete l	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supporte	d organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and a	n attentiv	/eness			
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f		er the number of supported o	•									
g		vide the following information			(iv) le the eras	anization listed	1 ( ) 4					
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of m support (see inst	•	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)			
					-							
					-							
					-							
ota	nl											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u> c	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	5692135.	7704080.	13083780.	12820096.	13089352.	52389443.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	5692135.	7704080.	13083780.	12820096.	<u> 13089352.</u>	52389443.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly				4						
	supported organization) included										
	on line 1 that exceeds 2% of the			'							
	amount shown on line 11,										
	column (f)				<b>1</b>		10676723.				
	Public support. Subtract line 5 from line 4.						41712720.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
7	Amounts from line 4	5692135.	7704080.	13083780.	12820096.	13089352.	52389443.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources $\dots$	4,330.	4,164.	4,518.	42,094.	387,180.	442,286.				
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			4 000							
	assets (Explain in Part VI.)			4,000.	30,000.	1,084.					
	<b>Total support.</b> Add lines 7 through 10						52866813.				
	Gross receipts from related activities,		,			12					
13	First 5 years. If the Form 990 is for the	-									
800	organization, check this box and stor										
	ction C. Computation of Publi			. (5)			78.90 %				
	Public support percentage for 2023 (I					14					
	Public support percentage from 2022					15					
16a	33 1/3% support test - 2023. If the o						T				
	stop here. The organization qualifies		~								
b	33 1/3% support test - 2022. If the condition have										
47.	and <b>stop here.</b> The organization qual				40.4040						
1/а	10% -facts-and-circumstances test										
	and if the organization meets the fact			-		vi now the organiz	zauon				
L	meets the facts-and-circumstances te	-			-	70 and line 15 in	L				
O	10% -facts-and-circumstances test	•				•	1070 UI				
	more, and if the organization meets the										
18	organization meets the facts-and-circu <b>Private foundation.</b> If the organization			• •	•						
10	Trivate roundation. If the organization	T GIG HOL CHECK A I	JOA OIT III 10 10, 100	a, 100, 17a, 01 17L	, oriect this box al		(Form 990) 2023				

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 business 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				1		
J	furnished by a governmental unit to						
	the organization without charge						
6						+	+
	<b>Total.</b> Add lines 1 through 5						<del> </del>
<i>1</i> a	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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (	line 8, column (f), d	livided by line 13, o	column (f))		15	1
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	
	tion D. Computation of Inves						
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
	Investment income percentage from	•				18	
	<b>33 1/3% support tests - 2023.</b> If the	•					
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2022. If the	e organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization						
ZU	rivate iounuation. Il the organization	on alla fiol Crieck a	DUX UIT III 18 14, 19	a, ur ibu, check t	ins dux aliu see in	รเเน <b>นเมนาร์</b>	

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
L	1		
$\perp$	2		
	За		
	3b		
	3c		
	4a		
	4.		
	4b		
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	4c		
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	10a		
	401		
	10b	~ 000\	2002

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Pai	Tiv 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 on lines 11b and		
	11c below, the governing body of a supported organization?		₩
	A family member of a person described on line 11a above?		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
800	<u>detail in</u> Part VI.   11c tion B. Type I Supporting Organizations		
Sec	tion B. Type i Supporting Organizations	Т.,	Τ
	Did the consideration of the c	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any applied to such powers during the tax year.		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
<u>Sec</u>	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
_	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
' a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ons)	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		$oxed{oxed}$
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.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? 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.		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	10 2001 102 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations must c		•	
Sect	ion A - Adjusted Net Income	•	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		A	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

REFUGEPOINT, INC.

**Employer identification number** 20-2061482

Total number at end of year  2 Aggregate value of grants from (during year)  3 Aggregate value of grants from (during year)  4 Aggregate value of grants from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in grants and organization is exclusive legal control?  6 Did the organization inform all grantess, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormensible prizes benefit?  8 Purpose(9) or conservation assements held by the organization funds, and the preservation of a lastonically important land area protection of natural habitat  9 Preservation of land for public use (for example, recreation or education)  1 Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assements and of the preservation of conservation easements included on line 2a a 2a do Number of conservation easements included on line 2a a 2a do Number of conservation easements included on line 2a captive dark only 05, 2006, and not 2a do not an analysis of the strain of the last dark of the training of the straining of the organization have a written pelopic grading the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the ye	Par			Funds or Ac	counts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of and of year 5 Did the organization informal grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring importance benefit?  Part II Conservation Essements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that appty) Perservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation or Java and public use (for example, recreation or education) Preservation of a conservation easements and experiments.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements in a certified historic structure included on line 2a 2 d 3 Number of conservation easements in one certified historic structure included on line 2a 2 d 4 Number of states where property subject to conservation easements in bridge?  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements in bridge?  5 Does the organization have a written polory regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements for social property subject to the organization for the conservation easements  5 Does the organization easement reported on line 2d		organization answered Tes on Form 990, Part IV, iiii			(b) Funds and other accounts
2 Aggregate value of contributions to (during year)  4 Aggregate value of grants from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advisor in writing that the assets held in donor advisor in writing that grant funds can be used only for chardsale purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for chardsale purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring in the property of the property	1	Total number at end of year	(a) Bonor advised rands	<u> </u>	by raines and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal contro?  On Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purvate benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation essements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area					
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yea" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space  2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  2 b   Value of the tax year   Held at the End of the Tax Year    a Total number of conservation easements in conservation easements (as the conservation easements) (as the conservation easements in conservation easements (as the conservation easements) (as the conservation easements included on line 2 a query example of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easements is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  4 A Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  5 Does each conservation easement reported on line 2 dabove satisfy the requirements of sect					
5 Did the organization informal idonors and donor advisors in writing that the assets held in donor advised funds are the organization in sprotry, subject to the organizations rectuely selegat control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermissible purvate benefit?  7 Part II Conservation Easements. Complete if the organization newered "Yes" on Form 990, Part IV, line 7.  8 Purpose(9) of conservation easements held by the organization chock all that apply).  9 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of organization habitat  9 Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the fax year.  1 Total number of conservation easements  2 a Total number of conservation easements  5 b Total acreage restricted by conservation easements  6 b Total acreage restricted by conservation easements  7 Amount of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure instead in the National Register  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reports conservation easements in its revenue and expense statement during the year  9 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violati					
are the organization's property, subject to the organization's exclusive legal control?			writing that the assets held in don	or advised fund	ds
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(§) of conservation easements held by the organization (check all that apply).    Preservation of an for public use (for example, recreation or education)   Preservation of a historically important land area   Protection or natural habitat   Protection or natural habitat   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements   2a	6				
Part II   Conservation Easements . Complete if the organization answered "Ves" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Preservation of open space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   A Total number of conservation easements   2a   Total acreage restricted by conservation easements   2b   Total acreage restricted by conservation easements on a certified historic structure included on line 2a easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register   S Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   A Number of states where property subject to conservation easements is located   Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   A Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   A Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Part III   Organization with the part III   Organization easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii)   Yes   No   In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization elected, as					
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and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing c	onservation ea	sements during the year
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balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part X  \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part X  \$  Assets included in Form 990, Part X  \$		and section 170(h)(4)(B)(ii)?			Yes No
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and e	expense statem	ent and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$ Assets included in Form 990, Part VIII, line 1  \$ Assets included in Form 990, Part X		balance sheet, and include, if applicable, the text of the footr	note to the organization's financial	statements that	at describes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part X   \$  b Assets included in Form 990, Part X   \$	_			<u> </u>	
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$  Assets included in Form 990, Part VIII, line 1  \$  Assets included in Form 990, Part X	Par		•	, or Other S	imilar Assets.
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$  b Assets included in Form 990, Part X  \$		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$  b Assets included in Form 990, Part X	1a	, .	•		
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1 \$  (ii) Assets included in Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  b Assets included in Form 990, Part X \$		,	,		nce of public
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1 \$  (ii) Assets included in Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  b Assets included in Form 990, Part X \$		•			
provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  \$	b				
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  \$		•	exhibition, education, or research	n in furtherance	e of public service,
(ii) Assets included in Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  b Assets included in Form 990, Part X \$					_
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  b Assets included in Form 990, Part X \$					
the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  b Assets included in Form 990, Part X \$	_	, , , , , , , , , , , , , , , , , , , ,			
a Revenue included on Form 990, Part VIII, line 1       \$	2	-		tinancial gain, į	oroviae
<b>b</b> Assets included in Form 990, Part X \$	_				Φ.
TOB. FOR EXPENSION BEHINDING ACTIVIDIDE SEE THE INSTRUCTIONS FOR MAIN.					Schedule D (Form 990) 2023

09460917 715045 53011

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Similar	Assets	(contin	nued)	
3	Using	the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sigi	nificant u	se of its			
	collec	tion items (check all that apply).										
а	Ш	Public exhibition	c	ı ∐_∟	oan or exc	hange progra	m					
b	Ш	Scholarly research	e	, [	Other							
С	Preservation for future generations											
4		de a description of the organization's co	•		-	-	-		se in Part	XIII.		
5	•	g the year, did the organization solicit o				•				7		_
D		sold to raise funds rather than to be ma								Yes		<u>No</u>
Par	t IV	Escrow and Custodial Arrang		te if the c	organization	n answered "Y	es" on Fo	orm 990,	Part IV, lii	ne 9, or		
		reported an amount on Form 990, Par										
1a		organization an agent, trustee, custodi		-						٦,,		٦
		rm 990, Part X?							L	Yes	L	No
D	IT "Yes	s," explain the arrangement in Part XIII	and complete the fol	llowing ta	DIE:					Amoun	+	
_	Dogin	ning bolongs						40		Amoun		
	-	ning balance						1c				
a		ons during the year						1d				
e		outions during the year						1e 1f				
f 2a		g balancee organization include an amount on Fo								Yes	$\overline{}$	No
		s," explain the arrangement in Part XIII.					•					] NO
Par		Endowment Funds Complete if										
		Jon plate in	(a) Current year		ior year	(c) Two years			ears back	(e) Four	r years	back
1a	Beain	ning of year balance	,			.,						
b		ibutions				Ì						
C		vestment earnings, gains, and losses										
d												
е		expenditures for facilities										
		rograms										
f	Admir	nistrative expenses										
g		f year balance			·							
2	Provid	de the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)	) held as:						
а	Board	designated or quasi-endowment		_%								
b	Perma	anent endowment	%									
С	Term	endowment	%									
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are th	ere endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administere	ed for the					
	-	ization by:									Yes	No
		nrelated organizations?								3a(i)		
										3a(ii)		
b		s" on line 3a(ii), are the related organiza								3b		
4		ibe in Part XIII the intended uses of the		wment fu	nds.							
Pai	t VI	Land, Buildings, and Equipm		) Dort IV	lina 11a C	Farm 000	Dort V III	aa 10				
		Complete if the organization answered				İ						
		Description of property	(a) Cost or o			or other (other)		cumulate reciation	d	( <b>d</b> ) Boo	k valu	е
	1		· ·	neni)		9,109.	uepr	CUALIUIT		3 7	0 1	09.
					34	9,109.				34	<i>9</i> , 1	09.
		ngs			1 5	9,088.		23,20	00	1 2	5 R	88.
		hold improvements				8,605.		$\frac{23,20}{12,53}$			<del>5,8</del> 6,0	
		ment		+		5,099.		58,56				33.
		ines 1a through 1e. (Column (d) must e		V line 10								00.
ı Uldi	. Auu I	inos ra unough re. (Column (a) must e	<u>quai FOIIII 990, Part</u>	<u>∧, iirie 10</u>	c, column	لرص					_	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 REFUGEPOI	NT, INC.	20-	-2061482 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Y	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of secur	ity) <b>(b)</b> Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related			
		11a Can Farm 000 Dart V line 12	
Complete if the organization answered "Y  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) book value	(c) Method of Valuation. Cost of end-	or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>	•		
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Y	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15  Part X Other Liabilities	<u>, col. (B))   </u>		
Complete if the organization answered "Y	'es" on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	cs off offi 550, fall fv, line	The of Th. occitonin 350, Tart X, line 25.	(b) Book value
(1) Federal income taxes			(b) Book value
(2) OPERATING LEASE LIABILITY	ייע		382,329.
(3)			302/3234
(4)			
(5)			
(6)			
(7)			
(8)			

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

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....

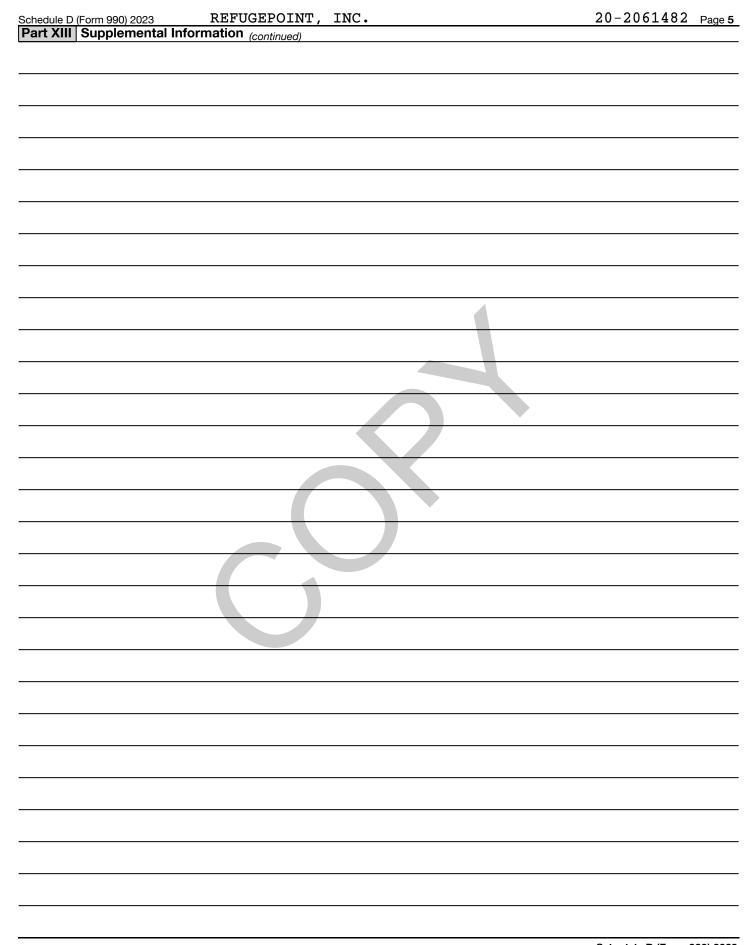
X

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 REFUGEPOINT, INC.		20-2061482 Page <sup>2</sup>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		_ 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	rt XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses pe	r Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pai	rt XIII Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		ne 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 additi	onal information.	
PAF	RT X, LINE 2:		
REE	FUGEPOINT ACCOUNTS FOR UNCERTAINTY IN INCOM	E TAXES IN ACC	ORDANCE WITH
ASC	C TOPIC, INCOME TAXES. THIS STANDARD CLARII	FIES THE ACCOU	NTING FOR

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. REFUGEPOINT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2023.

Schedule D (Form 990) 2023



# SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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 organization **Employer identification number** REFUGEPOINT, INC. 20-2061482

Pa	rt I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
		Form 990, Part IV					
1	For g	rantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra		
	the g	antees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	For g	rantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistance outside	de the
	Unite	d States.					
3	Activi	ties per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n		
	(a	) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
			offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
			in the region	independent contractors	gram services, investments, grants to	describe specific type	investments
				in the region	recipients located in the region)	of service(s) in the region	in the region
UB-	SAHAR	AN AFRICA	1	60	PROGRAM SERVICES	SEE 990 PART III	2,284,780.
					<b>y</b>		
2 -	Cultar	at a l	1	60			2,284,780.
		otal		80			2,20±,700.
a		from continuation	0	0			_
_		s to Part I					0.
С	Total	s (add lines 3a	1	60			2 284 780

LHA 332071 11-29-23

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

Schedule F (Form 990) 2023

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
					CASH		EXPENSES PAID ON BEHALF OF	
		SUB-SAHARAN			TRANSFERRED TO		REFUGEPOINT	
		AFRICA	REFUGEE ASSISTANCE	2099726.	KENYA ENTITY	185,054.	INTERNATIONAL	FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a ta	ax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

		ites. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.	
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			4			
		1				
	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed.  (c) Number of	Part III can be duplicated if additional space is needed.  (c) Number of (d) Amount of	Part III can be duplicated if additional space is needed.  (c) Number of (d) Amount of (e) Manner of	Part III can be duplicated if additional space is needed.  (b) Region  (c) Number of cash grant or assistance  (b) Region  (c) Number of cash grant cash disbursement cash disbursement cash disbursement noncash	Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

Onen to Dul

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

REFUGEPOINT, INC.

Employer identification number 20-2061482

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year did any nersen listed on Form 000 Part VIII Postion A line 1s with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•	Province and an extraction of the state of t	4a		Х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			<u>-</u> -
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALEXANDER CHANOFF	(i)	244,887.	0.	0.	12,608.	25,409.	282,904.	0.
FOUNDER & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTIN ANDERSON	(i)	138,608.	0.	17,792.	12,832.	27,609.	196,841.	0.
DIRECTOR OF INT'L PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROGER SWARTZ	(i)	172,099.	0.	0	10,326.	10,567.	192,992.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) C. DAVID WEAVER	(i)	155,257.	0.	0.	9,315.	11,939.	176,511.	0.
CFAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH HIDEY	(i)	157,882.	0.	0.	8,877.	9,038.	175,797.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMY SLAUGHTER	(i)	161,411.	0.	0.	9,685.	1,992.	173,088.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SIMAR SINGH	(i)	146,641.	0.	0.	8,799.	17,226.	172,666.	0.
CHIEF PROGRAM OFFICER	(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)							

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.

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

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number REFUGEPOINT, INC. 20-2061482

Pai	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contribution	•	ıto.
		арріісаріє		Form 990, Part VIII, line 1g	Horicasii contributio	in annoui	13
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	68,665.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens	4					
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organization	-					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement <b>29</b>			Т
	5					Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of the		•	·		0-	v
	exempt purposes for the entire holding period?					0a	X
	If "Yes," describe the arrangement in Part II.	aliau that :	auiroo the review :	of any panatandard contains	iono?	0.4	v
31	Does the organization have a gift acceptance p				IUI 19 !	31	X
32a	Does the organization hire or use third parties of			•	,	220	x
<b>L</b>	contributions?  If "Yes," describe in Part II.					2a	$+^{\Lambda}$
	If the organization didn't report an amount in co	olumn (a) far	a type of property	for which column (a) is show	rked		
33	describe in Part II.	namm (C) 101	a type of property	TIOT WITHOUT COMMITTE (a) IS CITED	,neu,		
	accompc in rait ii.						

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

Schedule M (Form 990) 2023

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
DURING 2023, THE ORGANIZATION RECEIVED 2 DONATED STOCKS, WHICH WERE
SOLD UPON RECEIPT FOR \$68,665. THE ORGANIZATION HAS A POLICY TO SELL
ANY DONATED STOCKS AND TO EITHER REINVEST THE PROCEEDS OR USE THE
PROCEEDS FOR OPERATIONS.

332142 09-11-23

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

REFUGEPOINT, INC.

Employer identification number 20-2061482

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

WORLD SUPPORTS THEM. REFUGEPOINT SEEKS TO EXPAND ACCESS TO LASTING

SOLUTIONS FOR REFUGEES, ESPECIALLY THOSE FACING VULNERABILITIES WHO ARE

UNDERSERVED BY AID SYSTEMS. WE EXPAND ACCESS TO LONG-TERM SOLUTIONS FOR

REFUGEES THROUGH SELF-RELIANCE, RESETTLEMENT, AND OTHER PATHWAYS TO

SAFETY.

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

ACCESS TO LONG-TERM SOLUTIONS FOR REFUGEES THROUGH SELF-RELIANCE,

RESETTLEMENT, AND OTHER PATHWAYS TO SAFETY.

REFUGEPOINT FOCUSES ON REFUGEE POPULATIONS THAT ARE AT-RISK,

PARTICULARLY THOSE THAT ARE CHRONICALLY UNDERSERVED BY THE LARGER AID

SYSTEMS INCLUDING WOMEN, CHILDREN, THE LGBTQI+ COMMUNITY, THOSE WITH

SPECIAL MEDICAL NEEDS, SURVIVORS OF VIOLENCE, AND URBAN REFUGEES.

THROUGH OUR PROGRAMS WE DELIVER SERVICES FOR IMMEDIATE PROTECTION AND

TO SUPPORT SELF-RELIANCE, BUILD SECTOR-WIDE CAPACITY BY SHARING

KNOWLEDGE AND RESOURCES TO EXPAND SOLUTIONS FOR REFUGEES AND INFLUENCE

GLOBAL POLICY AND PRACTICE TO TRANSFORM REFUGEE RESPONSE SYSTEMS TO

DRIVE LARGE SCALE CHANGE.

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

AS A CORE LINE OF OUR WORK TO SUPPORT "THIRD COUNTRY SOLUTIONS" FOR REFUGEES (ASSISTING REFUGEES IN THEIR JOURNEY FROM THE FLIGHT FROM

THEIR HOME COUNTRY, TO THE COUNTRY OF ASYLUM, AND THEN TO A THIRD

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization REFUGEPOINT, INC.

Employer identification number 20-2061482

COUNTRY FOR PURPOSES OF SAFETY AND PROTECTION), REFUGEPOINT PARTNERS
WITH THE UN HIGH COMMISSION FOR REFUGEES (UNHCR) TO PLACE REFUGEPOINT
STAFF IN KEY LOCATIONS TO ASSIST WITH THE IDENTIFICATION, SCREENING,
AND PROCESSING OF REFUGEES WHO MAY BE ELIGIBLE FOR RESETTLEMENT. USING
THE SAME MODEL, REFUGEPOINT ADDS PRIVATE FUNDS TO EXTEND CAPACITY IN
LOCATIONS WHERE UNMET NEEDS ARE IDENTIFIED. IN ADDITION TO
RESETTLEMENT, STAFF MAY ALSO ENGAGE IN CHILD PROTECTION ASSESSMENTS TO
DETERMINE THE BEST COURSE OF ACTION FOR CHILDREN/MINORS WHO ARE IN NEED
OF PROTECTION. REFUGEPOINT ALSO WORKS WITH PARTNERS TO EXPAND
OPPORTUNITIES FOR REFUGEES BY OPENING EXISTING PROGRAM SERVICE
ACCOMPLISHMENTS: PATHWAYS SUCH AS LABOR MIGRATION AND FAMILY
REUNIFICATION.

REFUGEPOINT ALSO ENGAGES IN OTHER WORK RELATED TO "THIRD COUNTRY

SOLUTIONS." PROGRAMMING CENTERS ON EFFORTS TO INCREASE OPPORTUNITIES

FOR REFUGEES TO ACCESS NEEDED PROTECTION THROUGH LABOR MOBILITY, FAMILY

REUNIFICATION, EDUCATIONAL OPPORTUNITIES AND OTHER PATHWAYS. AS WILL

ALL PROGRAMMING, WE LOOK FOR OPPORTUNITIES TO PILOT AND DEMONSTRATE

SUCCESS OF NEW PROGRAMS. IN ADDITION TO DIRECT SERVICES, REFUGEPOINT

IDENTIFIES OPPORTUNITIES TO BUILD CAPACITY FOR GREATER IMPACT AND

PRIORITIZES STRATEGIES THAT TRANSFORM REFUGEE RESPONSE SYSTEMS.

IN NAIROBI, KENYA, THE URBAN REFUGEE PROTECTION PROGRAM SUPPORTS

REFUGEE HOUSEHOLDS TO BECOME STABLE AND TO PROGRESS TOWARDS

SELF-RELIANCE. WITH A CORE CASELOAD OF APPROXIMATELY 1,500 INDIVIDUALS,

SOCIAL WORKERS AND CASE MANAGERS WORK WITH CLIENTS TO DEVELOP PLANS FOR

ACHIEVING SELF-RELIANCE. SKILLED REFUGEPOINT STAFF DELIVER AN

INTEGRATED ARRAY OF SERVICES INCLUDING FOOD, SHELTER, ACCESS TO

Schedule O (Form 990) 2023 Page **2** 

 Employer identification number 20-2061482

HEALTHCARE AND EDUCATION, INDIVIDUAL AND GROUP COUNSELING, SMALL
BUSINESS START-UP AND OTHERS. WE TAKE ADVANTAGE OF EXISTING STRENGTHS
IN OUR NAIROBI PROGRAMS BY ADDING RESOURCES AND ESTABLISHING

PARTNERSHIPS TO IMPLEMENT PILOT PROJECTS AND TEST INNOVATIVE PRACTICES
IN OTHER LOCATIONS. THE REFUGEE SELF-RELIANCE INITIATIVE IS A

MULTI-STAKEHOLDER COLLABORATION THAT PROMOTES OPPORTUNITIES FOR

REFUGEES AROUND THE WORLD TO BECOME SELF-RELIANT AND ACHIEVE A BETTER

QUALITY OF LIFE, WHILE SIMULTANEOUSLY ADVOCATING FOR THE FULL ENJOYMENT

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

REFUGEPOINT AND WOMEN'S REFUGEE COMMISSION.

THE CHIEF OPERATING OFFICER, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER,

TREASURER AND AUDIT COMMITTEE REVIEW THE 990 BEFORE SUBMITTING IT TO IRS.

IN ADDITION, A COPY OF THE 990 IS PROVIDED TO THE FULL BOARD TO REVIEW

BEFORE FILING.

OF THEIR RIGHTS. THE INITIATIVE WAS LAUNCHED AND IS CO-LED BY

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY BOARD MEMBERS ON AN ANNUAL BASIS.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE CHIEF EXECUTIVE OFFICER'S COMPENSATION ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

REFUGEPOINT DOES NOT MAKE GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE IN A PUBLIC FORUM, BUT THEY ARE AVAILABLE UPON REQUEST.

332212 11-14-23

Schedule O (Form 990) 2023

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

REFUGEPOINT, I	NC.					20-20614	182	
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	i.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total incor	me End-of-year	r assets		controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more	related tax-exer	mpt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity			<b>g)</b> 512(b)(13) rolled tity?
		,,		501(c)(3))			Yes	No
REFUGEPOINT INTERNATIONAL								
TITAN COMPLEX, CHAKA ROAD, HURLINGHAM								
NAIROBI, KENYA	REFUGEE ASSISTANCE	KENYA			REFUGE	POINT		Х
REFUGEPOINT CANADA								
STEWART MCKELVEY, STE 600, 1741 LOWER WATER HALIFAX, NOVA SCOTIA, CANADA B3J 0J2	STRENGTHEN PARTNERSHIP AND PROGRAMMING	CANADA			REFUGE	POINT		х

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

Schedule R (Form 990) 2023

Page 2

Schedule R (Form 990) 2023 REFUGEPOINT, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total			ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partne	Percentage ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes I	lo
-										1	+

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) etion (b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Х	
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		<u>X</u>
f Dividends from related organization(s)				1f		_X_
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		<u>X</u>
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>
k Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
I Performance of services or membership or fundraising solicitations for related orga				11		<u>X</u>
m Performance of services or membership or fundraising solicitations by related orga	nization(s)	.,		1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n		X
Sharing of paid employees with related organization(s)		<b></b>		10		<u>X</u>
p Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>
q Reimbursement paid by related organization(s) for expenses				1q		<u>X</u>
r Other transfer of cash or property to related organization(s)				1r		_X_
s Other transfer of cash or property from related organization(s)				1s		_X_
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th	nis line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1) REFUGEPOINT INTERNATIONAL	В	2,284,780.	CASH GRANTS TO KENYA AFF	'ILI <i>I</i>	ATE_	
(2)						
(3)						
(4)						
(5)						
(6)						
332163 09-28-23	10		Schedule	R (Forn	n 990)	2023

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations  Yes No	General o managing partner?	(k) Percentage ownership
					1				

### Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 20-2061482 REFUGEPOINT, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 89 SOUTH STREET, 802 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 02111 BOSTON, MA Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return Application Is For Return Code Code 01 Form 4720 (other than individual) Form 990 or Form 990-EZ 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ALEXANDER CHANOFF 89 SOUTH STREET SUITE 802 - BOSTON, MA 02111 Telephone No. 617-864-7800 Fax No. \_ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.