Form **990**

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

OMB No. 1545-0047

▶ 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.

Open to Public

Inspection

ΑI	For th	e 2021 calendar year, or tax year beginning and	l ending		
В	Check if applicab	C Name of organization		D Employer identific	cation number
X	Addre				
	Name	Doing business as		20-20614	82
F	Initial return Fiṇal	90 COTIMU CMDEEM	Room/suite 802	E Telephone number 617-864-	
	return termir	_	002	G Gross receipts \$	13,092,298.
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111		<u> </u>	
H	return □Applio			H(a) Is this a group re	
	⊥tiò'n pendi	F Name and address of principal officer: ADEAANDER CHANOFF		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: ► WWW.REFUGEPOINT.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2005 N	Natate of legal domicile: MA
Pa	art I	Summary	4		
O)	1	Briefly describe the organization's mission or most significant activities: REFU	GEPOIN	IT FINDS LAS	TING
Governance		SOLUTIONS FOR THE WORLD'S MOST AT-RISK R	EFUGEE	S AND SUPPO	RTS THE
r.	2	Check this box if the organization discontinued its operations or disposit	sed of more	e than 25% of its net as	ssets.
Š				3	12
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	11
ფ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			66
ij		Total number of volunteers (estimate if necessary)			12
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥					0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11			
		Operation of the state of the s		Prior Year 7,704,080.	Current Year 13,083,780.
ne		Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,164.	4,518.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	4,000.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,708,244.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,773,833.	1,671,550.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,599,174.	4,110,187.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 518,5	67.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,309,132.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,682,139.	
		Revenue less expenses. Subtract line 18 from line 12		1,026,105.	5,803,622.
or		·	Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		6,534,980.	13,622,053.
Ass	21	Total liabilities (Part X, line 26)		522,513.	1,805,964.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		6,012,467.	11,816,089.
	art II	Signature Block		, ,	, ,
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	v knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of w			y miowioago ana bonoi, it io
uuu	, 001100	L	mon propuror	nas any knowleage.	
C:		Signature of officer		L Date	
Sig		ALEXANDER CHANOFF, EXECUTIVE DIRECTOR		24.0	
Her	re	Type or print name and title	•		
		, and a second s	П	Date Check	PTIN
Da!		Print/Type preparer's name Preparer's signature	II.	OHOOK	
Pai		COURTNEY MCFARLAND, CPA COURTNEY MCFARL	, עוואו	09/20/22 if self-employe	P01645518
	parer	Firm's name AAFCPAS, INC.		Firm's EIN	04-2571780
Use	Only	Firm's address 50 WASHINGTON STREET			0 266 0100
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: REFUGEPOINT FINDS LASTING SOLUTIONS FOR THE WORLD'S MOST AT-RISK
	REFUGEES AND SUPPORTS THE HUMANITARIAN COMMUNITY TO DO THE SAME.
	REFUGEPOINT IDENTIFIES REFUGEES FACING THE GREATEST RISK, INCLUDING
	CHILDREN, SURVIVORS OF TORTURE AND TRAUMA, WOMEN, AND GIRLS, AND
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,113,317 • including grants of \$ 1,671,550 •) (Revenue \$
ти	REFUGEPOINT'S STRATEGIES FOR IMPROVING THE LIVES OF REFUGEES AND THE COMMUNITIES WHERE THEY LIVE ARE DESCRIBED BELOW:
	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
	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
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
76	(Code) (Expenses a
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	/ (Joseph Language Control of Con
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,113,317.
	Form 990 (2021
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09230920 715045 53011

Form 990 (2021) REFUGEPOINT, 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	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	الله		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	۱		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	140		
10	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_~
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	demosts government on that the column by some time too, complete concedion, that of the manner manner manner.			

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Part IV	Ch	ecklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
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 non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		١	
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,7
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l 🕶
00	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?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			000	

Form 990 (2021) REFUGEPOINT, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ► KENYA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders 11a			
h	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA , NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ALEXANDER CHANOFF - 617-864-7800			
	89 SOUTH STREET SUITE 802, BOSTON, MA 02111			

132006 12-09-21

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	aniza			nper	nsa	ted any current officer, o	director, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ntion more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	┢					Ú	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALEXANDER CHANOFF	line) 37.50	pul	lns	JJ0	Key	Hig	For			
FOUNDER & EXECUTIVE DIRECT	37.30	x		x			7	142,519.	0.	29,289.
(2) MARTIN ANDERSON	37.50								•	
DIRECTOR OF INT'L PROGRESS						X		140,991.	0.	29,176.
(3) ROGER SWARTZ	37.50									
MANAGING DIRECTOR				X				140,134.	0.	15,729.
(4) AMY SLAUGHTER	37.50							100 105	•	0 605
CHIEF STRATEGY OFFICER	27 50			Х				129,195.	0.	8,625.
(5) SARAH HIDLEY	37.50					х		117,009.	0.	8,081.
DIRECTOR OF DEVELOPMENT (6) DAVID WEAVER	37.50					Δ		117,009.	0.	0,001.
DIRECTOR, FINANCE AND ADMI	37.30			Х				109,239.	0.	21,522.
(7) DR. SONASHA BRAXTON	37.50								•	
SENIOR TECHNICAL ADVISOR MHPSS		1				Х		102,721.	0.	13,158.
(8) GEORGE LEHNER	1.00									
BOARD CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(9) DANIEL A. DRAPER	2.00									_
DIRECTOR/TREASURER		Х		Х				0.	0.	0.
(10) SAMANTHA KIRBY	1.00	-							0	0
CLERK	1 00			Х				0.	0.	0.
(11) STEPHANIE DODSON	1.00	X						0.	0.	0.
(12) ELIZABETH FERRIS	1.00	^			_			0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) FARAH MOHAMED	1.00									
DIRECTOR		x						0.	0.	0.
(14) EDWARD SHAPIRO	1.00							-		
DIRECTOR		Х						0.	0.	0.
(15) SANDRA UWIRINGIYIMANA	1.00									
DIRECTOR		Х						0.	0.	0.
(16) BARRIE LANDRY	1.00	ļ								
DIRECTOR	1 22	Х						0.	0.	0.
(17) EDITH TYE	1.00	ļ ,,							_	_
DIRECTOR	<u> </u>	Х						0.	0.	0.

132007 12-09-21

Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	an	nount	of
	week	\vdash	Jer an	u a u	lecic	or/trus	lee)	from	from related			other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MIS			pensa om th	
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)		•	d relat	
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	Je.	,			orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	High emp	Former						
(18) DR. SAMORA OTIENO	1.00												
DIRECTOR		Х						0.		0.			0.
(19) NASRA ISMAEL	1.00												
DIRECTOR		Х						0.		0.			0.
								4					
		-											
		-											
		-											
	1												
		1	Ι,										
								<u> </u>					
		-											
1h Subtotal			H					881,808.		0.	12	5,5	80.
1b Subtotal c Total from continuation sheets to Part \								0.		0.		5 , 5	0.
d Total (add lines 1b and 1c)								881,808.		0.	12	5,5	•
Total number of individuals (including but						_	20 rc	· · · · · · · · · · · · · · · · · · ·	000 of reportable	• •		5 	
compensation from the organization	not infinted to ti	1030	IISLC	Ju a	DOV	<i>5)</i> WI	10 16	scewed more than \$100	o,000 or reportable	C			-
Compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ee l	CEV 6	mn	love	ലെ	hia	hest compensated emr	nlovee on	Γ			
line 1a? If "Yes," complete Schedule J for								nest compensated emp		ı	3		Х
4 For any individual listed on line 1a, is the s										·····	Ŭ		
and related organizations greater than \$15			-					•	-	ı	4	Х	
5 Did any person listed on line 1a receive or										·····	Ċ		
rendered to the organization? If "Yes," cor	•				-			•		ı	5		Х
Section B. Independent Contractors			30		,								
Complete this table for your five highest c	ompensated in	depe	ende	ent c	onti	racto	ors tl	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for										,			
(A)				٠ .			T	/D)	,		10	•1	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
VERA SOLUTIONS, 444 MANHATTAN AVE, APT 4C,		
NEW YORK, NY 10026	SOFTWARE	117,336.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

Form **990** (2021)

\$100,000 of compensation from the organization

Pa	rt v	Ш	-		a in this Dart VIII			
			Check if Schedule O contains a response or note	e to any iin I	e in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Sis	-1	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant			Membership dues 1b					
۾ چ			Fundraising events 1c					
ifts Ir A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts				14,500.				
Sir			All other contributions, gifts, grants, and					
her				69,280.				
헃		a	Noncash contributions included in lines 1a-1f	,				
Sor		_	Total. Add lines 1a-1f		13,083,780.			
		<u></u>		ess Code				
ø	2	а						
Ž Š		b						
Program Service Revenue		c				4		
an		d						
Be		e						
Pr			All other program service revenue					
			Total. Add lines 2a-2f					
	3	_	Investment income (including dividends, interest, and					
			other similar amounts)		4,518.			4,518.
	4		Income from investment of tax-exempt bond proceed					
	5		Royalties					
				ersonal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities (ii)	Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
		d	Net gain or (loss)	▶				
her	8	а	Gross income from fundraising events (not					
퉏			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	🕨				
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
		_	and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory	P				
Sno	4.	_	OTHER REVENUE 9000	ess Code	4 000	4 000		
nec	11		9000		4,000.	4,000.		
ella		b						
Miscellaneous Revenue		ч С	All other revenue					
Σ			All other revenue Total. Add lines 11a-11d		4,000.			
	12	ت	Total revenue. See instructions	·····	13,092,298.	4,000.	0.	4,518.
					, .,	-, •	· •	, •

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor				
	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		сиропосо	general expenses	5/456/1000
	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	1,671,550.	1,671,550.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	506 050	222 225	100 100	E2 20E
	trustees, and key employees	596,252.	330,825.	192,100.	73,327
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 220 606	2 244 462	070 072	201 251
7	Other salaries and wages	2,838,686.	2,244,462.	272,873.	321,351
8	Pension plan accruals and contributions (include	56,196.	10 610	1 220	6 245
_	section 401(k) and 403(b) employer contributions)	449,962.	48,612. 334,702.	1,339. 63,495.	6,245 51,765
9	Other employee benefits	169,091.	127,717.	22,003.	19,371
10	Payroll taxes	103,031.	141,111.	44,003.	13,3/1
11	Fees for services (nonemployees):				
a	Management	2,514.	2,162.	277.	75
b	Legal	26,075.	22,425.	2,868.	782
C	5	20,075.	22,423.	2,000.	702
d	5 () () () () () () ()				
e f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	125,235.	91,432.	27,324.	6,479
12	Advertising and promotion		7-7-5-0		07 = 7 0
13	Office expenses	99,067.	72,975.	12,952.	13,140
14	Information technology	4	,	,	
15	Royalties				
16	Occupancy	91,678.	69,434.	11,988.	10,256
17	Travel	953,277.	946,176.	4,484.	2,617
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				
22	Depreciation, depletion, and amortization	96,386.	96,386.		
23	Insurance	16,033.	12,142.	2,097.	1,794
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	48,704.	5,132.	36,830.	6,742
b	TRAINING	47,970.	37,185.	6,162.	4,623
С					
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	7,288,676.	6,113,317.	656,792.	518,567
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)				Form 990 (202

Form **990** (2021)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any	/ line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		225,852.	1	1,236,903.
	2	Savings and temporary cash investments		4,930,401.	2	7,942,631.
	3	Pledges and grants receivable, net	T T	822,364.	3	3,844,117.
	4	Accounts receivable, net	F	3,593.	4	2,198.
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
		controlled entity or family member of any of these person	ons		5	
	6	Loans and other receivables from other disqualified per				
		under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges		38,014.	9	127,395.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	691,335.			
	b	Less: accumulated depreciation 10b	222,526.	514,756.	10c	468,809.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3		6,534,980.	16	13,622,053.
	17	Accounts payable and accrued expenses		208,013.	17	197,075.
	18	Grants payable			18	1 015 150
	19	Deferred revenue			19	1,215,458.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
ies	22	Loans and other payables to any current or former offic				
ij		trustee, key employee, creator or founder, substantial c				
Liabilities		controlled entity or family member of any of these person			22	
	23	Secured mortgages and notes payable to unrelated thir		214 500	23	202 421
	24	Unsecured notes and loans payable to unrelated third p	T T	314,500.	24	393,431.
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
	000	of Schedule D		522,513.	25	1,805,964.
	26	Total liabilities. Add lines 17 through 25	<u> </u>	322,313.	26	1,000,904.
es		Organizations that follow FASB ASC 958, check here				
anc anc	07	and complete lines 27, 28, 32, and 33.		5,018,511.	27	7,767,213.
3al	27 28	Net assets without donor restrictions Net assets with donor restrictions	Г	993,956.	28	4,048,876.
Б	20	Organizations that do not follow FASB ASC 958, che		33373301	20	1/010/0/01
Ξ		and complete lines 29 through 33.	ck nere			
þ	20	•			20	
Net Assets or Fund Balances	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmen	F		29 30	
Ass	31	Retained earnings, endowment, accumulated income, or			31	
<u>é</u>	32	Total net assets or fund balances	F	6,012,467.	32	11,816,089.
Z	33	Total liabilities and net assets/fund balances		6,534,980.	33	13,622,053.
	_ 33	TOTAL HADIILIES AND NET ASSETS/TUTIO DAIATIOES		3,334,300.	JJ	Torm 990 (2021)

Pa	rt XI Reconciliation of Net Assets				J		
	Check if Schedule O contains a response or note to any line in this Part XI						
	Check it Concedite C contains a responde of note to any line in the fate At						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,09	2,2	98.		
2							
3	Revenue less expenses. Subtract line 2 from line 1	3	5,80	3,6	22.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,01	$\frac{1}{2,4}$	67.		
5	Net unrealized gains (losses) on investments	5		-			
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	11,81	6,0	89.		
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	e O.					
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	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis 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						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		l		

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number REFUGEPOINT. INC. 20-2061482 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,334,592.	6,397,132.	5,692,135.	7,704,080.	13,083,780.	37,211,719.
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	4,334,592.	6,397,132.	5,692,135.	7,704,080.	13,083,780.	37,211,719.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7,745,678.
6	Public support. Subtract line 5 from line 4.						29,466,041.
	ction B. Total Support						, , , -
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	4,334,592.	6,397,132.	5,692,135.	7,704,080.	13,083,780.	37,211,719.
	Gross income from interest,	, ,	,		, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,156.	4,630.	4,330.	4,164.	4,518.	21,798.
9	Net income from unrelated business	, ,	,	,	,	, -	,
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					4,000.	4,000.
11						_,	37,237,517.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the			ourth or fifth tax v	ear as a section 5		
	organization, check this box and stor	. la aua				70 1 (0)(0)	
Sec	ction C. Computation of Publ						
14	Public support percentage for 2021 (I			olumn (f))		14	79.13 %
15	Public support percentage from 2020					15	79.60 %
16a	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies	•		•		•	\triangleright X
b	33 1/3% support test - 2020. If the						is box
	and stop here. The organization qual						ightharpoonup
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to		•	-	•	g	. □
h	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	_					. 5,0 01
	organization meets the facts-and-circ				-		
12	Private foundation. If the organization						
	Titale roundation. If the organization	an alla flot blibble a	ook on mic to, toa	, 100, 17a, 01 17b	, or look a lib box a	na see manuenun	,

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support	elow, please comp	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
'	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				4		
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	· · · · · · · · · · · · · · · · · · ·						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
I.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				•		1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			fadla afiftla ta.		F01(a)(0) averaginat	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	-		tion,
804		io Support Do					<u></u>
	ction C. Computation of Publ			. (0)		Tarl	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20						%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	$33\ 1/3\%,$ and line	17 is not
	more than 33 $1/3\%$, check this box a	nd stop here. The	organization quali	fies as a publicly	supported organiz	zation	▶□
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	oorted organization	>
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
41		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Par	t IV 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?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
000	tion 6. Type in oupporting organizations	1	V	Na
	Ways a projective of the appropriation's alive them by the plant of the discountry o		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	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

_	dule A (Form 990) 2021 REFUGEPOINT, INC.	. Or~		30-2001402 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		, , ,	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must ion A - Adjusted Net Income	comple	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
	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	+ -		
U	collection of gross income or for management, conservation, or			
	•	6		
7	maintenance of property held for production of income (see instructions) Other expenses (see instructions)	7		
8		8		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	0		(D) Current Veer
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

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 TNC. **Employer identification number** 20-2061482

Pai			ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(h) Funda and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai		ganization answered "Vos" on Form 90	
1			5, Fait IV, line 7.
'	Purpose(s) of conservation easements held by the organizat Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	of a historically important land area
	Protection of natural habitat	· —	of a partified historic attracture
	Preservation of open space	Preservation	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a quali	find concernation contribution in the for	m of a conservation assembnt on the last
2	day of the tax year.	ned conservation contribution in the for	Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic str	ructure included in (a)	
	Number of conservation easements included in (c) acquired		
u			
3	listed in the National Register Number of conservation easements modified, transferred, re		
3	year	leased, extilliguished, or terminated by	the organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		– of
3	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
·	b	Thanding of Violations, and emoroting of	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	vation easements during the year
•	▶ \$	uming of violations, and officially consol	valori oacomente danng the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
_	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai		f 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 95	58, not to report in its revenue statemer	nt and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research ir	n furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these if	rems.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	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 tre		
_	the following amounts required to be reported under FASB A	•	g, p
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

	t III Organizations Maintaining Co	lections of Ar	t. Histo	rical Tr	easures, c	or Oth	er Si	milar	Asse	ts (continu	rage z ued)
3	Using the organization's acquisition, accession									(
	collection items (check all that apply):	i, and other record	o, oncon a	, 00	Tollowing that	it mano	o.g	ourre do	0 01 110		
а											
b	Scholarly research	e		her	nango progre						
c	Preservation for future generations	J									
4	Provide a description of the organization's coll	ections and explain	n how they	/ further t	he organizatio	on's exe	emnt r	nurnose	in Par	XIII	
5	During the year, did the organization solicit or i) III I QI	7,111.	
Ū	to be sold to raise funds rather than to be main									Yes	☐ No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part			9					۵,		
1a	Is the organization an agent, trustee, custodian		liarv for co	ntribution	ns or other as	sets no	t inclu	ded			
	on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing tab	ole:							
-										Amount	
c	Beginning balance							1c			
	Additions during the year						⊢	1d			
	Distributions during the year							1e			
f	Ending balance							1f			
	Did the organization include an amount on For									Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C						•		—	_ 100	
Par											
		(a) Current year	(b) Prio		(c) Two year			ree year	rs back	(e) Four y	ears back
1a	Beginning of year balance	,					. ,				
	Contributions										
	Net investment earnings, gains, and losses	4									
	Grants or scholarships										
	Other expenditures for facilities										
·											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt vear end halanc	e (line 1a	column (s	a)) held ac.						
a	Board designated or quasi-endowment	The year eria balane	% (IIIC 19,	COIGITIIT (E	a)) ficia as.						
b	Permanent endowment	%	_/0								
	Term endowment > %										
·	The percentages on lines 2a, 2b, and 2c shoul										
За	Are there endowment funds not in the possess		ation that a	are held a	nd administe	red for	the or	nanizati	ion		
ou	by:	sion of the organiza	ation that t	are riole d	iria aarriiriioto	100 101		garnzan	1011	Г	res No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization									3b	
4	Describe in Part XIII the intended uses of the co									0.0	
Par	t VI Land, Buildings, and Equipme		William Tai	100.							
	Complete if the organization answered). Part IV. I	ine 11a. S	See Form 990). Part X	. line ⁻	10.			
	Description of property	(a) Cost or of			or other	-		ulated		(d) Book	value
	Becomption of property	basis (investn			(other)		precia			(u) Book	value
12	Land	<u> </u>	'		9,109.					329	,109.
	Buildings				- , - • •						, _ , _ ,
	Leasehold improvements								+		
	Equipment			36	2,226.		222	,526	5.	139	,700.
	Other				_,,			,	+		,
	. Add lines 1a through 1e. (Column (d) must equ		X column	(R) line 1	10c)					468	,809.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 REFUGEPOINI,	, INC.	40	-2001402 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-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, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 \		
Part X Other Liabilities.	13.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11e or 11f See Form 990 Part Y line 25	
. (a) Description of liability	111 01111 990, 1 art 17, 11116	The of Thi. Gee Form 930, Fait X, line 20	(b) Book value
· · · · · · · · · · · · · · · · · · ·			(b) Book value
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide t			that reports the
organization's liability for uncertain tax positions under f		_	
and	52 / .55 / 15, 011001(1	and the restricted flag been pr	

Schedule D (Form 990) 2021

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization					Employer identification number		
RE	FUGEPOINT, IN	C.				20-20614	82
			ctivities Ou	tside the United States. Comple	ete if the organ		
	Form 990, Part IV	/, line 14b.					
1	=	~		ds to substantiate the amount of its gra			Yes X No
	the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	stance? L	Yes X No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	tside the
	United States.		Ü		Ü		
_3				an be duplicated if additional space is r			1
	(a) Region	(b) Number of offices	emplovees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
		in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
							4 654 550
SUB	-SAHARAN AFRICA	1	59	PROGRAM SERVICES	SEE 990 PAR	T III	1,671,550.
	Subtotal	1	59				1,671,550.
b	Total from continuation	0					0.
^	sheets to Part I Totals (add lines 3a	-					0.
·	and 3b)	1	59				1,671,550.
LHA	For Paperwork Reduct	ion Act Notice.	see the Instruc	ctions for Form 990.		Schedule F	(Form 990) 2021

132071 12-20-21

Part II	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) 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)
		SUB-SAHARAN AFRICA	REFUGEE ASSISTANCE		CASH TRANSFERRED TO KENYA ENTITY		EXPENSES PAID ON BEHALF OF REFUGEPOINT INTERNATIONAL	FMV
						,		
exempt 501(c)(3) orga	nization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a sec	tion 501(c)(3) ed	quivalency letter			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2021 Part IV Foreign Forms

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 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 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 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 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 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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number 20-2061482 REFUGEPOINT, INC.

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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 person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			l
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:	_		Х
	The organization?	5a		X
a	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		-22
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а		6a		Х
h	The organization? Any related organization?	6b		X
J	Any related organization? 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		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS	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)	142,519.	0.	0.	8,612.	20,677.	171,808.	0.
FOUNDER & EXECUTIVE DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTIN ANDERSON	(i)	140,991.	0.	0.	8,459.	20,717.		0.
DIRECTOR OF INT'L PROGRESS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROGER SWARTZ	(i)	140,134.	0.	0.	8,549.	7,180.	155,863.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	

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 O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

REFUGEPOINT, INC.

Employer identification number 20-2061482

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

HUMANITARIAN COMMUNITY TO DO THE SAME. REFUGEPOINT IDENTIFIES REFUGEES

FACING THE GREATEST RISK, INCLUDING CHILDREN, SURVIVORS OF TORTURE AND

TRAUMA, WOMEN, AND GIRLS, AND DELIVERS SERVICES FOR IMMEDIATE

PROTECTION, BUILDS CAPACITY FOR REPLICATION AND PROGRAM EXPANSION, AND

WORKS WITH PARTNERS TO CHANGE GLOBAL HUMANITARIAN SYSTEMS.

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

DELIVERS SERVICES FOR IMMEDIATE PROTECTION, BUILDS CAPACITY FOR

REPLICATION AND PROGRAM EXPANSION, AND WORKS WITH PARTNERS TO CHANGE

GLOBAL HUMANITARIAN SYSTEMS.

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

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

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page **2**

Name of the organization

REFUGEPOINT, INC.

Employer identification number 20-2061482

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 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 OF THEIR RIGHTS. THE INITIATIVE WAS LAUNCHED AND IS CO-LED BY REFUGEPOINT AND WOMEN'S REFUGEE COMMISSION.

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

THE MANAGING DIRECTOR, DIRECTOR FOR FINANCE AND ADMINISTRATION, 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.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY BOARD MEMBERS ON

53011 1

Schedule O (Form 990) 2021 Page **2**

Name of the organization REFUGEPOINT, INC.	Employer identification number 20-2061482
AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS REVIEW AND APPROVE THE EXECUTIVE D	IRECTOR'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	E UPON REQUEST.
THE FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.COM AND	ON THE
REFUGEPOINT WEBSITE.	
FORM 990; PART XII; LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization REFUGEPOINT,	INC.				E	mployer identific 20-20614	cation n 182	umber
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Y	es" on Form 990, Part IV, line 33						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	me End-of-year		s Direct c	(f) ontrollin ntity	g
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	on answered "Yes" on Form 990,	, Part IV, line 34, I	pecause it had one	or mo	ore related tax-exe	empt	
(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	Dire	(f) rect controlling entity	cont en	g) 512(b)(13) trolled tity?
REFUGEPOINT INTERNATIONAL				501(c)(3))			Yes	No
TITAN COMPLEX, CHAKA ROAD, HURLINGHAM NAIROBI, KENYA	REFUGEE ASSISTANCE	KENYA			REFUG	GEPOINT		X

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)	(I	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of		ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or P	Percentage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		tions?	20 of Schedule	partr	ner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
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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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	end-of-year	(h) Percentage ownership	Sect 512(b contro enti) ion)(13) olled
		country)		or trust)		assets		Yes	
						ļ			
						1			
						1			

Page 2

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

Yes No

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				. 1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)						Х
h	Purchase of assets from related organization(s)				. 1h		X
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				. 1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organizations	nization(s)			. 11		Х
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			_ 1n		Х
o	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)						Х
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	nvolved		
(1) I	REFUGEPOINT INTERNATIONAL	В	1,671,550.	CASH GRANTS TO KENYA AF	FILI	ATE	i I
(2)							
<u>(3)</u>							
(4)							
<u>(5)</u>							
(6)							
13216	3 11-17-21	66		Schedule	R (For	m 990	2021

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	(b) Primary activity	(c) Legal domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a	all	(f) Share of	(g) Share of	(I Dispr	h) ropor-	(i) Code V-UBI	(j Gener	al or Perce	(k) centad
of entity		(state or foreign	(related, unrelated,	501(c	(3)	total	end-of-year	tion	nate tions?	amount in box 20	mana	ging own	nershi
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	NO	
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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) 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 filing your 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) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) ALEXANDER CHANOFF The books are in the care of ► 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 __l. 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. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** 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. 3b 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. 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

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

Form 8868 (Rev. 1-2022)

instructions.