Department of the Treasury Internal Revenue Service

Т

For the 2022 colordor year

or toy yoor beginning

# EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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A		zozz calendal year, of tax year beginning and	renaing	_	
B	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres				
	Name Change	Doing business as	20-20614	82	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	89 SOUTH STREET	802	617-864-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	12,892,190.	
	Amend	BOSION, MA UZIII	H(a) Is this a group re	eturn	
	Applica	F Name and address of principal officer: ALEXANDER CHANOFF		for subordinates	? Yes X No
	pendin	<sup>9</sup> SAME AS C ABOVE		H(b) Are all subordinates in	Icluded? Yes No
1	Tax-exe	empt status: 🔀 501(c)(3) 🛄 501(c) ( ) (insert no.) 🛄 4947(a)(1)	) or 📃 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	
K	Form of	organization: 🔀 Corporation 🔄 Trust 🦲 Association 🔄 Other	L Year	of formation: 2005	State of legal domicile: MA
Pa		Summary			
ø	1 1	Briefly describe the organization's mission or most significant activities: ${f REFU}$	JGEPOIN	IT FINDS LAS	TING
anc		SOLUTIONS FOR THE WORLD'S MOST AT-RISK F			
Governance	2 (	Check this box if the organization discontinued its operations or disp	e than 25% of its net as		
Ň		Number of voting members of the governing body (Part VI, line 1a)			13
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b)		12	
es		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a) $\dots$		90	
Activities &		Total number of volunteers (estimate if necessary)		12	
Act	7 a <sup>-</sup>	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		13,083,780.	12,820,096.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Bev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,518.	42,094.
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,000.	30,000.
	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,092,298.	12,892,190.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,671,550.	2,098,674.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,110,187.	5,301,852.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ц.		Total fundraising expenses (Part IX, column (D), line 25) 650, 9		1 506 020	
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,506,939. 7,288,676.	2,417,626.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			9,818,152.
		Revenue less expenses. Subtract line 18 from line 12		5,803,622.	3,074,038.
ts or nces				ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)		13,622,053. 1,805,964.	15,752,756. 877,547.
Fund Balanc	21	Total liabilities (Part X, line 26)		11,816,089.	14,875,209.
	22   art II	Net assets or fund balances. Subtract line 21 from line 20		11,010,009.	14,0/3,209.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Cignoture of officer		Dete								
Sign	Signature of officer		Date								
Here	ALEXANDER CHANOFF, FOUNDE	R & CHIEF EXECUTIVE	OFFICER								
	Type or print name and title										
	Print/Type preparer's name	Date Check PTIN									
Paid	COURTNEY MCFARLAND, CPA	COURTNEY MCFARLAND,	08/24/23 self-employed P01645518								
Preparer	Firm's name <b>AAFCPAS</b> , <b>INC</b> .		Firm's EIN 04-2571780								
Use Only	Firm's address 50 WASHINGTON STR	EET									
	Phone no. 508 - 366 - 9100										
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (202										
S	EE SCHEDULE O FOR ORGANIZ	ATION MISS2180N STATEM	IENT CONTINUATION								
0954082	<b>4</b> 7150 <b>4</b> 5 53011 202	22.04010 REFUGEPOINT	, INC. 53011_1								

		061482	Pag
Par	t III Statement of Program Service Accomplishments		г
	Check if Schedule O contains a response or note to any line in this Part III		[
	Briefly describe the organization's mission: REFUGEPOINT FINDS LASTING SOLUTIONS FOR THE WORLD'S MOST AT-	סדמע	
	REFUGEES AND SUPPORTS THE HUMANITARIAN COMMUNITY TO DO THE S.		
	REFUGEES AND SUPPORTS THE HUMANITARIAN COMMONTH TO DO THE S. REFUGEPOINT IDENTIFIES REFUGEES FACING THE GREATEST RISK, IN		
	CHILDREN, SURVIVORS OF TORTURE AND TRAUMA, WOMEN, AND GIRLS,		
	Did the organization undertake any significant program services during the year which were not listed on the	AND	
	prior Form 990 or 990-EZ?	Yes	X
	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
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy expense	-
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	•	
	revenue, if any, for each program service reported.	ai experises,	anu
	(Code:) (Expenses \$ 8,371,116 · including grants of \$ 2,098,674 ·) (Revenue \$	30,	000
	REFUGEPOINT'S STRATEGIES FOR IMPROVING THE LIVES OF REFUGEES		
	COMMUNITIES WHERE THEY LIVE ARE DESCRIBED BELOW:		
	AS A CORE LINE OF OUR WORK TO SUPPORT "THIRD COUNTRY SOLUTION	NS" FOR	
	REFUGEES (ASSISTING REFUGEES IN THEIR JOURNEY FROM THE FLIGH		
	THEIR HOME COUNTRY, TO THE COUNTRY OF ASYLUM, AND THEN TO A		
	COUNTRY FOR PURPOSES OF SAFETY AND PROTECTION), REFUGEPOINT		S
	WITH THE UN HIGH COMMISSION FOR REFUGEES (UNHCR) TO PLACE RE		
	STAFF IN KEY LOCATIONS TO ASSIST WITH THE IDENTIFICATION, SC		
	AND PROCESSING OF REFUGEES WHO MAY BE ELIGIBLE FOR RESETTLEM		
	THE SAME MODEL, REFUGEPOINT ADDS PRIVATE FUNDS TO EXTEND CAP.		
	LOCATIONS WHERE UNMET NEEDS ARE IDENTIFIED. IN ADDITION TO		TA
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses     8,371,116.	)	
4e	Total program service expenses 8,3/1,116.		00.
	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	Form S	90 (
32002	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S) 29		
100	29 824 715045 53011 2022.04010 REFUGEPOINT, INC.	530	11
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Form 990 (2022)

REFUGEPOINT, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</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	- 17		
10	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? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	<u> </u>	X
	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
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 Form 990 (2022)
 REFUGEPOINT, INC.

 Part IV
 Checklist of Required Schedules (continued)

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? <i>If "Yes," complete</i>			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			<u>.</u> ,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 20a / if res, complete Schedule L, Part IV	200		1 23
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34	X	
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable $1a$		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a16Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	x	
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	31		-	
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Form	990 (2022) REFUGEPOINT, INC.		20-2061	482	Р	age <b>5</b>
Par						
					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	90			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	rns?		2b	Х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		<b>,</b>	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 A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			-04		
			-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices n	rovided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10		
C		asieq	uilea	7c		x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
		<u> </u>	x+0	7e		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri					- 23
	If the organization received a contribution of qualified intellectual property, did the organization file For			7g 7h		<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
8				8		
9	sponsoring organization have excess business holdings at any time during the year?			0		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
	Section 501(c)(7) organizations. Enter:			อม		
10		100				
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
	Section 501(c)(12) organizations. Enter:					
		11a				
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a				
b		146				
10-	amounts due or received from them.)	11b	)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		12a		
		120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а				138		
<b>h</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406				
-	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand			14-		x
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	tines	mo?	46		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	IL INCO		16		
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			Form	000	(2022)
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Form 990 (2022)	Form	990	(2022)
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REFUGEPOINT, INC.

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					
Sec	tion A. Governing Body and Management					
					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	he direct su	pervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was fil	ed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Ι
6	Did the organization have members or stockholders?			6		T
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					T
	more members of the governing body?			7a		l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					t
-	persons other than the governing body?			7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					t
	The governing body?		•	8a	x	I
u h	Each committee with authority to act on behalf of the governing body?			8b	X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			55		$^{+}$
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal F			9		1
00			Juc.)		Yes	T
0-2	Did the organization have local chapters, branches, or affiliates?			10a	103	┫
	If "Yes," did the organization have written policies and procedures governing the activities of such of			10a		ł
D				10b		I
4	and branches to ensure their operations are consistent with the organization's exempt purposes?				X	╉
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	before fi	ling the form?	11a		╉
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	x	ł
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	╉
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	~	╀
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				x	I
_	on Schedule O how this was done			12c	X	╉
	Did the organization have a written whistleblower policy?			13	X	╉
4	Did the organization have a written document retention and destruction policy?			14	~	ł
5	Did the process for determining compensation of the following persons include a review and approv		pendent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'					ł
	The organization's CEO, Executive Director, or top management official			15a	X	1
b	Other officers or key employees of the organization			15b	Х	ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					I
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with	а			1
	taxable entity during the year?			16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its parti	cipation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's				I
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed MA, NY					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (	section 501(c)(3	s only	) avail	la
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i> )	n on Sched	lule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of ir	iterest policy, an	d finar	ncial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and re	ecords			
	ALEXANDER CHANOFF - 617-864-7800					
	89 SOUTH STREET SUITE 802, BOSTON, MA 02111					
2006	5 12-13-22			Form	9 <b>90</b>	(
	22					
	33 824 715045 53011 2022.04010 REFUGEPOINT, I				)11	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of	
	week		cer ar		lirecto	Jr/trus	lee)	from	from related	other	
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or d	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related	
	below	id ual 1	In stitutional trustee	5	Key employee	est co oyee	er	,		organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(1) ALEXANDER CHANOFF	37.50										
FOUNDER & CHIEF EXECUTIVE OFFICER		Х	-	X				175,864.	0.	33,191.	
(2) MARTIN ANDERSON	37.50								_		
DIRECTOR OF INT'L PROGRAMS						X		163,811.	0.	31,637.	
(3) ROGER SWARTZ	37.50										
CHIEF OPERATING OFFICER				X				152,482.	0.	19,315.	
(4) AMY SLAUGHTER	37.50										
SENIOR ADVISOR				х				145,937.	0.	10,748.	
(5) C. DAVID WEAVER	37.50							105 005			
CHIEF FINANCIAL AND ADMIN OFFICER				х				126,806.	0.	24,084.	
(6) SARAH HIDEY	37.50							100 550		10 001	
CHIEF DEVELOPMENT OFFICER						X		128,772.	0.	12,971.	
(7) SIMAR SINGH	37.50							110 000		00 011	
CHIEF PROGRAM OFFICER						X		116,236.	0.	23,311.	
(8) ZACHARY GROSS	37.50							101 151	0	00 551	
ASSOC DIR FOR DEPLOYMENT PROGRAMS						X		101,151.	0.	28,551.	
(9) DR. SONASHA BRAXTON	37.50					.,		107 001	0	14 004	
SENIOR TECHNICAL ADVISOR MHPSS	1 00					X		107,881.	0.	14,924.	
(10) GEORGE LEHNER	1.00	v		v				0	0	0	
BOARD CHAIR/CLERK/DIRECTOR	2 00	Х		X		<u> </u>		0.	0.	0.	
(11) DANIEL A. DRAPER	2.00	x		x				0.	0.	0	
DIRECTOR/TREASURER	1.00	^				-		0.	0.	0.	
(12) SAMANTHA KIRBY ASSISTANT CLERK	1.00			x				0.	0.	0.	
(13) JULIA DHAR	1.00			^				0.	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(14) ELIZABETH FERRIS	1.00	Δ				-		0.	•	<u>·</u>	
DIRECTOR	1.00	x						0.	0.	0.	
(15) FARAH MOHAMED	1.00							0.	•	<b>U</b>	
DIRECTOR	1.00	x						0.	0.	0.	
(16) EDWARD SHAPIRO	1.00										
DIRECTOR		x						0.	0.	0.	
(17) SANDRA UWIRINGIYIMANA	1.00									<u>.</u>	
DIRECTOR		х						0.	0.	0.	
232007 12-13-22	1	-		·		-			•••	Form <b>990</b> (2022)	
						24					

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REFUGEPOINT, INC.

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Part VII	Section A. Officers, Directors, Trus		ploy	ees,			ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)	.,				(D)	(E)		(F)			
	Name and title	Average	(do		Pos heck		<b>ا</b> than than	one	Reportable	Reportable	Estimated		
		hours per week					is bot or/trus		•	compensation	a	mount	of
		(list any						É	from the	from related organizations		other	tion
		hours for	direct				Ð		organization	(W-2/1099-MISC/		npensa rom th	
		related	ee or	stee			n sate		(W-2/1099-MISC/	1099-NEC)		ganizat	
		organizations	trust	al tru		yee	ompe		1099-NEC)	,		, id relat	
		below	Individual trustee or director	Institutional trustee	cer	emplc	Highest compensated employee	ner			org	anizati	ons
		line)	Indi	Inst	Officer	Key	High	Former					
	RIE LANDRY	1.00	37						0	0			0
DIRECTOR	TH MUNEZERO	1.00	X						0.	0.			0.
DIRECTOR		1.00	x						0.	0.			0.
	SAMORA OTIENO	1.00	- 23										<u> </u>
DIRECTOR			x						0.	0.			Ο.
(21) NAS	RA ISMAEL	1.00											
DIRECTOR			х						0.	Ο.			Ο.
(22) LIN	IA TORI JAN	1.00											
DIRECTOR			Х						0.	0.			0.
	PHANIE DODSON	1.00								0			•
DIRECTOR	2 (UNTIL 12/8/22)		X				<u> </u>		0.	0.			0.
				-									
1b Subt	total								1,218,940.	0.	19	8,7	
	I from continuation sheets to Part V								0.	0.	10		0.
-	II (add lines 1b and 1c)								1,218,940.	0.	19	8,7	32.
	I number of individuals (including but n	ot limited to th	lose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			0
com	pensation from the organization				_	-						Yes	9 No
0 Diala	the eventimetics list and <b>f</b> ormer officer	dive at a v two at										Tes	NO
	the organization list any <b>former</b> officer, 1a? If "Yes," complete Schedule J for s			2	•	•				2	3		x
	any individual listed on line 1a, is the su								her compensation from		-		
	related organizations greater than \$15			•							4	X	
5 Did a	any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indivi	dual for services			
	ered to the organization? If "Yes," com	plete Schedul	e J f	or sı	ıch	pers	son .				5		X
	3. Independent Contractors												
	plete this table for your five highest co	-	-								ation	from	
the c	organization. Report compensation for (A)	the calendar y	ear e	enai	ng v	vitn	or w	Ίτηι	n the organization's tax y	/ear.		C)	
	(~) Name and business	address	NC	ONE	3				Description of s	ervices C		ensatio	n
								_					
								_					
2 Tota	I number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se li	sted	d above) who received m	ore than			
\$100	0,000 of compensation from the organi	zation					0						
												<b>990</b> (	

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Forn	n 99	0 (:	2022) REFUGI		١,	INC.			20-2061	482 Page 9
Pa	rt \	VIII								
			Check if Schedule O conta	ins a respo	nse d	or note to any lir	e in this Part VIII			
							<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	Unrelated	Revenue excluded
nts its	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
Am C			Fundraising events							
Gifi İlar		d	Related organizations	1d						
Simi,			Government grants (contributio			393,431.				
er (s		f	All other contributions, gifts, grants							
ië Đ			similar amounts not included above			12,426,665.				
hon			Noncash contributions included in lines 1				10 000 000			
0 @		h	Total. Add lines 1a-1f			Business Code	12,820,096.			
ø					ł	Business Code				
Program Service Revenue	2	a b			-					
Ser		c			— r					
am		d								
26°		e			-					
Ţ,		f	All other program service reven	iue						
			Total. Add lines 2a-2f							
	3		Investment income (including c	lividends, ir	ntere	st, and				
							42,094.			42,094
	4		Income from investment of tax-	-	-					
	5		Royalties	(i) D1	<u></u>					
				(i) Real		(ii) Personal				
	6		Gross rents 6a							
		b	Less: rental expenses 6b Rental income or (loss) 6c							
		с d	Rental income or (loss) <b>6c</b> Net rental income or (loss)		_					
	7		Gross amount from sales of	(i) Securiti	ies I	(ii) Other				
	1.	u	assets other than inventory <b>7a</b>							
		b	Less: cost or other basis							
Ine			and sales expenses 7b							
evenue		с	Gain or (loss) 7c							
			Net gain or (loss)							
Other R	8	а	Gross income from fundraising eve	nts (not						
ō			including \$							
			contributions reported on line 1	-						
			Part IV, line 18		8a					
			Less: direct expenses		8b					
	6		Net income or (loss) from fundr Gross income from gaming act							
	"	a	Part IV, line 19		9a					
		b	Less: direct expenses		9b					
			Net income or (loss) from gamin							
	10		Gross sales of inventory, less r							
			and allowances		10a					
		b	Less: cost of goods sold		10b					
		С	Net income or (loss) from sales	of inventor	ry					
ns					ļ	Business Code				
Miscellaneous Revenue	11		OTHER REVENUE		_	900099	30,000.	30,000.		
ven		b			—					
Be		с d	All other revenue		—				<u> </u>	
Σ			All other revenue				30,000.			
	12		Total revenue. See instructions				12,892,190.	30,000.	0.	42,094.
23200							. , , ,	, , ,		Form <b>990</b> (2022

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<sup>36</sup> 2022.04010 REFUGEPOINT, INC.

REFUGEPOINT, INC.

Part IX Statement of Functional Expenses	
--	--

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

Check if Schedule O contains a respons Do not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0 000 674	0 000 684		
individuals. See Part IV, lines 15 and 16	2,098,674.	2,098,674.		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,	C00 405			
trustees, and key employees	688,425.	383,704.	219,959.	84,762
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 7/1 622	2 072 465	268,611.	200 E4C
7 Other salaries and wages	3,741,622.	3,073,465.	200,011.	399,546
8 Pension plan accruals and contributions (include	68,144.	57,071.	1 651	6 100
section 401(k) and 403(b) employer contributions)	605,549.	455,670.	<u>4,651.</u> 91,123.	6,422 58,756
9 Other employee benefits	198,112.	155,696.	20,845.	21,571
10 Payroll taxes	190,112.	155,090.	20,045.	21,371
<b>11</b> Fees for services (nonemployees):				
a Management	13,788.	11,858.	1,517.	413
b Legal	55,111.	47,395.	6,062.	1,654
c Accounting	55,111.	=1,555.	0,002.	1,004
d Lobbying e Professional fundraising services. See Part IV, line 17				
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25,				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	219,494.	127,777.	83,269.	8,448
12 Advertising and promotion	21571511	12/////	0072001	0,110
13 Office expenses	134,052.	101,490.	16,626.	15,936
14 Information technology		20272500		
15 Royalties				
16 Occupancy	113,518.	89,046.	12,591.	11,881
17 Travel	1,713,201.	1,646,888.	35,118.	31,195
18 Payments of travel or entertainment expenses		, ,		- ,
for any federal, state, or local public officials	-			
<b>19</b> Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,942.	77,942.		
23 Insurance	23,688.	18,582.	2,627.	2,479
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.)				
a MISCELLANEOUS	50,306.	13,761.	30,609.	5,936
b TRAINING	14,105.	10,293.	2,510.	1,302
c SPECIAL EVENTS	2,421.	1,804.	_,	617
d	,	,		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,818,152.	8,371,116.	796,118.	650,918
<b>26 Joint costs.</b> Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
232010 12-13-22				Form <b>990</b> (202)

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Check if Schedule O contains a response or note to any line in this Part X
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**REFUGEPOINT**, INC.

(A) (B)

				Beginnin	<i>'</i>		End of year
1	Cash - non-interest-bearing			1,23	36,903.	1	7,037,794.
2	Savings and temporary cash investments			7,94	2,631.	2	5,696,161.
3	Pledges and grants receivable, net			3,84	4,117.	3	1,944,279.
4	Accounts receivable, net				2,198.	4	1,280.
5	Loans and other receivables from any current of						
	trustee, key employee, creator or founder, subs						
	controlled entity or family member of any of the					5	
6	Loans and other receivables from other disquali						
	under section 4958(f)(1)), and persons describe					6	
7	Notes and loans receivable, net					7	
8	Inventories for sale or use					8	
9				12	27,395.	9	142,916.
10a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	759,507.				
b	Less: accumulated depreciation		759,507. 300,468.	46	8,809.	10c	459,039.
11	Investments - publicly traded securities					11	
12	Investments - other securities. See Part IV, line					12	
13	Investments - program-related. See Part IV, line					13	
14	Intangible assets					14	
15	Other assets. See Part IV, line 11				0.	15	471,287.
16	Total assets. Add lines 1 through 15 (must equ			13,62	2,053.	16	15,752,756.
17					7,075.	17	394,980.
18	Grants payable					18	
19	Deferred revenue			1,21	5,458.	19	
20	Tax-exempt bond liabilities					20	
21	Escrow or custodial account liability. Complete I					21	
22	Loans and other payables to any current or form	ner offic	er, director,				
	trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%				
	controlled entity or family member of any of thes	se perso	ons			22	
23	Secured mortgages and notes payable to unrela	ated thi	d parties			23	
24	Unsecured notes and loans payable to unrelate	d third j	oarties	39	3,431.	24	
25	Other liabilities (including federal income tax, pa	yables <sup>-</sup>	o related third				
	parties, and other liabilities not included on lines	s 17-24)	Complete Part X				
	of Schedule D	· · · · · · · · · · · · · · · · · · ·			0.	25	482,567.
26					5,964.	26	877,547.
	Organizations that follow FASB ASC 958, che	eck her					
	and complete lines 27, 28, 32, and 33.						12 141 041
27	Net assets without donor restrictions		57,213.	27	13,141,841.		
28	Net assets with donor restrictions			4,04	8,876.	28	1,733,368.
	Organizations that do not follow FASB ASC 9	58, che	ck here				
	and complete lines 29 through 33.						
29	Capital stock or trust principal, or current funds					29	
30	Paid-in or capital surplus, or land, building, or ec					30	
31	Retained earnings, endowment, accumulated in			11 01	6,089.	31	11 075 000
32	Total net assets or fund balances					32	14,875,209.
33	Total liabilities and net assets/fund balances	13,02	22,053.	33	15,752,756.		

Form **990** (2022)

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Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2022) REFUGEPOINT, INC.	20-	2061	482	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
			1.0	~ ~ ~	<b>~</b> 1	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,81		
3	Revenue less expenses. Subtract line 2 from line 1	3		,07 ,81		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		, 01	5,0	09.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7		_1	1 0	18.
8	Prior period adjustments	8 9		- T .	±,9	$\frac{10}{0}$
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,	10	11	,87	52	00
Pa	column (B)) rt XII Financial Statements and Reporting	10		,07	5,2	0
	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		ľ			
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	<u>= 0</u>	—			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (	).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

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Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
~	identification number

Name	of the	organization
		5. Januar 1. Sta

	Employer identification number
	20-2061482
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	REFUGEPOINT, INC. 20-2061482											
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	ıs.				
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch			-							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative				)(b)(1)(A)(ii	ii).					
4		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:	·						. ,			
5			or the benefit of a co	llege or university owned	l or operat	ted by a g	overnmental i	unit descrik	bed in			
		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)										
6		A federal, state, or local gov	, ,	nental unit described in s	section 17	70(b)(1)(A)	(v).					
	Χ							he general	public described in			
-		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 describe		(1)(A)(vi), (Complete Parl	(11)							
9		An agricultural research org				ed in coniu	inction with a	land-grant	college			
•		or university or a non-land-g										
		university:					,,					
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	ort from	contributic	ons members	hin fees a	nd aross receipts from			
		activities related to its exen										
		income and unrelated busir										
		See section 509(a)(2). (Cor				3303 2040		gamzation				
11		An organization organized a	•	ively to test for public sa	fety See	section 50	)9(a)(4)					
12		An organization organized a	-					arry out the	nurnoses of one or			
		more publicly supported or										
		lines 12a through 12d that	-									
а		<b>Type I.</b> A supporting orga							<i>u</i> aivina			
u		the supported organization										
		organization. You must c			inajonity				bapporting			
b		<b>Type II.</b> A supporting org			tion with it	s support	ed organizatio	on(s) by ha	avina			
~		control or management o										
		organization(s). You mus						age the eap	pontod			
с		Type III functionally inte			in connec	tion with	and functiona	llv integrat	ed with			
•		its supported organization						ing integrat				
d		Type III non-functionally						rted organi	ization(s)			
		that is not functionally int										
		requirement (see instruct						a an attorn				
е		Check this box if the orga		•				II Type III				
-		functionally integrated, or						, . , p e				
f	Ente	er the number of supported of		inan) integratea cappera								
		vide the following information	•	ed organization(s).					·			
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
									1			

Schedule A (Form 990) 2022

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#### Schedule A (Form 990) 2022

REFUGEPOINT, INC.

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,397,132.	5,692,135.	7,704,080.	13,083,780.	12,820,096.	45,697,223.
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 $\dots$						
4	Total. Add lines 1 through 3	6,397,132.	5,692,135.	7,704,080.	13,083,780.	12,820,096.	45,697,223.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,840,791.
6	Public support. Subtract line 5 from line 4.						38,856,432.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4	6,397,132.	5,692,135.	7,704,080.	13,083,780.	12,820,096.	45,697,223.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	4,630.	4,330.	4,164.	4,518.	42,094.	59,736.
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.	30,000.	34,000.
11	Total support. Add lines 7 through 10						45,790,959.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, <sup>.</sup>	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (	line 6, column (f), d	livided by line 11, o	column (f))		14	84.86 %
15	Public support percentage from 2021	I Schedule A, Part	II, line 14			15	79.13 %
<b>16</b> a	<b>33 1/3% support test - 2022.</b> If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	<b>33 1/3% support test - 2021.</b> If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop he</b>	<b>e.</b> Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	ublicly supported o	organization		
k	0 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
							(Earm 000) 2022

Schedule A (Form 990) 2022

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# 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.)

Section A. Public Support		. <u> </u>				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	1					
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons	s					
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3					
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for		irst. second third	fourth, or fifth tax	x vear as a section	- 501(c)(3) ordar	ization.
check this box and stop here						,
Section C. Computation of Put	olic Support Pe	rcentage				
15 Public support percentage for 2022			column (f))		15	%
<b>16</b> Public support percentage from 202					16	%
Section D. Computation of Invo					1 1	, -
17 Investment income percentage for 2				)	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If th						
more than 33 1/3%, check this box	-					
b 33 1/3% support tests - 2021. If th						
line 18 is not more than 33 1/3%, cf						
20 Private foundation. If the organizat						
232023 12-09-22			, <u> </u>			Ile A (Form 990) 2022
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2022.04010 REFUGEPOINT, INC.

REFUGEPOINT, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022 <b>REFUGEPOINT</b>	, INC
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		200140	- Fa	ige <b>3</b>
Pa	rt 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		<u> </u>
	A family member of a person described on line 11a above?	11b		L
С	A 35% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor 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.	ers, rted he		
0		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,			
<u>Soc</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
000			Vee	
	Ways a majority of the experimetion is divertice as twenties during the territory day a majority of the divertice		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		<u> </u>
Sec			V.	
			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 instruction)	tions).		
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 instructio	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,			

- those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been encaged in? If "Yes." explain in
- one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

3a

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REFUGEPOINT,	INC.
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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 e 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6 7  $\perp$  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

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

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Schedule A	(Form 990) 2022	REFUGEPO	INT,	INC.		20-2061482 Pag
	Supplemental Part IV, Section A, I line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4b, 4c, ion D, lines 2 and 3; Part	5a, 6, 9 IV, Sec	olanations required by Part II, line Ja, 9b, 9c, 11a, 11b, and 11c; Part tion E, lines 1c, 2a, 2b, 3a, and 3b lines 2, 5, and 6. Also complete thi	t IV, Section B, lines 1 b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
32028 12-09-2				47		Schedule A (Form 990)
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	SCHEDULE D	
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Department of the Treasury Internal Revenue Service

#### REFUGEPOINT TNC

Employer identification number 20 - 2061482

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds or	Accounts Complete if the
I U	organization answered "Yes" on Form 990, Part IV, lir			
	-	(a) Donor advise	d 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		eld in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gr	ant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose con	ferring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic str			_ <u>2</u> c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the org	anization during the tax
	year			
4	Number of states where property subject to conservation ea		tion bondling of	
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nd enforcing conserv	······································
U	Stan and volunteer hours devoted to morntoning, inspecting,	nandling of violations, a		ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	forcing conservation	easements during the year
-			ineren ig eeneer tallen	
8	Does each conservation easement reported on line 2(d) above	ve satisfv the requiremer	ts of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		-	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Tre	easures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement and I	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education	, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenu	e statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, c	r research in furthera	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre		-	n, provide
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022

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2022.04010	REFUGEPOINT,	INC.

Sche	dule D (Form 990) 2022 REFUGEP	OINT, INC.				20-2	206148	2 Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, o	or Other	Similar As	sets(conti	nued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of th	e following that	t make sig	nificant use of	f its	
	collection items (check all that apply):		<u> </u>					
a		d		change progra				
b	Scholarly research	e	U Other					
c	Preservation for future generations							
4	Provide a description of the organization's c						Part XIII.	
5	During the year, did the organization solicit of						Vee	
Dai	to be sold to raise funds rather than to be m <b>t IV</b> Escrow and Custodial Arran							No No
1 0	reported an amount on Form 990, Pa		ete il the organizati	ion answered	res on F	onn 990, Part	IV, III 9, 0	ſ
12	Is the organization an agent, trustee, custod		lian, for contributio	ne or other as	sots not in	cluded		
iu	on Form 990, Part X?						Yes	
b	If "Yes," explain the arrangement in Part XIII							
			lowing table.				Amoun	ıt
с	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on F					/?	Yes	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has bee	n provided on	Part XIII			
Pai	t V Endowment Funds. Complete	if the organization an	swered "Yes" on F					
		(a) Current year	(b) Prior year	(c) Two year	s back (d	<b>)</b> Three years ba	ack <b>(e)</b> Fou	r years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		%						
•	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administer	rea for the	•		Yes No
	organization by:						20(1)	
	(i) Unrelated organizations							
h	(ii) Related organizations	ations listed as requir	rad an Schadula P	 າ			3a(ii) 3b	
4	Describe in Part XIII the intended uses of the			۰			50	
_	t VI Land, Buildings, and Equipn		wittent funds.					
	Complete if the organization answere		). Part IV. line 11a.	See Form 990	. Part X. lir	ne 10.		
	Description of property	(a) Cost or o		st or other		umulated	(d) Boo	k value
	Decemption of property	basis (investr		s (other)		eciation		
<b>1</b> a	Land		· · ·	29,109.			32	9,109.
	Buildings							
	Leasehold improvements							
	Equipment		4	30,398.	3(	00,468.	12	9,930.
	Other							
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)			45	9,039.
_						0.1		0001 000

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	<ul> <li>11b. See Form 990, Part X, line 12.</li> <li>(c) Method of valuation: Cost or e</li> </ul>	nd-of-vear market value
		(c) Method of Valuation. Cost of e	nu-or-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
<b>Fotal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)			,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X         Other Liabilities.           Complete if the organization answered "Yes"	Description		25.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT-OF-USE LIABILITY	Description		25.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT-OF-USE LIABILITY (3) (4)	Description		25. <b>(b)</b> Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT-OF-USE LIABILITY (3)	Description		25. <b>(b)</b> Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) RIGHT-OF-USE LIABILITY (3) (4)	Description		25. <b>(b)</b> Book value
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) lime           Part X           Other Liabilities.           Complete if the organization answered "Yes"           1.         (a) Description of liability           (1)         Federal income taxes           (2)         RIGHT-OF-USE LIABILITY           (3)         (4)           (5)         (5)	Description		25. <b>(b)</b> Book value
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X           Other Liabilities.           Complete if the organization answered "Yes"           1.           (a) Description of liability           (1) Federal income taxes           (2) RIGHT-OF-USE LIABILITY           (3)           (4)           (5)           (6)           (7)           (8)	Description		25. (b) Book value
Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line           Part X           Other Liabilities.           Complete if the organization answered "Yes"           1.           (a) Description of liability           (1) Federal income taxes           (2) RIGHT-OF-USE LIABILITY           (3)           (4)           (5)           (6)           (7)	Description		25. (b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗴

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 REFUGEPOINT, INC.		20-2061482 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part 1, line 18.)		5

# Part XIII Supplemental Information.

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

### PART X, LINE 2:

REFUGEPOINT ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH
ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. REFUGEPOINT HAS
DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER
31, 2022.

232054 09-01-22

	Schedule D (Form 990) 202
2055 09-01-22	

09540824 715045 53011

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Department of the Treasury Internal Revenue Service         Open to F         Open to F           Go to www.irs.gov/Form990         for instructions and the latest information.         Inspection					Open to Public nspection			
Nam	e of the organization						entification number	
-		TNO					1400	
	FUGEPOINT,	NT, INC. 20-2061482 eral Information on Activities Outside the United States. Complete if the organization answered "Yes						
Ра		itormation on A art IV, line 14b.	Activities Out	tside the United States. Comple	ete if the organ	ization answer	ed "Yes" on	
1			n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,		
	the grantees' eligibil	ty for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	stance?	X Yes No	
2		escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	e outside the	
2	United States.	(The following Der	t l line 2 table or	an be duplicated if additional space is r	acadad )			
3	(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total	
	(1)	offices in the region	employees,	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, specific type (s) in the regior	expenditures for and investments	
SUB	-SAHARAN AFRICA	1	60	PROGRAM SERVICES	SEE 990 PAF	T III	2,098,674.	
3 a	Subtotal	1	60				2,098,674.	
b	Total from continuat sheets to Part I		0				0.	
С	Totals (add lines 3a and 3b)		60				2,098,674.	

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

Schedule F (Form 990) 2022

232071 10-17-22

09540824 715045 53011

SCHEDULE F	Statement of Activities Outside the United States
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Description of the Transmission	Attach to Form 990.

OMB No. 1545-0047 Op

2022
pen to Public

Schedule F (Form 990) 2022 **REFUGEPOINT**, **INC**.

20-2061482

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN			CASH TRANSFERRED TO		EXPENSES PAID ON BEHALF OF REFUGEPOINT	
		AFRICA	REFUGEE ASSISTANCE	1,916,483.	KENYA ENTITY	182,191.	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) e	quivalency letter			1

Schedule F (Form 990) 2022

		A	

#### REFUGEPOINT, INC. Schedule F (Form 990) 2022

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

(e) Manner of

cash disbursement

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

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. (c) Number of (d) Amount of (a) Type of grant or assistance (b) Region recipients cash grant

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? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

REFUGEPOINT, INC. Schedule F (Form 990) 2022

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

REFUGEPOINT MONITORS THE USE OF THE GRANT FUNDS BY ITS KENYA AFFILIATE IN

SEVERAL WAYS: A) NEARLY DAILY PHONE AND EMAIL CONTACT WITH SENIOR STAFF

IN KENYA, B) REQUIRED MONTHLY FINANCIAL AND PROGRAMMATIC REPORTS, C)

REQUIRED SEPARATE ANNUAL AUDIT IN KENYA, D) REGULAR VISTS BY MANAGEMENT

TO KENYA FOR THE PURPOSE OF MONITORING GRANT ACTIVITIES.

32075 10-17-22		Schedule F (Form 990
40824 715045 53011	57 2022.04010 REFUGEPOINT, INC.	53011

2022.04010 REFUGEPOINT, INC.

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Interr	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer id			mber
		REFUGEPOINT, INC.	20-2	06148	2	
Pa	rt I Question	s Regarding Compensation				
40	Chaoli the energy	iste hev/se) if the executivation provided any of the following to avfew a person listed on Ferr			Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forn	1990,			
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items. charter travel III to provide any relevant information regarding these items.				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffe				
	Discretionary		u, oner)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		X
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S			
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	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 re	lated organization:				
а		e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		<b>4c</b>		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r			-		v
a	The organization?			5a		X X
b		ation?		5b		
~		or 5b, describe in Part III.	<b>a</b> n			
6	contingent on the r	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ULI			
_	0	0		60		x
a b	Any related ergeniz	ation?		6a 6b		X
U		ation? or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	c			
'		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to		/		
5	•	pointed on rom so, r ar m, paid or accided pursuant to a contract that was subject to		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
-		1 53.4958-6(c)?		. 9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ile J (Forr	n 990	) 2022
	-			•		

#### 20-2061482

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C compensation			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)	175,864.	0.	0.	9,028.	24,163.	209,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTIN ANDERSON	(i)	128,240.	0.	35,571.	9,829.	21,808.	195,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROGER SWARTZ	(i)	152,482.	0.	0.	9,149.	10,166.	171,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY SLAUGHTER	(i)	145,937.	0.	0.	8,756.	1,992.	156,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) C. DAVID WEAVER	(i)	126,806.	0.	0.	7,608.	16,476.	150,890.	0.
CHIEF FINANCIAL AND ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

### PART I, LINE 1A:

## MARTIN ANDERSON RECEIVED A LIVING ALLOWANCE OF \$35,571 IN 2022.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Supplemental Information to Form 990 or 990-EZ

EZ 2022 Open to Public Inspection Employer identification number

20-2061482

OMB No 1545-0047

REFUGEPOINT, INC.

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. 232211 10-28-22 61 Name of the organization

REFUGEPOINT, INC.

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 CHIEF OPERATING OFFICER, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, TREASURER AND AUDIT COMMITTEE REVIEW THE 990 BEFORE SUBMITTING IT TO IRS. IN ADDITION, A COPY OF THE 990 IS PROVIDED TO THE FULL BOARD TO REVIEW BEFORE FILING.

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

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

 232212 10-28-22
 Schedule O (Form 990) 2022

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 62

 09540824 715045 53011
 2022.04010 REFUGEPOINT, INC.
 53011 1

Name of the organization

REFUGEPOINT, INC.

AN ANNUAL BASIS.

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

THE BOARD OF DIRECTORS REVIEW AND APPROVE THE CHIEF EXECUTIVE OFFICER'S

COMPENSATION ON AN ANNUAL BASIS.

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

REFUGEPOINT DOES NOT MAKE GOVERNING DOCUMENTS OR CONFLICT OF INTEREST

POLICY AVAILABLE IN A PUBLIC FORUM, BUT THEY ARE AVAILABLE UPON REQUEST.

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.

232212 10-28-22

Schedule O (Form 990) 2022

SCH	EDULE	R
<b>/</b>		

#### (Form 990)

Department of the Treasury Internal Revenue Service

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

22 Open to Public Inspection

Employer identification number

20-2061482

Name of the organization

REFUGEPOINT, INC.

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	
of disregarded entity	T finally douvicy		rotarinoonio	End of your about	
of disregarded entity		foreign country)			entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
REFUGEPOINT INTERNATIONAL							
TITAN COMPLEX, CHAKA ROAD, HURLINGHAM							
NAIROBI, KENYA	REFUGEE ASSISTANCE	KENYA			REFUGEPOINT		Х
	]						

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

Schedule R (Form 990) 2022

# Schedule R (Form 990) 2022 REFUGEPOINT, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	partner	<sup>or</sup> Percentage <sup>g</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u>م</u>
					4						
	1										
					· · · · · · · · · · · · · · · · · · ·						
	1										
Identification of Belated Or			L								

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(l contr ent	( <b>i)</b> ction (b)(13) trolled tity?
		country)		or tracty		400010		Yes	No

# Schedule R (Form 990) 2022 REFUGEPOINT, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	'es	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				а		Х
b	Gift, grant, or capital contribution to related organization(s)				b	X	
	Gift, grant, or capital contribution from related organization(s)				с		Х
d	Loans or loan guarantees to or for related organization(s)				d		Х
	Loans or loan guarantees by related organization(s)				е		Х
			A				
f	Dividends from related organization(s)				lf		Х
g	Sale of assets to related organization(s)				g		Х
h	Purchase of assets from related organization(s)				h		Х
i	Exchange of assets with related organization(s)				li		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				lj		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				k		Х
I	Performance of services or membership or fundraising solicitations for related organ				11		Х
	Performance of services or membership or fundraising solicitations by related organ				m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio	on(s)			n		Х
0	Sharing of paid employees with related organization(s)			1	0		Х
р	Reimbursement paid to related organization(s) for expenses				р		Х
q	Reimbursement paid by related organization(s) for expenses			1	q		Х
r	Other transfer of cash or property to related organization(s)				Ir		Х
	Other transfer of cash or property from related organization(s)				s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete t	his line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involve	ed		
1		Ъ	2 009 674		тл	mæ	

1) REFOREPOINT INTERNATIONAL	Ь	2,090,074.	CASH GRANIS	IO KENIA AFFILIAIE
2)				
3)				
4)				
5)				
6)				

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# Schedule R (Form 990) 2022 REFUGEPOINT, INC.

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispropo tionate allocation Yes N	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes NO	(k) Percentage ownership
	,									

Schedule R (Form 990) 2022

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hedule R (Form 990) 2022	REFUGEPOINT, INC.	20-
Part VII Supplemental In	formation	
Provide additional info	ormation for responses to questions on Schedule R. See instruction	ons.
		•

232165 09-14-22

09540824 715045 53011

68 2022.04010 REFUGEPOINT, INC. Schedule R (Form 990) 2022

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

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

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

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

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

Type or	Name of exempt organization or other filer, see instructions.       •         REFUGEPOINT, INC.       •				Taxpayer identification number (TIN) $20 - 2061482$		
print							
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 89 SOUTH STREET, 802						
return. See instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02111						
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
Applica	tion	Return	Application			Return	
ls For		Code	Is For	Code			
Form 99	0 or Form 990-EZ	01	Form 1041-A	08			
Form 47	20 (individual)	03	Form 4720 (other than individual)	09			
Form 99	0-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	0-T (trust other than above)	06	Form 8870	12			
Form 99	0-T (corporation) ALEXANDER CHANG	07					
Telep If the If this box 1 Ir th 2 If	books are in the care of ► <u>89 SOUTH STREE</u> books are in the care of ► <u>89 SOUTH STREE</u> books are in the care of ► <u>617-864-7800</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org . X calendar year <u>2022</u> or tax year beginning the tax year entered in line 1 is for less than 12 months, or Change in accounting period	s in the Ur Group Exe and atta <b>NOVEI</b> anization's , an check reas	Fax No.       ▶         inited States, check this box	If this is fo f all memb	r the whole g ers the exter npt organizati	roup, check this nsion is for.	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less ny nonrefundable credits. See instructions.				\$	0.	
	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.					0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.	
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	3453-TE ar	nd Form 8879	9-TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2022)	