Form	<b>990</b>
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Governance

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Activities

Revenue

Expenses

2 8

#### OMB No. 1545-0047 2022 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public 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. Department of the Treasury Internal Revenue Service Inspection For the 2022 calendar year, or tax year beginning 2022, and ending . 20 D Employer identification number Check if applicable: С Address change CASHFORREFUGEES INC 88-1228984 250 BEACON ST, STE 17 F Telephone number Name change BOSTON, MA 02116 Initial return Final return/terminated G Gross receipts \$ Amended return ,799,741 1 F H(a) Is this a group return for subordinates? Name and address of principal officer: Application pending No Yes H(b) Are all subordinates included? Yes No Same As C Above If "No." attach a list. See instructions. 501(c) ( 4947(a)(1) or Tax-exempt status: X 501(c)(3) (insert no.) 527 Website: https://www.cashforrefugees.org H(c) Group exemption number Trust Other M State of legal domicile: TN Form of organization: X Corporation Association L Year of formation: 2022 Part I Summary Briefly describe the organization's mission or most significant activities: The Organization exists to (a) provide 1 financial assistance directly to refugees and the internally displaced by the war in Ukraine, specifically focused on assisting women, children, and the elderly; and (b) give refugees dignity and hope. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a)..... 3 4 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 4 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a)..... 5 5 0 Total number of volunteers (estimate if necessary)..... 6 6 49 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 7b 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h). 8 1,799,741. Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e),.... 11 **12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 1,799,741. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 1.397.739. Benefits paid to or for members (Part IX, column (A), line 4).... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 15 6,000. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) 54,927. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1 458,666. Revenue less expenses. Subtract line 18 from line 12..... 19 341,075. End of Year

4ssets Balanc 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26) Net Fund Net assets or fund balances. Subtract line 21 from line 20..... 22 Signature Block Part II

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.

Cian	Signature of officer			Date			
Sign Here	Semyon Du Type or print name		Presid	sident			
	Print/Type preparer	r's name	Preparer's signature	Date	Check X if	PTIN	
Paid	Thad W Re	ece, CPA	Thad W Reece, CPA		self-employed	P00116464	
Preparer	Firm's name	HIGHBRIDGE FI	NANCIAL SERVICES				
Use Only	Firm's address	11 Wayland Hi	Firm's EIN 94	1-1045944			
		Wayland, MA (	)1778		Phone no.		
May the IRS	discuss this ret	urn with the preparer	shown above? See instructions			X Yes	No
							(00.00)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA01011 09/01/22

Beginning of Current Year

0.

0.

0.

341,075.

341,075.

0.

Form	n 990 (2022)	CASHFORF					88-12	28984	Page 2
Par					omplishments				
	Cheo	ck if Schedule (	O contains a	response or	note to any line in this	Part III			
1	Briefly desc	cribe the organiz	zation's miss	sion:					
	<u>The Org</u>	anization	<u>exists</u>	<u>to (a) p</u>	rovide financia	al assistance	directly to	<u>refuge</u>	es_and
	the int	ernally d	isplaced	by the	war in Ukraine,	, specificall	y focused or	assist:	ing
					; and (b) give				
2	Did the orga	nization underta	ke any signifi	cant program	services during the year	which were not listed	on the prior		
	Form 990 o	r 990-EZ?						Yes	X No
	lf "Yes," des	cribe these new	services on S	Schedule O.					
3	Did the orga	anization cease	e conducting,	or make sig	nificant changes in how	it conducts, any pro	gram services?	Yes	X No
	If "Yes," des	cribe these char	nges on Scher	dule O.					
4	Describe th	e organization's	s program se	ervice accom	plishments for each of i	ts three largest prog	ram services. as m	easured by	expenses.
	Section 501	l(c)(3) and 501	(c)(4) organi	zations are r	equired to report the an	nount of grants and a	allocations to other	s, the total e	xpenses,
	and revenue	e, if any, for ea	ach program	service repoi	ted.				
			~					<u>A</u>	
4a	(Code:				<u>91.</u> including grants of				<u>99,741.</u> )
					ime financial s		rainian refu	igee fam	ilies
	with ch	<u>ildren un</u>	<u>der 13 a</u>	<u>nd the e</u>	<u>lderly over 65</u>				
4b	(Code:	) (Expe	enses \$		including grants of	\$	) (Revenue	\$	)
	Codor	) (Evro	enses \$		including grants of	: Ċ	) (Revenue	Ċ	
40	(Code:	) (Expe	μιses φ <u> </u>			ې ې		ې 	)
			_						
4d		am services (D	escribe on S						
	(Expenses	\$		including of	grants of \$	) (Rev	enue \$		)
	Total progra	am service expe	enses	1,4	33,291.			_	
BAA					TEEA0102L 09/01/22			Forn	n <b>990</b> (2022)

 Form 990 (2022)
 CASHFORREFUGEES
 INC

 Part IV
 Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х

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Form 990 (2022)

 Form 990 (2022)
 CASHFORREFUGEES
 INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22		Х
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 Schedule J</i> .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
	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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	• A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Image: statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule O contains a response or note to any line in this Part V.			. []
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?

88-1228984

1c

		2022) CASHFORREFUGEES INC 88-1228984	F	Page 5
Part	V	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
			Yes	No
2a	Ente	the number of employees reported on Form W-3, Transmittal of Wage and Tax State- s, filed for the calendar year ending with or within the year covered by this return <b>2a</b>		
b	lf at	east one is reported on line 2a, did the organization file all required federal employment tax returns? 2t	)	_
3a	Did	e organization have unrelated business gross income of \$1,000 or more during the year?	1	Х
b	lf "Ye	" has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	)	
		time during the calendar year, did the organization have an interest in, or a signature or other authority over, a sial account in a foreign country (such as a bank account, securities account, or other financial account)?	1	х
b		s," enter the name of the foreign country		
		structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<u> </u>
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?		Х
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	Х
		s," to line 5a or 5b, did the organization file Form 8886-T?	:	_
	solic	the organization have annual gross receipts that are normally greater than \$100,000, and did the organization any contributions that were not tax deductible as charitable contributions?	1	Х
	not f	s," did the organization include with every solicitation an express statement that such contributions or gifts were x deductible?	,	
		nizations that may receive deductible contributions under section 170(c).		
а	Did	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and response provided to the payor?		X
		s," did the organization notify the donor of the value of the goods or services provided?	,	+
Ľ	Forn		:	Х
d		s," indicate the number of Forms 8282 filed during the year		
е	Did	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	•	Х
f	Did	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		Х
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899	1	
	Forn	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	n	
8	Spor	soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		
	orga	ization have excess business holdings at any time during the year?		
		soring organizations maintaining donor advised funds.		
		e sponsoring organization make any taxable distributions under section 4966?	1	
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?	)	
		on 501(c)(7) organizations. Enter:		
		ion fees and capital contributions included on Part VIII, line 12 10a		
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
		on 501(c)(12) organizations. Enter:		
		income from members or shareholders 11a		
	agaı	income from other sources. (Do not net amounts due or paid to other sources st amounts due or received from them.).		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	—
		s," enter the amount of tax-exempt interest received or accrued during the year 12b		
		on 501(c)(29) qualified nonprofit health insurance issuers. organization licensed to issue qualified health plans in more than one state?		
a		organization licensed to issue qualified health plans in more than one state?	·	—
L		the amount of reserves the organization is required to maintain by the states in		
	whic	the organization is licensed to issue qualified health plans 13b		
		the amount of reserves on hand		X
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> <b>14</b>	'	┼──
15	exce	<ul> <li>organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or</li> <li>s parachute payment(s) during the year?</li> <li>s," see the instructions and file Form 4720, Schedule N.</li> </ul>		X
16		organization an educational institution subject to the section 4968 excise tax on net investment income? <b>16</b> s," complete Form 4720, Schedule O.		Х
17		on 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would		
		in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
	lf "Y	s," complete Form 6069.		

a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Contains a response or note to any line in this Part VI	Par		elow	, and	d for					
Check II Schedule 0 contains a response or note to any line in this Part VI.       Image: Contains a response or note to any line in this Part VI.         Section A. Governing Body and Management       Image: Contains a response or note to any line in this Part VI.       Image: Contains a response or note to any line in this Part VI.         I Ender the number of volging members of the governing body at the end of the tax year.       Image: Contains a response or note to any line in this Part VI.       Image: Contains a response or note to any line in this Part VI.         D Ender the number of volging members included to the tax year.       Image: Contains a response or note to any line in this Part VI.       Image: Contains a response or note the contains or note the overall to any other attract, include, or key employees the a management containty or formed by or under the direct supervision of of offices, includes, in key employees the any governing documents and the proving contains a sets?       Image: Contains a response or note the containt or note the direct supervision of of offices, includes, includes?       Image: Contains a response or note the containt or note the direct supervision of the containt on the members or stocholders?       Image: Contains and the proverning body?       Image: Contains anore the proverning body?       Image: Contains			iges	011						
a Enter the number of voting members of the governing body at the end of the tax year					. Х					
1a Enter the number of volting members of the governing body at the end of the tax year	Sec	tion A. Governing Body and Management								
If there are material differences in voluting rights among members of the governing body of the governing body of the governing body designed broad of the constraints in the governing body of the governing body designed broad of the constraints in the governing body of the governing body designed broad of the constraints in the governing body of the governing body designed broad of the constraints in the governing body of the governing body.       2       X         2       X       X       X         3       Det the organization delegate control over management dulaes customarily performed by or under the direct supervision of the cost, directors, trustees, or key employees to a management dulaes customarily performed by or under the direct supervision of the cost, directors, trustees, or key employees to a management dulaes customarily performed by or under the direct supervision of the cost performs 90 was filed?.       3       X         4       D the organization become aware during the year of a significant diversion of the organization's assets?       5       X         5       D the organization become aware during the year of a significant diversion of the organization's assets?       7       X         7       D the organization become aware during the governing body?       7       X         8       D the organization cale members or stockholders.       7       X         9       D the organization cale employ developed bit of the poverning body?       7       X         9       D the organization cale employ developed bit of the poverning body?       8<				Yes	No					
b Enter the number of voting members included on line 1a, above, who are independent       1b       4         2 Did any officer, director, trustee, or key employees have a family relationship or business relationship with any other of directs, directors, trustees, or key employees to a management dulues austorarily performed by or under the direct supervision of directs, directors, trustees, or key employees to a management durus part of the organization have any significant changes to its governing documents since the profile of the organization become aware during the year of a significant diversion of the organization's assets?.       5       X         4 Did the organization become aware during the year of a significant diversion of the organization's assets?.       6       X         5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or the governing body?.       7a       X         8 Did the organization comengoraneously document the meetings held or writen actions underlaken during the year by a The globering body?       8a       X         9 Is there any officer, director, trustee, or key employee itseld in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'res', provide the names and addresses on Schedule OSee. Schedull E, O.       9       X         9 Is there are organization have engination as more toporaneously document the matering body by defer filing the organization have a written policies on Schedule OSee. Schedull E, O.       9       X         9 Is the organization and write policies on Schedule OSee. Schedulle, O.       9       X	1a	If there are material differences in voting rights among members	-							
and the organization delegate carried over management dulates categories of a significant changes to its governing documents       3       X         4       Did the organization delegate carried over management dulates categories of a significant changes to its governing documents       3       X         5       Did the organization make any significant changes to its governing documents       4       X         5       Did the organization have members or stochkidlers?.       6       X         7a       Did the organization have members or stochkidlers?.       7a       X         7b       Did the organization have members or stochkidlers?.       7b       X         7a       Did the organization have members or stochkidlers?.       7b       X         8       Did the organization have members or stochkidlers?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         9       It the governing body?       8a       X       8a       X         9       Is there any officer, director, trustee, or key employee itseld in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       1b       X         9       Section B. Policies (This Section B requests in formation about policies not requinity by organization have any antiten	b									
a differs, directors, trustees, or key employees to a management company or other person?       3       X         4 Did the organization make any significant changes to its governing documents       4       X         5 Did the organization have members, stockholders,       6       X         7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or the governing body?       6       X         8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or persons other than the governing body?       7a       X         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule OSEe. Schedule 10.       9       X         9 Did the organization nave acceles on the organization to react any employees listed in Part VII. Section A, who cannot be reached at the organization's ecent provemes?       10a       X         10a Did the organization have acceles approval by other filing the fam?       11a       X         10a Did tho organization have acceles and proc	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
since the pror Form 990 was fiel?       4       X         5 Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         7a Did the organization have members, stockholders?       6       X         7a Did the organization have members, stockholders?       6       X         8 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9 Is there any officer, director, trustec, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?       9 X       8b       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)       9 X       10a         10a Did the organization have written policies and procedures governing body for the organization are consistent with ergenization seening purposed?       11a X       11a X         11a Bits the organization make and complex on of the form 900 the organization in the organization's event pulposes required to disclose annually interest that could give rise to conflicts?       11a X         12a Did the organization need an omplex on of the form 900 to even with so of the organization required to dinterest policy? If "No," go to line 13       12a	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members or stockholders?       7       X         7       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7       X         9       Bit her organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       Bit her organization streames, and addresses or Schedule OSEE - Schedulle 0.       9       X         9       Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       9       X         10a Did the organization have awritten contrict of interest policy?       8       8       X       10a       X         2       Did the organization have awritten contrict of interest policy?       9       X       10a       X         3       Did the organization have awritten contrict of interest policy?       8       X       10a       X         4       Did the organization have a written contrint of interest policy?       10a <th>4</th> <td></td> <td></td> <td></td> <td></td>	4									
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stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a The governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule OSee. Schedulle 0.       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       X       Image: State of the organization have local chapters, branches, or affiliates?.       10a       X         11a       It organization have local chapters, branches, or affiliates?.       10a       X       11a       X         b bescribe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O       12a       X         12a Did the organization nave a written conflict of interest policy? If "No," go to line 13.       12a       X         13 Did the organization nave a written whistleblower policy?.       13a       X         14       X       12a       X       12a       X         15 Did the organization nave a written whistleblower policy?.       13a       X	7a		7a		Х					
a The governing body?.       Ba       X         b Each committee with authority to act on behalf of the governing body?       Ba       X         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses or Schedule OSEe. Schedule IO.       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       X         10a Did the organization have local chapters, branches, or affiliates?       10a       X       10a       X         11a Has the organization powed a complet copy of this Form 90b to all members of its governing body before filing the form?       10a       X       10b       X         12a Did the organization have a written conflict of interest policy? If "No," go to line 13       12a	b		7b		Х					
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organization's mailing address? If "Yes," provide the names and addresses on Schedule O.See. Schedule O.       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a Did the organization have local chapters, branches, or affiliates?       Image: the internal Revenue Code.)       Yes       No         11a Tast the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       Image: the internal Revenue Code.)         12a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       Image: the internal Revenue Code.)         12a Did the organization have a written conflict of interest policy? If "No," go to line 13.       Image: the internal Revenue Code.)         12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe an Schedule O how this was done.       Image: the internal Revenue Code.)         13 Did the organization have a written whistleblower policy?       Image: the internal Revenue Code.)       Image: the internal Revenue Code.)         14 Did the organization have a written document retention and destruction policy?       Image: the internal Revenue Code.)       Image: the internal Revenue Code.)         15 Did the organization have a written bolicy or procedure requiver and adperoval by independent persons, comparability data, and			8b		Х					
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10a       Did the organization have local chapters, branches, or affiliates?       10a       X         b       f*Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O       12a       X         12a       Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.       12a       X         13       Did the organization have a written whistleblower policy?       13       X         14       by fore organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       13       X         15       Did the organization invest in, contribute assets to, or paragement official.       15a       X         16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxble entity during the vegar?       16a       X         15b       Did the organization follow a	Sec	<b>tion B. Policies</b> (This Section B requests information about policies not required by the Internal Re	evenu		· · · ·					
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b Describe on Schedule 0 the process, if any, used by the organization to review this Form 990.       See Schedule 0         12a Did the organization have a written conflict of interest policy? If "No," go to line 13		operations are consistent with the organization's exempt purposes?			Х					
12a Did the organization have a written conflict of interest policy? If "No," go to line 13			11a	Х						
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Schedule O how this was done       12c         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a The organization's CEO, Executive Director, or top management official.       15a       X         b Other officers or key employees of the organization.       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       X         16a       Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed IN       IN       18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)       19       Describe on Schedule 0 whether (and if so, ho		to conflicts?	12b							
14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a       The organization's CEO, Executive Director, or top management official.       15a       X         b       Other officers or key employees of the organization.       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed	С		12c							
15       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         a       The organization's CEO, Executive Director, or top management official	13	Did the organization have a written whistleblower policy?	13		Х					
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       150         a The organization's CEO, Executive Director, or top management official.       15a       X         b Other officers or key employees of the organization.       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       15b       X         16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed IN       IN         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)         19       Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       See Schedule O	14	Did the organization have a written document retention and destruction policy?	14		Х					
b Other officers or key employees of the organization.       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16a       X         16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16b         Section C. Disclosure       17       List the states with which a copy of this Form 990 is required to be filed	15									
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.  5 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed IN  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  See Schedule O			15a							
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b		15b		Х					
taxable entity during the year?       16a       X         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed		If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         Section C. Disclosure       16b         17 List the states with which a copy of this Form 990 is required to be filed IN       IN         18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)         19 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       See Schedule O	16a		16a		Х					
Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filedIN	b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16h							
<ul> <li>17 List the states with which a copy of this Form 990 is required to be filed <u>IN</u></li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)</li> <li>19 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O</li> </ul>	Sec		100							
<ul> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O</li> </ul>										
<ul> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O</li> </ul>		Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	01(c)(3	s on	ly)					
the public during the tax year. See Schedule O										
20 State the name, address, and telephone number of the person who possesses the organization's books and records.	19	the public during the tax year. See Schedule O	able to							
	20	State the name, address, and telephone number of the person who possesses the organization's books and records.								

# Form 990 (2022) CASHFORREFUGEES INC

Page 6

Form 990 (2022) CASHFORREFUGEES INC	88-1228984 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Independent Contractors	Highest Compensated Employees, and
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 Co	mpensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar y organization's tax year.	-
• List all of the organization's current officers, directors, trustees (whether individuals of	r 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.

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

				(C)						
(A) Name and title	(B) Average hours per		dire	do n box, an o ector/	ot che unles officer /truste	ee) compensation f		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Yevhen Yashchuk	40									
Regional Manager	0				Х			6,000.	0.	0.
(2) Semyon Dukach	<u>10</u>									
President	0	Х		Х				0.	0.	0.
(3) Natasha Dukach	<u>   60    </u>									
Secretary	0	Х		Х				0.	0.	0.
(4) Alex Furman	5									
Treasurer	0	Х		Х				0.	0.	0.
(5) Marina Eybelman	10									
Vice-President	0	Х		Х				0.	0.	0.
_(8)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										
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# Form 990 (2022) CASHFORREFUGEES INC 88-1228984 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1 41		5(665)				-	5, an	a ringilest oon		oyee.	(contin	nucuj
	<b>(A)</b> Name and title		box, office	not che unless er and	s per l a di	tion nore th son is rector/t	ian one both an trustee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations	0	(F) ated amo of other insation	
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	employee Key employee	Former Highest compensated	(W-2/1099- MISC/1099-NEC)	(W-211099- MISC/1099-NEC)	the o an	rganizat d related anizatior	ion 1
(15)							a					
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
()												
1b	Subtotal							6,000.	0.			0.
с	Total from continuation sheets to Part VII, Section	on A						0.	0.			0.
	Total (add lines 1b and 1c)							6,000.	0.			0.
2	Total number of individuals (including but not limited from the organization $\Omega$	to those I	isted a	above	e) w	ho ree	ceived	more than \$100,00	0 of reportable comp	ensatio	า	
											Yes	No
3	Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes, "complete Schedule J for such	tor, truste h <i>individu</i>	e, ke <u></u> al	y em	iplo <u>-</u>	yee,	or hig	hest compensated	employee	. 3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	er than \$1	50,00	0? If	f "Y	es," c	comple			4		V
5	such individual Did any person listed on line 1a receive or accruit for services rendered to the organization? If "Yes	e compen	satior	n fror	m a	ny ur	nrelate	ed organization or	individual			X X
Sec	tion B. Independent Contractors	, compre		neut		0 101	Such				<u>ا</u> ــــــــــ	21
1	Complete this table for your five highest compen- compensation from the organization. Report compen	sated inde sation for	epend the ca	lent o lenda	cont ar ye	tracto ear er	ors than Inding V	at received more the with or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business add							(B) Description of			<b>C)</b> ensatio	n
2	Total number of independent contractors (including b	ut not lim	ited to	those	و انم	sted a	ihova)	who received more	than			
-	\$100,000 of compensation from the organization	0			.5 113							

#### Form 990 (2022) CASHFORREFUGEES INC

# Part VIII Statement of Revenue

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

			<b>(A)</b> Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
				exempt function	business revenue	excluded from tax under sections
	1.	Endersted compaigns		revenue		512-514
Contributions, Gifts, Grants, and Other Similar Amounts	ia h	Federated campaigns     1a       Membership dues     1b				
- Gra	c	Fundraising events				
ar A	d	Related organizations 1d				
s, g Lini	е	Government grants (contributions) 1e				
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 1 799	7.4.1			
jų į	a	Noncash contributions included in	<u>/41.</u>			
		lines 1a-1f				
-	h	Total. Add lines 1a-1f Business Co		_ • _		
Program Service Revenue	2a					
Jevi	b					
ice l	с					
Servi	d					
Ĕ	е					
ogre		All other program service revenue				
ሻ	-	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond procee				
	5	Royalties				
		(i) Real (ii) Perso	nal			
		Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c Net rental income or (loss)				
		(i) Securities (ii) Othe				
	7a	sales of assets				
	h	ther than inventory Less: cost or other basis				
		and sales expenses 7b				
		Gain or (loss)				
		Net gain or (loss)				
Jue	8a	Gross income from fundraising events (not including \$				
evenue		of contributions reported on line 1c).				
<u> </u>		See Part IV, line 18				
Other		Less: direct expenses 8b				
ð	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19				
	h	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
	iva	returns and allowances				
		Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory Business Co				
sno	11a	Busiliess of				
Miscellaneous Revenue	b					
ella Sve	с				<u> </u>	
<u>is</u> <u>x</u>	-	All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	1,799,741	0.	0.	0.

88-1228984

Page 9

### Form 990 (2022) CASHFORREFUGEES 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).

Do n 6b, 7	Check if Schedule O contains a re not include amounts reported on lines (b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,397,739.	1,397,739.		
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	6,000.	6,000.	0.	C
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	
7	Other salaries and wages		••		Ŭ
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,650.		2,650.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
•	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	13,222.		13,222.	
	Office expenses				
	Information technology	5,325.		5,325.	
	Royalties	0,0201		0,0201	
	Occupancy				
17	Travel	2,781.	2,428.	353.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Bank_Service_Fees	15,426.	15,426.		
	Merchant Service Fees	7,991.	7,991.		
	Licenses, Fees & Permits	3,325.		3,325.	
	Foreign Currency Exchange	3,207.	3,207.		
е	All other expenses.	1,000.	500.	500.	
25	Total functional expenses. Add lines 1 through 24e	1,458,666.	1,433,291.	25,375.	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2022) CASHFORREFUGEES INC Part X Balance Sheet

Page 11

Fartz	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing.		1	341,075.
2	Savings and temporary cash investments.		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disgualified persons (as defined under		,	
Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
	Inventories for sale or use.		8	
Assets 6 0	Prepaid expenses and deferred charges		9	
× 10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation		10c	
	Investments – publicly traded securities.		11	
12	Investments – other securities. See Part IV, line 11.		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11.		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	0.	16	341,075.
		0.		011,070.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
<u>မှ</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 55 55	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
24	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25.	0.	26	0.
ŝ	Organizations that follow FASB ASC 958, check here			
ũ	and complete lines 27, 28, 32, and 33.			
8 27	Net assets without donor restrictions		27	341,075.
28	Net assets with donor restrictions		28	
Net Assets or Fund Balance 87 25 05 65 82 25 88 25 87 25 87 87 87 87 87 87 87 87 87 87 87 87 87	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
o 29	Capital stock or trust principal, or current funds		29	
<b>\$</b> 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
<i>ທີ່</i> 31	Retained earnings, endowment, accumulated income, or other funds		31	
<b>4</b> 32	Total net assets or fund balances	0.	32	341,075.
<b>Ž</b> 33	Total liabilities and net assets/fund balances	0.	33	341,075.
BAA	TEEA0111L 09/01/22		· 1	Form <b>990</b> (2022

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XL       1         1       Total expenses (must equal Part XII, column (A), line 12).       1       1,799,741.         2       Total expenses (must equal Part XI, column (A), line 25).       2       1,458,666.         3       341,075.       3       341,075.         4       0.0       0       0       0         5       0       0       0       0         6       0       7       0       0         7       0       0       0       0       0         9       0 ther changes in net assets or fund balances (explain on Schedule 0).       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10       341,075.         9       0 ther changes in net assets or rund balances (explain on Schedule 0).       10       341,075.         Part XII       Financial Statements and Reporting       10       341,075.         Check if Schedule O contains a response or note to any line in this Part XII.       10       341,075.         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       1	Form	990 (2022) CASHFORREFUGEES INC 8	8-122898	4	Pa	age <b>12</b>	
1       Total revenue (must equal Part VIII, column (A), line 12)	Par	t XI Reconciliation of Net Assets					
2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 458, 666.         3       Revenue less expenses. Subtract line 2 from line 1       3       341, 075.         4       0.       4       0.         5       5       6       6         7       7       7       7         8       9       0.       6         9       0.       9       0.         10       Net sasets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)).       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10       341, 075.         Part XII       Financial Statements and Reporting       9       0.       341, 075.         Part XII       Financial Statements and Reporting       10       341, 075.         2a       Ware the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X         11       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         11       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X         2a <t< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part XI.</th><th></th><th></th><th></th><th></th></t<>		Check if Schedule O contains a response or note to any line in this Part XI.					
3 Revenue less expenses. Subtract line 2 from line 1   3 11 1007 0007   4 11 1007 0007   4 11 1007 0007   5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).   6 1   7 8   9 0.   9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).   11 Accounting method used to prepare the Form 990:   12 Check if Schedule O contains a response or note to any line in this Part XII.   11 1   12 Accounting method used to prepare the Form 990:   12 Cash   14 1   15 1   16 1   17 Yes   17 Not   18 1   19 1   10 341, 075.      10 1   11 1   12 1   12 1   13 1   14 1   15 1   16 1   17 1   17 1   17 1   18 1   19 1   19 1   10 <td< th=""><th>1</th><th>Total revenue (must equal Part VIII, column (A), line 12)</th><th> 1</th><th>1,7</th><th>99,7</th><th>741.</th></td<>	1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,7	99,7	741.	
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).       4       0.         5       5       5         6       6       6         7       7       7         8       7       7         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10         11       Financial Statements and Reporting       10       341, 075.         11       Accounting method used to prepare the Form 990:       Cash       Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       2a       X         11       Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2	2						
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).       4       0.         5 Net unrealized gains (losses) on investments.       5       5         6 Donated services and use of facilities.       6       7         7 Investment expenses.       7       8         9 Other changes in net assets or fund balances (explain on Schedule O).       9       0.         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       10       341, 075.         Part XII Financial Statements and Reporting       10       341, 075.       341, 075.         Part XII Financial Statements and Reporting       1       1       4       0         1 Accounting method used to prepare the Form 990:       X Cash       Accrual       Other       1         1 Accounting method used to prepare the Form 990:       X Cash       Accrual       Other       2a       X         1 f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X	3	Revenue less expenses. Subtract line 2 from line 1	3	3	41,0	)75.	
6       Donated services and use of facilities       6         7       investment expenses       7         8       Prior period adjustments       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       341, 075.         Part XII       Financial Statements and Reporting       10       341, 075.         Check if Schedule O contains a response or note to any line in this Part XII.       1       1         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1       ************************************	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       341, 075.         Part XII       Financial Statements and Reporting       10       341, 075.         Check if Schedule O contains a response or note to any line in this Part XII.       10       341, 075.         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," the A box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b	5	Net unrealized gains (losses) on investments.	5				
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       341, 075.         Part XII       Financial Statements and Reporting       10       341, 075.         Check if Schedule O contains a response or note to any line in this Part XII.       1       Yes       No         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other       Yes       No         2a       Ware 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 on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separa	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses	7				
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       341,075.         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8				
column (B))       10       341,075.         Part XII       Financial Statements and Reporting       Image: Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII.       Image: Statements and Reporting         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Yes       No         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 on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to lace 2 ao 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during that	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII.       Image: Check if Schedule O contains a response or note to any line in this Part XII.         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       Yes       No         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 on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Check if Schedule O contains a response or note to any line in this Part XII.       Image: the second	-		10	3	41,(	)75.	
1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       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 on a separate basis. Consolidated basis, or both:       Both consolidated and separate basis       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis.       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	Par	t XII Financial Statements and Reporting					
1 Accounting method used to prepare the Form 990: X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       Ware 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 on a separate basis       Consolidated basis       Both consolidated and separate basis       2a       X         b Were the organization's financial statements audited by an independent accountant?       2b       X         if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b Were the organization's financial statements audited by an independent accountant?       2b       X         if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         j Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c If "Yes," the ke a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain<		Check if Schedule O contains a response or note to any line in this Part XII				· 🗌	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         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 on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       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 <tr< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></tr<>					Yes	No	
on Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis	1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_			
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 on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain       3a       X         Sa 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? </th <th></th> <th>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O</th> <th></th> <th></th> <th></th> <th></th>		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O					
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?	2a			. 2a		X	
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?		If "Yes," check a how below to indicate whether the financial statements for the year were compiled or rev	iewed on a				
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		separate basis, consolidated basis, or both:					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:       Image: Consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:       Image: Consolidated basis, or both:       Image: Consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:       Image: Consolidated basis, or		Separate basis         Consolidated basis         Both consolidated and separate basis					
basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b	b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х	
Separate basis       Consolidated basis       Both consolidated and separate basis       2c         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b			parate				
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b							
If the organization changed either its oversight process or selection process during the tax year, explain       Image: Comparison of the comparison of							
on Schedule O.       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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	. 2c			
Guidance, 2 C.F.R Part 200, Subpart F?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		on Schedule O.					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Guidance, 2 C.F.R Part 200, Subpart F?	the Uniform	. 3a		Х	
BAA TEEA0112L 09/01/22 Form 990 (2022)	b			. 3b			
	BAA	TEEA0112L 09/01/22		Form	1 <b>990</b> (	(2022)	

SCHEDULE A	

I

(Form 990)

Total

# **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.

OMB No. 1545-0047 2022

			•	ah ta Farma 000 ar Farm				
Attach to Form 990 or Form 990-EZ. Open to F						Open to Public		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organ	ization						Employer identifica	ation number
	CASHFORREFUGEES INC 88-1228984							
				organizations must				ctions.
The organizati	on is not a	private found	ation because it is: (	(For lines 1 through 12,	check o	nly one	box.)	
1 A chu	urch, conver	ntion of church	es, or association of c	hurches described in sec	tion 1 <b>70(</b>	b)(1)(A)(	i).	
2 A sc	hool descri	bed in <b>sectio</b>	n <b>170(b)(1)(A)(ii).</b> (At	tach Schedule E (Form	990).)			
3 A ho	spital or a	cooperative h	ospital service organ	ization described in se	ction 17	0(b)(1)(A	A)(iii).	
<b>4</b> A me	edical resea	arch organizat	tion operated in conj	unction with a hospital	describe	d in sec	ction 1 <b>70(b)(1)(A)(iii)</b> . E	nter the hospital's
name	e, city, and	state:						
5 An o	rganizatior ion 170(b)(	operated for		ege or university owned				escribed in
	deral, state	, or local gove	ernment or governme	ental unit described in s	section 1	70(b)(1)	(A)(v).	
7 X An or in se	rganization ection 170(l	that normally r <b>ɔ)(1)(A)(vi).</b> ((	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described
8 A co	mmunity tr	ust described	in section 170(b)(1)	(A)(vi). (Complete Part	II.)			
or un	iversity or a	non-land-grar	nt college of agriculture	ction 170(b)(1)(A)(ix) oper e (see instructions). Ente	r the nan			
from inves	rganizatior activities r stment inco	that normally elated to its e me and unrel	v receives (1) more t exempt functions, sul	han 33-1/3% of its supp bject to certain exception le income (less section	port from	(2) no r	nore than 33-1/3% of i	ts support from gross
11 An o	rganizatior	organized ar	nd operated exclusive	ely to test for public saf	ety. See	sectior	n 509(a)(4).	
or m								
a <b>Type</b> organ <b>com</b>	I. A suppor nization(s) ti plete Part I	ting organization the power to rep <b>V, Sections A</b>	on operated, supervise gularly appoint or elec a <b>and B.</b>	ed, or controlled by its sup t a majority of the directo	pported o ors or trus	organizat stees of t	ion(s), typically by giving the supporting organization	i the supported on. <b>You must</b>
mana	agement of	orting organiz the supporting <b>Part IV, Secti</b>	organization vested in	controlled in connection the same persons that c	with its control or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>
c Type	III function nization(s)	ally integrated. (see instruction	A supporting organiza	tion operated in connectio plete Part IV, Sections	on with, a <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its	supported
				ganization operated in co y must satisfy a distribu <b>is A and D, and Part V.</b>				
e Chec	ck this box	if the organization	ation received a writt	ten determination from supporting organization	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally
			n about the supporte					
(i) Name of s	supported orga	anization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your o	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u>(E)</u>								
								1

#### CASHFORREFUGEES INC

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1,799,741.	1,799,741.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	<b>Total.</b> Add lines 1 through 3 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)	0.	0.	0.	0.	1,799,741.	<u>1,799,741.</u> 98,586.
6	Public support. Subtract line 5 from line 4						1,701,155.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
7	Amounts from line 4	0.	0.	0.	0.	1,799,741.	1,799,741.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,799,741.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	Х
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20		•••				%
15	Public support percentage from	2021 Schedule A,	Part II, line 14			15	%
16a	<b>16a 33-1/3% support test-2022.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.						
b	<b>b</b> 33-1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	<b>10%-facts-and-circumstances test–2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and <b>Private foundation.</b> If the organi	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this to ion qualifies as a	pox and stop here publicly supporte	e. Explain in Part	VI how the
10	i nvate iounuation. It the organi			io, ioa, iou, i/a		וש אסע מווע אבר וווג	

Schedule A (Form 990) 2022

#### CASHFORREFUGEES INC

88-1228984

Page 3

#### 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.) 1.12

Sec	tion A. Public Support	·		•				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2	<b>(f)</b> Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or t	fifth tax year as a	section 501	(c)(3)	
	tion C. Computation of Pul							
	Public support percentage for 20					1	15	00
	Public support percentage from 2						16	010
Sec	tion D. Computation of Inv							
17	Investment income percentage f			-		+	17	0/0
	Investment income percentage f					1	18	010
	<b>33-1/3% support tests</b> -2022. If t is not more than 33-1/3%, check	this box and <b>sto</b>	p here. The orgar	nization qualifies	as a publicly supp	orted organi	zation	
	<b>33-1/3% support tests</b> — <b>2021.</b> If t line 18 is not more than 33-1/3%	, check this box	and <b>stop here.</b> Th	ie organization qu	ualifies as a public	ly supported	l organiz	zation
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	l see instruc	tions	

#### Page 4

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , 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).	5а		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	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? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		
• • •		10000	~ 000V	2022

- **11** Has the organization accepted a gift or contribution from any of the following persons?
  - a 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?
  - **b** A family member of a person described on line 11a above?
  - c 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.

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

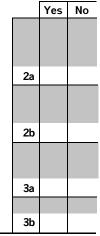
- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- **3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

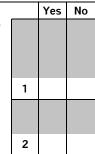
#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

#### 2 Activities Test. Answer lines 2a and 2b below.

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





Yes

1

3

No

88-1228984

11a

11b

11c

Yes

No

Schedule A (Form 990) 2022

CASHFORREFUGEES INC

88-1228984

Page 6

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte	grated	I Type III supporting or	ganization

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

BAA

Schedule A (Form 990) 2022

Sch	edule A (Form 990) 2022 CASHFORREFUGEES INC				8984	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	ations (continued	d)		
Sec	tion D – Distributions				Current Y	/ear
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported organizatior	IS,	2		
	in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		4		
4	Amounts paid to acquire exempt-use assets	- detaile in Dev(1/A		4		
<u>5</u>	Qualified set-aside amounts (prior IRS approval required – provide Other distributions (describe in <b>Part VI</b> ). See instructions.	e details in <b>Part VI</b> )		6		
				7		
<u>7</u> 8	<b>Total annual distributions.</b> Add lines 1 through 6. Distributions to attentive supported organizations to which the organizati	ion is responsive (provide	details	· /		
Ū	in <b>Part VI</b> ). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributa Amount foi	
1						
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.					
3	Excess distributions carryover, if any, to 2022					
i	a From 2017					
	• From 2018					
(	: From 2019					
(	From 2020					
	e From 2021					
	f Total of lines 3a through 3e					
9	Applied to underdistributions of prior years					
I	Applied to 2022 distributable amount					
	i Carryover from 2017 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
-	Applied to 2022 distributable amount					
	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, <i>explain in <b>Part VI</b></i> . See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
i	Excess from 2018					
	Excess from 2019					
(	Excess from 2020					
(	Excess from 2021					
	Excess from 2022					
-						

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Schedule A (Form 990) 2022

Schedule	В
(Form 990)	

# **Schedule of Contributors**

OMB	No.	1545-0047

2022

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 88-1228984

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

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

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

#### General Rule

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

#### **Special Rules**

Х	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the
	regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or
	16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
	(2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990) (2022)	1	1 Page
Name of organization	Employer identification number	r
CASHFORREFUGEES INC	88-1228984	

Part I Cor	ntributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>			Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>			Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 07/22/22		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)	1	1	Page <b>3</b>
Name of organization	Employer in	lentification n	lumber
CASHFORREFUGEES INC	88-122	28984	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Fartli	<b>NONCASH Property</b> (see instructions). Use duplicate copies of Part II if addition	al space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<sup>9</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No.	(b)	(c)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(-) N-	4.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
BAA	TEEA0703L 07/22/22	Schedule	B (Form 990) (202

Schedule B (Form 990) (2022)

BAA

	B (Form 990) (2022)			1 1 Page <b>4</b>											
Name of orga				Employer identification number											
Part III	RREFUGEES INC			88-1228984											
Partin	Exclusively religious, charitable, e or (10) that total more than \$1,000 the following line entry. For organizations c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	for the year from any one ompleting Part III, enter the tota (Enter this information once. So	e contribut al of exclusive	<b>Or.</b> Complete columns (a) through (e) and <i>ely</i> religious, charitable, etc.,											
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held											
1 4111	N/A														
				+											
		(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee													
	I ransferee's name, addres	Rela	ationship of transferor to transferee												
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held											
	(e) Transfer of gift														
	Transferee's name, addres	Relationship of transferor to transferee													
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held											
		(e) Transfer of gif													
	Transferee's name, addres	ss, and ZIP + 4	Rela	ationship of transferor to transferee											
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held											
		+													
	Transferee's name, addres	t Rela	Relationship of transferor to transferee												
	L														
	1														

TEEA0704L 07/22/22

Schedule B (Form 990) (2022)

SCHEDULE F			es Outside the Unite		OMB No. 1545-0047								
(Form 990)	Complete if the orga	lete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.											
Department of the Treasury Internal Revenue Service	Go to www.ir	s.gov/Form990 fo	Open to Public Inspection										
Name of the organization					fication number								
CASHFORREFUGEES I				88-12289									
Part I General Infor on Form 990,	Part IV, line 14b.	es Outside th	e United States. Complet	te if the organizatio	n answered "Yes"								
1 For grantmakers. Doe the grantees' eligibility	s the organization mains of the grants or assi	intain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other assista I the grants or assistanc	ance, ce?XYes No								
	ribe in Part V the organi: rt V	zation's procedures	s for monitoring the use of its gra	ants and other assistance	outside the								
<b>3</b> Activities per Region.	(The following Part I, I	line 3 table can b	e duplicated if additional space	e is needed.)Part V									
<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region								
				Financial									
(1) Medyka, Poland		3	Program Services	Support	30,210.								
				Financial									
(2) Siret, Romania		25	Program Services	Support	349,790.								
Narva Crossing,				Financial	41 000								
(3) Estonia		1	Program Services	Support	41,200.								
(4) Chernivtsi, Ukrain		14	Program Sorvigos	Financial	121 120								
	le	14	Program Services	Support Financial	431,120.								
<b>(5)</b> Lutsk, Ukraine		8	Program Services	Support	297,134.								
() 10001, 0110110		ŭ		Financial									
(6) Ternopil, Ukraine		8	Program Services	Support	248,285.								
(7)													
(8)													
(9)													
<u>(10)</u>													
<u>(11)</u>													
(12)													
(13)													
<u>(14)</u>													
<u>(15)</u>													
(16)													
(17)													
(17) 3a Subtotal		F0			1 207 720								
<b>b</b> Total from continuatio		59			1,397,739.								
sheets to Part I													
c Totals (add lines 3a and 3b BAA For Paperwork Reduc		59 bo Instructions fo	r Form 990	Caba	1, 397, 739. dule F (Form 990) 2022								

TEEA3501L 08/18/22

<ul> <li>2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</li></ul>									1 (a) Name of organization	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.	Schedule F (Form 990) 2022 CASHFOI
zations listed above the grantee or counse or entities									<b>(b)</b> IRS code section and EIN (if applicable)	nce to Organizatic ny recipient who re	CASHFORREFUGEES INC
nat are recognized I has provided a se									(c) Region	ons or Entities ( eceived more th	
as charities by th									<b>(d)</b> Purpose of grant	<b>Outside the U</b> nan \$5,000. F	
ne foreign country,									<b>(e)</b> Amount of cash grant	Part II can be d	
recognized as a t									<b>(f)</b> Manner of cash disbursement	complete if the uplicated if add	
ax exempt 501(c)(									<b>(g)</b> Amount of noncash assistance	organization a litional space i	88-12
<u></u>									(h) Description of noncash assistance	nswered "Yes" c s needed.	88-1228984
,									(i) Method of valuation (book, FMV, appraisal, other)	n Form	Page 2

TEEA3502L 08/18/22

Page 2

BAA	(81)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	Ø	(6) Cash grants to refugees	(5) Cash grants to refugees	(4) Cash grants to refugees	(3) Cash grants to refugees	(2) Cash grants to refugees	(1) Cash grants to refugees	(a) Type of grant or assistance	<b>Part III Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	
													Ternopil, Ukraine	Siret, Romania	N Crossing, Estonia	Medyka, Poland	Lutsk, Ukraine	Chernivtsi, Ukraine	<b>(b)</b> Region	nce to Individuals Ou III can be duplicated	CASHFORREFUGEES INC
Т													1,718	3,682	412	318	2,056	5,072	<b>(c)</b> Number of recipients Part V	if additional spa	
TEEA3503L 08/18/22													248,285.	349,790.	41,200.	30,210.	297,134.	431,120.	(d) Amount of cash grant	ace is needed.	ted States. Compl pace is needed.
													Transfer	In Person	In Person	In Person	Transfer	In Person	<b>(e)</b> Manner of cash disbursement		
																			(f) Amount of noncash assistance	organization answered "Yes" on Form	-88
Schedule F																			(g) Description of noncash assistance	es" on Form	88-1228984
Schedule F (Form 990) 2022																			(h) Method of valuation (book, FMV, appraisal, other)		Page 3

TEEA3503L 08/18/22

Page 4

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

TEEA3505L 08/18/22

Schedule F (Form 990) 2022

Page 5

#### 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 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Representatives of the Organization meet in person with refugees in each region.

Cash for Refugees provides one-time financial support to Ukrainian refugee families

with children under 13 and the elderly over 65.

After in-person interview and verifying original documents showing age and

disabilities, refugees or internally displaced status, Cash for Refugees distributes

small financial grants (\$95 - \$154) to the recipients.

#### Part I - Additional Supplemental Information

Regional Office

Vul. Salutna, B. 4A, Kv. 95

Kyiv, Ukraine 04111

#### Part III, Line 1 - Estimated Number of Recipients

Cash for Refugees have extended support to over 13,000 individuals and families.

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CASHFORREFUGEES INC

Employer identification numbe

### Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Semyon and Natasha Dukach are married.

Alex Furman and Marina Eybelman are married.

#### Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address

Alex Furman and Marina Eybelman

2259 14th Avenue

San Francisco, CA 94116

#### Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 has been reviewed by the President and the Secretary prior to filing.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.