	•		** PUBLIC DISCLOSURE COPY Return of Organization Exempt Free	7 ** 0 m l i	ncome Tax	. 1	OMB No. 1545-0047			
For	m Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (exc	ept private foundat		2023			
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it	may be	made public.		Open to Public			
-		enue Service	Go to www.irs.gov/Form990 for instructions and the	The second s			Inspection			
_				ding M	AR 31, 202					
B Check if applicable: Address A CVI IIIN S MTCD A MTCON										
	chan Name	0	JM & MIGRATION							
	chan Initia		siness as		26-3748	676				
	returi Final returi termi	Number n/ 1325	and street (or P.O. box if mail is not delivered to street address) Roo QUINCY STREET, NE A1	om/suite	E Telephone num (612)67		90			
	ated	City or to	wwn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		966,363.			
	Appli		EAPOLIS, MN 55413		H(a) is this a group					
	tion		d address of principal officer: STEPHAN ROTH		for subordina					
1	ax-ex	cempt status:		527	H(b) Are all subordinate					
	Nebsi		DRAMREFUGEE . ORG	327	H(c) Group exemp		See instructions			
		f organization:	Corporation Trust Association Other	L Year o			e of legal domicile: CA			
Pa	art I	Summary				1 m otur	o or logar dominine. Ozz			
ė	1	Briefly describe	the organization's mission or most significant activities: SEE PA	RT I	II, LINE 1	•				
Activities & Governance	0									
vern	2	Check this box			1	1	<i>c</i>			
g	4		ng members of the governing body (Part VI, line 1a) spendent voting members of the governing body (Part VI, line 1b)	•••••	······ -	3	6			
Š	5	Total number of	f individuals employed in calendar year 2023 (Part V, line 2a)		······	4 5	<u> </u>			
itie	6	Total number o	f volunteers (estimate if necessary)	•••••	····· H	6	10			
ctiv	7a	Total unrelated	business revenue from Part VIII, column (C), line 12			a a	0.			
<u>ح</u>	b	Net unrelated b	ousiness taxable income from Form 990-T, Part I, line 11		7	'b	0.			
					Prior Year	-	Current Year			
e	8		nd grants (Part VIII, line 1h)		1,078,580		919,088.			
Revenue	9		e revenue (Part VIII, line 2g)		65,664		37,475.			
Sev	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)		3		5.			
	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-896		5,755.			
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,143,351		962,323.			
	13	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)		66,803	_	378,579.			
	14		o or for members (Part IX, column (A), line 4)		0		0.			
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		302,076		460,154.			
ens	h	Total fundraisin	ndraising fees (Part IX, column (A), line 11e) g expenses (Part IX, column (D), line 25) 172,999		19,500	•	11,400.			
Expense				220 061		708,538.				
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 230,061. otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 618,440.							
	19	Revenue less ex	Culture 1 1 10 1		524,911		1,558,671.			
or		1000 0	spenses. Subtract line 18 from line 12		inning of Current Yea		-596,348. End of Year			
Net Assets or Fund Balances	20	Total assets (Pa	rt X, line 16)		708,110		317,981.			
Ass	21	Total liabilities (56,687		616,700.			
Net	22	17 11 D. 1999 C. 1992	nd balances. Subtract line 21 from line 20		651,423		-298,719.			
the second s	rt II	Signature								

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.

Sign Here	Signature of officer STEPHAN ROTH, EXECUTIVE DIRECTOR Style A. (W Type or print name and title	Date 02/13/2025					
Preparer	Print/Type preparer's name Preparer's signature Date RICHARD J. LOCASTRO, CPA Richard for hocastro, 01/12 Firm's name GELMAN, ROSENBERG & FREEDMAN	Check PTIN /2025 if P00288314 Firm's EIN 52-1392008					
Use Only May the IF	BETHESDA, MD 20814-2930 Phone no.301-951-9090						
	May the IRS discuss this return with the preparer shown above? See instructions X Yes No LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

art III Statement of Program Service Accomplishments Drick if Stadula Continues response on to say this in this Part III	orm	ORAM - ORGANIZATION FOR REFUGE, 990 (2023) ASYLUM & MIGRATION 26-3748676 Page
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SEE SCHEDULE O FOR CONTINUATION(S)	4e	
		Form 990 (202
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2 2023.05050 ORAM - ORGANIZATION FOR R 004		

ASYLUM & MIGRATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10		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,			<u> </u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes." complete Schedule I. Parts I and II	21		Х
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332003 12-21-23

Form 990 (2023)

Part IV Checklist of Required Schedules

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Form	990 (2023) ASYLUM & MIGRATION 26-	<u>37486</u>	576	P	age 4
Par	t 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? If "Yes," complete Schedule I, Parts I and III	L	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete				
	Schedule J		23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of th	e			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	····· –	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	····· F	- 10		
Ŭ	any tax-exempt bonds?		24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·····	240 24d		
		·····	24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	·····	25a		
d	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				v
	Schedule L, Part I	····· -	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	····· -	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	L	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	F			
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	F	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	····· F			
	Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	·····	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34		····· -	55		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		24	х	
2 E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34 35a	X	<u> </u>
		·····	358		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<u></u>	х	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizat				v
	If "Yes," complete Schedule R, Part V, line 2	····· -	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	······ -	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
Dec	Note: All Form 990 filers are required to complete Schedule O	<u></u>	38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	·····	
		-		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	<u></u> [1c	Х	
332004	12-21-23		Form	990	(2023)
	4				,

ASYLUM & MIGRATION

Form	990 (2023) ASYLUM & MIGRATION 26-374	<u>3676</u>	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		3		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		──
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		37	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	Х	<u> </u>
b	If "Yes," enter the name of the foreign country GERMANY			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		┼──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X X
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c). Did the exception for goods and contribution provided to the party of 0.25 mode partly as a contribution and partly for goods and continue provided to the party of 0.25	7-		X
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			┼──
C	to file Form 8282?	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		7e		X
f		76 7f		X
	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organization metaning donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand 13c	_		\square
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			L
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.		000	(00000)
332005	12-21-23	Form	1 330	(2023)

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Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Did the organization delegate control over management duties customarily performed by or under the direct supervision

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

	rganization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х		
Sectio	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
	id the organization have local chapters, branches, or affiliates?	10a		Х		
b If	"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
ar	nd branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
l 1a Ha	as 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.						
2a Di	id the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b W	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
c Di	id the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x			
on Schedule O how this was done						
3 Di	id the organization have a written whistleblower policy?	13	Х			
4 Di	id the organization have a written document retention and destruction policy?	14	Х			
5 Di	id the process for determining compensation of the following persons include a review and approval by independent					
pe	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a Th	a The organization's CEO, Executive Director, or top management official					
	b Other officers or key employees of the organization					
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a Di	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
ta	axable entity during the year?	16a		Х		
b If	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	xempt status with respect to such arrangements?	16b				
	on C. Disclosure					
7 Li	ist the states with which a copy of this Form 990 is required to be filed CA, FL, IL, MN, MO, NC, NJ, NY					
	ection 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)	availat	ole		
fo	or public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain on Schedule O)					
	escribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial			
	tatements available to the public during the tax year.					
	tate the name, address, and telephone number of the person who possesses the organization's books and records					
	ARK WHITE - (612)872-7060					
	325 QUINCY STREET, NE, A1, MINNEAPOLIS, MN 55413					
32006 12		Form	990	(2023		
2000 12	6	1 0.111		(_020)		

Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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7a

7b

8a

8b

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Х

Х

1a

1b

X

No Yes

Х

Х

Х

x

х

ASYLUM & MIGRATI	ION	

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

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.

of officers, directors, trustees, or key employees to a management company or other person?

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

a The governing body?

Each committee with authority to act on behalf of the governing body?

Enter the number of voting members included on line 1a, above, who are independent

1a Enter the number of voting members of the governing body at the end of the tax year

Section A. Governing Body and Management

officer, director, trustee, or key employee?

more members of the governing body?

persons other than the governing body?

Did the organization have members or stockholders?

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b

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8

	ORAM - ORGANIZATION FOR REFUGE,							
Form 990 (ASYLUM & MIGRATION	26-3748676	Page 7					
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization's	s tax year.					

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

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Position heck more than one			ne	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	idad	irecto	r/trus [:] I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	tional		1 ploye	t com	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK WHITE	0.50	_	-							
CHIEF FINANCIAL OFFICER	40.00			x				0.	241,477.	34,827.
(2) STEPHAN ROTH	40.00									
EXECUTIVE DIRECTOR				Х				167,433.	0.	21,713.
(3) RAJIV DESAI	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) ELODIE SAMPERE	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) ARJUN NAGARKATTI	1.00									
TREASURER	1 0 0	Х		X				0.	0.	0.
(6) PERRY WITKIN	1.00									0
SECRETARY, (FROM 3/8/2024)	1 00	Х		X				0.	0.	0.
(7) ARI BILICI	1.00								0	0
SECRETARY, (UNTIL 3/8/2024)	1 0 0	Χ		X	<u> </u>	<u> </u>		0.	0.	0.
(8) ENRIQUE TORRE MOLINA	1.00								0	0
DIRECTOR	1 0 0	Χ						0.	0.	0.
(9) KRISHNA OMKAR	1.00	37							0	0
DIRECTOR, (UNTIL 3/8/2024)	1 00	Χ			-			0.	0.	0.
(10) NICKI HANGSLEBEN	1.00	x						0.	0.	0.
DIRECTOR, (FROM 7/19/2023)		Δ						0.	0.	0.
			<u> </u>							
		1								
220007 10 01 02										Form 990 (2023)

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Form **990** (2023)

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ORAM -	ORGANIZATION	FOR	REFUGE,
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Form 990 (2023) ASYLUM &	MIGRATI	ON	[26-374	18676 r	⊃ _{age} 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B) (C)							(D)	(E)	(F)	
Name and title	Average	(do not check more than one			ne	Reportable	Reportable	Estimat	ted		
	nours per box, unless person is both an						an	compensation	compensation	amoun	
	week			uau		i/irusie	e)	- from	from related	othe	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC	compens / from t	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organiza	
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and rela	
	below	ndividual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ıer			organiza	tions
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former				
					$\left \right $						
1b Subtotal		•						167,433.	241,477	7. 56,5	<u>40.</u>
c Total from continuation sheets to Part VI								0.	().	0.
d Total (add lines 1b and 1c)								167,433.	241,477	7. 56,5	<i>40</i> .
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)) whc	re	eceived more than \$100,	000 of reportable		
compensation from the organization											<u> </u>
										Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oyee	e, or l	nig	hest compensated emp	oyee on		
line 1a? If "Yes," complete Schedule J for s										. 3	X
4 For any individual listed on line 1a, is the su										37	
and related organizations greater than \$150										. 4 X	<u>+</u>
5 Did any person listed on line 1a receive or a							ate	ed organization or individ	lual for services	-	X
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fe	or su	ich i	perso	on				5	
1 Complete this table for your five highest con	mpensated ind	ana	ndor		ontra	octor	+h	at received more than \$	100 000 of comper	estion from	
the organization. Report compensation for t										Isation nom	
(A)	ine ealendar ye		- TGILL	ig w		VVIC	Ť	(B)		(C)	
Name and business	address							Description of s	ervices	Compensati	on
AIRBNB, INC, 888 BRANNAN	ST, SAN										
FRANCISCO, CA 94103-4928							þ	LODGING		167,6	580.
							\downarrow				
2 Total number of independent contractors (in	-	ot lin	nited	to to			ed	above) who received mo	ore than		
\$100,000 of compensation from the organiz	zation				1						

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ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION

		O (2023) ASYLUM & MIGRA	TION			26-3748	676 Page 9
Pa	rt V	III Statement of Revenue					
		Check if Schedule O contains a response or	note to any line			(2)	
				(A) Totol rovenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ts ts	1	a Federated campaigns 1a					
ran		b Membership dues 1b					
GE		c Fundraising events 1c	3,000.				
ifts ar A		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)					
Sil		f All other contributions, gifts, grants, and					
her			916,088.				
Ģţi		g Noncash contributions included in lines 1a-1f					
no'		h Total. Add lines 1a-1f		919,088.			
			Business Code				
	2	a CONSULTING FEES	900099	37,475.	37,475.		
Program Service Revenue	2		500055	5771750	57,475.		
ier,							
ven S		c					
Be		d					
ŗõ		e					
		f All other program service revenue		37,475.			
_		g Total. Add lines 2a-2f		57,475.			
	3	Investment income (including dividends, interest		5.			5.
		other similar amounts)		5.			5.
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties	(ii) Deve en el				
		(i) Real	(ii) Personal				
	6						
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
anu		and sales expenses 7b					
evenue		c Gain or (loss)					
Be		d Net gain or (loss)					
Other Re	8	a Gross income from fundraising events (not					
ð		including \$ 3 , 000 . of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
		b Less: direct expenses 8b	4,040.				
		c Net income or (loss) from fundraising events		-4,040.			-4,040.
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
snc	11	a MISCELLANEOUS	900099	9,795.			9,795.
nec		b					,
ella ivei		c					
Miscellaneous Revenue		d All other revenue					
Σ		e Total. Add lines 11a-11d		9,795.			
	12	Total revenue. See instructions		962,323.	37,475.	0.	5,760.
33200							Form 990 (2023)

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ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION

	rt IX Statement of Functional Expense				
Secti	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	X
	Check if Schedule O contains a respons			(C)	<u>LA</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
0	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
		378,579.	378,579.		
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	570,575.	570,575.		
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	191,405.	79,062.	74,131.	38,212
6	Compensation not included above to disqualified	191,403.	15,002.	/4,151.	50,212
0	persons (as defined under section 4958(f)(1)) and				
	normalized in continu $4000(c)(0)(D)$				
7	Other salaries and wages	186,258.	114,699.	14,889.	56,670
7 8	Pension plan accruals and contributions (include	100,200.	<u> </u>	11,000	50,070
0	section 401(k) and 403(b) employer contributions)	2,286.	1,484.	360.	442
9	Other employee benefits	50,854.	35,993.	5,120.	<u>442</u> 9,741
10	Payroll taxes	29,351.	16,210.	6,556.	6,585
11	Fees for services (nonemployees):	25,551.	10,210.	0,550.	0,505
a	Management				
b		3,558.		33.	3,525
	Legal Accounting	34,114.		34,114.	57525
	Lobbying	51/111		51/111	
e	Professional fundraising services. See Part IV, line 17	11,400.			11,400
f	Investment management fees	,			,
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	486,100.	370,637.	83,615.	31,848
12	Advertising and promotion	2,145.		707.	1,438
13	Office expenses	24,467.	16,418.	2,675.	5,374
14	Information technology	1,944.	1,448.	327.	169
15	Royalties	, -			
16	Occupancy	1,287.	1,287.		
17	Travel	81,795.	59,689.	17,101.	5,005
18	Payments of travel or entertainment expenses	,		,	,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,679.	16,007.	1,179.	493
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,296.	891.	405.	
24	Other expenses. Itemize expenses not covered	,			
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	38,086.	37,704.	382.	
b	EQUIPMENT PURCHASE	10,538.	8,136.	613.	1,789
с	MEMBERSHIP AND DUES	3,794.	3,101.	433.	260
d	EQUIPMENT MAINTENANCE	785.	785.		
	All other expenses	950.	810.	92.	48
25	Total functional expenses. Add lines 1 through 24e	1,558,671.	1,142,940.	242,732.	172,999
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)				
					000

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Form 990 (2023)

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Form 990 (2023)

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ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION

	990 (2			26	3748676 _{Page} 1
a	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	332,751.	1	311,877
	2	Savings and temporary cash investments	1,150.	2	1,158
	3	Pledges and grants receivable, net	285,005.		
	4	Accounts receivable, net	19,767.	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 disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1.070	8	
4	9	Prepaid expenses and deferred charges	1,050.	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	60 207	14	1 016
	15	Other assets. See Part IV, line 11	<u>68,387.</u> 708,110.	15	4,946
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	56,687.	16	<u>317,981</u> 198,973
	17	Accounts payable and accrued expenses	50,007.	17	190,973
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
les	22	Loans and other payables to any current or former officer, director,			
ollit		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Liabilities	00	controlled entity or family member of any of these persons		22 23	
	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
			0.	25	417,727
	26	of Schedule D Total liabilities. Add lines 17 through 25	56,687.	26	616,700
	20	Organizations that follow FASB ASC 958, check here X		20	0107700
es		and complete lines 27, 28, 32, and 33.			
anc.	27	Net assets without donor restrictions	155,918.	27	-298,719
Jala	28	Net assets with donor restrictions	495,505.	28	0
וסר		Organizations that do not follow FASB ASC 958, check here			· · · · · · · · · · · · · · · · · · ·
гn		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	651,423.	32	-298,719
			708,110.	+ +	317,981

Form 990 (2023)

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ORAM - ORGANIZATION F	OR I	REFUGE,
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	990 (2023) ASYLUM & MIGRATION	26-3	748676	Pag	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	962		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,558		
3	Revenue less expenses. Subtract line 2 from line 1	3	-596		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	651	,42	<u>23.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-353	,79	
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	-298	,71	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule 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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047 2023 Open to Public Inspection					
Name of	the organizati	on ORAM	- ORGANIZ	ATION FOR REP	FUGE,				identification number
			UM & MIGRA						6-3748676
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The organ	nization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1 🛄	A church, co	nvention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3	•	•		anization described in se					
4		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and stat	-							
5	-	-		lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
•			Complete Part II.)	and a low the state of the state of the		70/l- \/ 4\/ A\	()		
6 📃 7 X		-	-	nental unit described in a					while described in
	-		omplete Part II.)	ntial part of its support fr	om a gove	ernmental		ie general p	Sublic described in
8	-			(1)(A)(vi). (Complete Par	E III)				
9	-			in section 170(b)(1)(A)(-	ed in coniu	inction with a	land-grant	college
•	0			ulture (see instructions).				Ŭ	•
	university:		,			·····, ··· ,	,		
10		on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	om gross investment
	income and u	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
	See section	509(a)(2). (Cor	mplete Part III.)						
11 🔛	An organizati	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
			-	d in section 509(a)(1) o					Check the box on
_	_	-		f supporting organizatior				-	
a			-	upervised, or controlled	• • • •	-			
		-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
b	_		complete Part IV, Se	or controlled in connect	ion with it	oupporto	d organizatio	n(a) by bay	ina
D _			•	anization vested in the sa			0		0
		0	t complete Part IV,		anic perso			ge the supp	
с	_ ~	. ,	•	g organization operated	in connect	tion with. a	and functional	llv integrate	d with.
		-). You must complete I				, ,	
d		•		orting organization oper	-	-	•	rted organiz	ation(s)
	that is not f	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
	requiremen	it (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	v integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			· · · · · · · · · · · · · · · · · · ·
	er the number		•						
	vide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organizatior		(1) 2.13	(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
				above (see instructions))	Yes	No			
				<u> </u>					<u> </u>
									<u> </u>
Total									

ORAM - ORGANIZATION FOR REFUGE, **ASYLUM & MIGRATION**

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	391,655.	412,769.	624,353.	1078580.	916,088.	3423445.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	391,655.	412,769.	624,353.	1078580.	916,088.	3423445.		
	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)						697,990.		
6	Public support. Subtract line 5 from line 4.						2725455.		
	ction B. Total Support				•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	391,655.	412,769.	624,353.	1078580.	916,088.	3423445.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	142.			3.	5.	150.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	267.	6,524.	338.	473.	9,795.	17,397.		
11	Total support. Add lines 7 through 10		· · · · · ·				3440992.		
	Gross receipts from related activities,	etc. (see instructio	ons)		1	12	126,889.		
	First 5 years. If the Form 990 is for th					01(c)(3)			
	organization, check this box and stor	•							
Sec	ction C. Computation of Publi								
	Public support percentage for 2023 (I			olumn (f))		14	79.21 %		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	86.16 %		
	33 1/3% support test - 2023. If the o					ore, check this bo	k and		
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2022. If the o								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te			-	-	.			
b	10% -facts-and-circumstances test	-			•				
	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18	Private foundation. If the organizatio								
	Schedule A (Form 990) 2023								

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Schedule A (Form 990) 2023

ORAM - ORGANIZATION	FOR	REFUGE,
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ASYLUM & MIGRATION

Schedule A (Form 990) 2023 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	7	-r		1
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publ		•				
15 Public support percentage for 2023 (-	column (f))		15	%
16 Public support percentage from 2022 Section D. Computation of Invest					16	%
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2022. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
332023 12-21-23		15	5		Schec	lule A (Form 990) 2023

ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION

Schedule A (Form 990) 2023

Part IV Supporting Organizations

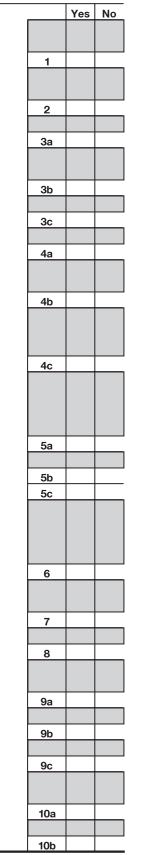
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 ASYLUM & MIGRATION	26-374867	<u>6 Ра</u>	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
ŭ	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
	tion D. Type i Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of c			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	licers,		
	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 supp	ortod		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	uon D. Ali Type III Supporting Organizations	,		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental ent	ity (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			

- the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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ORAM - OR	GANIZATION	FOR	REFUGE,
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Sche	dule A (Form 990) 2023 ASYLUM & MIGRATION	-	26-3748676 Page 6		
Pa		ing Organi			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu		,	·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2023

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	dule A (Form 990) 2023 ASYLUM & MIGRA			2	6-3748676 _F	² age 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)		
Secti	ion D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5			
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 202	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
c	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

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Schodulo A	(Form 990) 2023		ORGANIZATION & MIGRATION	FOR REFUGE,	26-3748676 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Prov 2, 3b, 3c, 4b, 4 ines 2 and 3; P	ride the explanations requ 4c, 5a, 6, 9a, 9b, 9c, 11a, Part IV, Section E, lines 1c	, 11b, and 11c; Part IV, Se , 2a, 2b, 3a, and 3b; Part	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
332028 12-21-2	3		20		Schedule A (Form 990) 2023

: *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule B	Schedule of Contributors	OMB No. 1545-0047						
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023						
	AM - ORGANIZATION FOR REFUGE, YLUM & MIGRATION	Employer identification number						
Organization type (check or	e):							
Filers of:	Section:							
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not 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							
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'							
Special Rules								
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support f nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I line 1. Complete Parts I and II.	d that received from any one						

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).

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

Schedule B (Form 990) (2023)

	(Form 990) (2023)		Page 2
Name of org	anization ORGANIZATION FOR REFUGE,		Employer identification number
	& MIGRATION		26-3748676
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
		\$322,5	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
2		\$277,2	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$82,3	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$29,6	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$20,1	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

ame of org			Page Employer identification number
	ORGANIZATION FOR REFUGE, & MIGRATION		26-3748676
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	nt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	

23

Schedule I	B (Form 990) (2023)			Page 4			
	rganization			Employer identification number			
ORAM ·	 ORGANIZATION FOR REFU 	GE,					
	M & MIGRATION			26-3748676			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a			hat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
		(e) Transfer of gi	ft				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-							
	(e) Transfer of gift						
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of tra	ansferor to transferee			
	Transferee 3 hame, address, a						
(-) N							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dec	cription of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of now gift is neid			
-		e) Transfer of gi	 ft				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	ansferor to transferee			
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323454 12-26	9-20	<u>.</u>		Schedule B (Form 990) (2023)			

24 2023.05050 ORAM - ORGANIZATION FOR R 00463.11

	SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990,					
(For	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2023		
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.	Open to Public Inspection		
	e of the organization			Employer identification number		
Itam		ASYLUM & MIGRATION	,	26-3748676		
Pa	t I Organizat	ions Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the		
	organization a	answered "Yes" on Form 990, Part IV, lin	e 6.	·		
			(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end	of year				
2		contributions to (during year)				
3	Aggregate value of g	grants from (during year)				
4	Aggregate value at e	end of year				
5	Did the organization	inform all donors and donor advisors in v	writing that the assets held in donor advised fu	nds		
	are the organization'	's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization	inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only		
	for charitable purpos	ses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring		
	impermissible private					
Pa	t II Conservat	tion Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.		
1	Purpose(s) of conser	rvation easements held by the organization	on (check all that apply).			
	Preservation o	of land for public use (for example, recrea	tion or education)	storically important land area		
	Protection of r	natural habitat	Preservation of a ce	rtified historic structure		
	Preservation o	1 1				
2		rrough 2d if the organization held a qualif	ied conservation contribution in the form of a c			
	day of the tax year.			Held at the End of the Tax Year		
а						
b	•					
С			ucture included on line 2a	2c		
d		tion easements included on line 2c acqui				
•						
3		tion easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization during the tax		
4	year		amont in located			
4 5		nere property subject to conservation eas on have a written policy regarding the per				
5	0	cement of the conservation easements it	0 , 1 , 0	Yes No		
6			handling of violations, and enforcing conservat			
Ŭ						
7	Amount of expenses	— s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements during the year		
-			·····g - · · · · · · · · · · · · · · · ·			
8	Does each conserva	— tion easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B))(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9			on easements in its revenue and expense state			
	balance sheet, and i	nclude, if applicable, the text of the footn	ote to the organization's financial statements t	hat describes the		
	organization's accou	inting for conservation easements.				
Pa			Art, Historical Treasures, or Other	Similar Assets.		
	Complete if the	he organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization el	ected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet works		
			lic exhibition, education, or research in further	ance of public		
	service, provide in P	art XIII the text of the footnote to its finar	icial statements that describes these items.			
b	If the organization el	ected, as permitted under FASB ASC 95	8, to report in its revenue statement and baland	ce sheet works of		
	art, historical treasur	res, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,		
		g amounts relating to these items.				
	(i) Revenue include	ed on Form 990, Part VIII, line 1				
	.,					
2			asures, or other similar assets for financial gain	, provide		
	-	ts required to be reported under FASB A	-			
			6			
		luction Act Notice, see the Instructions	i tor form 990.	Schedule D (Form 990) 2023		
33205	09-28-23		25			
			4 J			

2023.05050 ORAM - ORGANIZATION FOR R 00463.11

		ORGANIZATI		OR REFU	UGE,						
		& MIGRATIO						<u>26-37</u>		Pa	age 2
Par	t III Organizations Maintaining C								(continu	ied)	
3	Using the organization's acquisition, accessi collection items (check all that apply).	on, and other record	ds, check	any of the f	following that m	nake sign	iificant ι	use of its			
а	Public exhibition		l h	I oan or exc	hange program	1					
b	Scholarly research				inalige program						
c	Preservation for future generations	·									
1	Provide a description of the organization's co	alloctions and evolution	n how th	ov furthor th	o organization'	o ovomo	touroo	oo in Dort	VIII		
-	During the year, did the organization solicit o							senran	<u>AIII.</u>		
5	to be sold to raise funds rather than to be ma					sirillar as	5612		Yes		No
Par	t IV Escrow and Custodial Arran					o" on Eou	rm 000	Dort IV li			
1 di	reported an amount on Form 990, Pa			organization	ranswered re	S UITFU	nn 990,	raitiv, ii	16 9, 01		
12	Is the organization an agent, trustee, custodi		diany for	contribution	s or other asse	te not inc	cluded				
Ia			-						Yes		No
h	on Form 990, Part X?	and complete the fe	llowing t					∟	_ 165		
b		and complete the lo	nowing t	able.					Amount		
~	Paginning balance						10		7 uno ano		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f Oo	Ending balance Did the organization include an amount on F						_ _1f		Yes		No
	-						۲	L] INO]
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if										
- ai		(a) Current year		rior year	(c) Two years) Three v	ears back	(e) Four	lears	hack
4	Designing of your belower	(a) ourient year		nor year) Three y			yours	buok
	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a))) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administered	for the			-		
	organization by:								`	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990, F	Part X, lin	e 10.				
	Description of property	(a) Cost or o basis (invest		. ,	t or other (other)	(c) Accu depre	umulate eciation	ed	(d) Book	value	Э
1a	Land		-								
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		V line 1	00 00/1000-							0.
Total		<u>qual FUITI 990, Par</u>	<u>, iine n</u>	oc, column	<u>(B))</u>			Schedule	D (Form	9001	
								Soneaule			-020

ORAM –	ORGANIZATION	FOR	REFUGE,
ASYLUM	& MIGRATION		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (b) Book value (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (c) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (d) Description	Part VII	Investments - Other Securities			
19 Financial derivatives Image: Consety held equity interests 20 Closely held equity interests Image: Consety held equity interests 20 Consety held equity interests Image: Consety held equity interests 20 Consety held equity interests Image: Consety held equity interests 20 Consety held equity interests Image: Consety held equity interests 20 Consety held equity interests Image: Consety held equity interests 20 Consety held equity interests Image: Consety held equity interests 20 Consety held equity interests Image: Consety held equity interests 21 Consety held equity interests Image: Consety held equity interests 22 Consety held equity interests Image: Consety held equity interests 23 Consety held equity interests Image: Consety held equity interests 24 Consety held equity interests Image: Consety held equity hel					
(2) Closer held equity interests (A) (A) (A) (A) (B) (A) (A) (C) (A) (A) (B) (A) (A) (G) (A) (A) (G) (A) (A) (G) (A) (A) (B) (B) (C) (C) (A) (B) (C) (C) (G) (C) (C) (C) (G) (C) (C) (C) (G) (C)	(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(3) Other (3) Other (4) (3) Other (5) (4) Other (6) (5) Other (7) (6) Other (8) Other Asset (7) Other Asset (9) Other Asset (6) Method of valuation: Cost or end of year market value (1) (9) Book value (6) Method of valuation: Cost or end of year market value (1) (9) Book value (6) Method of valuation: Cost or end of year market value (1) (9) Book value (6) Method of valuation: Cost or end of year market value (1) (9) Book value (6) Method of valuation: Cost or end of year market value (1) (9) Book value (7) Other Assets (3) (9) Description (9) Book value (9) (9) Description (9) Book value (1) (9) Description	. ,	F			
(A) (B) (B) (C) (C) (C) (F) (F) (F)		held equity interests			
(B) (C) (C) (C) (C) (C) (E) (C) (E) (C) (E) (C) (E) (C) (G)					
CO (C) (C) (D) (C) (C) (E) (C) (C) (F) (C) (C) (G) (C) (C) (A) (C) (C) (A) (C) (C) (B) (C) (C) (D) (C) (C) (C) (D) (C					
(D) (E) (E) (F) (G)					
(E) (A) (B) (B) (B) (B) (B) (B) (B) (B) (C) (B) (B) (B) (C) (B) (B) (C) (C) (D) (D) (C) (D) (C) (D) (D) (D) (
(f) (G) (G) (G) (H) (G) (F) (F) (G) (F) (F) (
(G) (H) (H) (H) (I) (
(H) Image: constraint of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (c) (c) Method of valuation: Cost or end-of-year market value (f) (c) Method of valuation: Cost or end-of-year market value (g) (c) Method of valuation: Cost or end-of-year market value (g) (c) Method of valuation: Cost or end-of-year market value (g) (c) (c) Method of valuation: Cost or end-of-year market value (g) (c) (c) (c) (g) (c) (c) (c) (g) (c) (c) (c) (g) (c) (c) (c) (c) (g) (g) Description (g) Book value (g) Book value (g) (g) Description (g) Book value (g) Book value (g) (g) Description of insult exaul Form 990, Part X, line 15, col (B) (g) Book value (g) Book value (g) (g) Description of inability (g) Book value (g) Book value (g) Book value					
Total. (ci. (b) must equal from 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c)					
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) (c) (c) Method of valuation: Cost or end-of-year market value (3) (c) (c) (c) (c) (6) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (b) (c) (c) (c) (c) (a) (c) (c) (c) (c) (b) (c) (c) <td></td> <td>(b) much actual Forms 000, Dark V, line 10, act. (D))</td> <td></td> <td></td> <td></td>		(b) much actual Forms 000, Dark V, line 10, act. (D))			
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(1) Image: Second S					d-of-vear market value
(2) (3) (4) (3) (4) (5) (6) (6) (7) (8) (7) (8) (9) (7) (7) (8) (7) (8) (9) (9) (9) Part IX Other Assets (9) Complete if the organization answerd "Ves" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) (1) (a) Description (b) Book value (1) (a) Description (b) Book value (4) (1) (1) (6) (1) (1) (7) (1) (2) (3) (1) (2) (6) (2) (3) (7) (3) (4) (9) (2) (3) (9) (1) Federal income taxes (1) (9) (1) Federal income taxes (2) (1) Federal income taxes (2) (2) (2) CREVUNDABLE ADVANCE 417, 727. (3) (3) (4) (4) (5) (6) <td>(1)</td> <td></td> <td>(b) Book value</td> <td></td> <td></td>	(1)		(b) Book value		
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(7) (8) (9) Image: Complete of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (3) (b) Book value (c) (4) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (9) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (9) (c) (c) (c) (c) (c) (c) (1) (c) (c) </td <td></td> <td></td> <td></td> <td></td> <td></td>					
(9) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Other Liabilities (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) (6) (7) (9) Other Liabilities (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes 417, 727. (2) REFUNDABLE ADVANCE 417, 727. (3) (4) (6) (7) (8) (9) (9) (17, 727. (8) (9) (9) (417, 727. (8) (17, 727. (9) (17, 727. (18) (19, 10, 10					
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Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (a) Description (b) Book value (1) (a) Description (b) Book value (2) (a) (b) (3) (c) (c) (4) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (c) Part X Other Liabilities (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (f) (a) Description of liability (b) Book value (f) (b) Book value (f) Federal income taxes (f) (2) REFUNDABLE ADVANCE 417,727. (3) (f) (f) (6) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (6) (c) (c) (7) (c) (c)					
Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (3) (4) (5) (5) (6) (7) (7) (8) (9) Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (2) REFUNDABLE ADVANCE 417,727. (3) (4) (5) (6) (7) (9) (2) REFUNDABLE ADVANCE 417,727. (3) (9) (6) (7) (8) (9) (2) REFUNDABLE ADVANCE (2) REFUNDABLE ADVANCE (9) (7) (8) (9) (9) (1) Federal income taxes (2) REFUNDABLE ADVANCE (3)<		(b) must equal Form 990, Part X, line 13, col. (B))			
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(1)		Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(2) (3) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (9) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (4) (5) (6) (7) (7) (8) (9) (417, 727. (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B) 417, 727. (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(a) [Description		(b) Book value
(2) (3) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) (9) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (4) (5) (6) (7) (7) (8) (9) (417, 727. (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B) 417, 727. (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)				
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(2) REFUNDABLE ADVANCE 417,727. (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 417,727. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.	(a) Description of liability			(b) Book value
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					<u> </u>

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 990) 2023

Cala	dule D (Form 990) 2023 ASYLUM & MIGRATION	FUGE,		26-	3748676	Page 4
	dule D (Form 990) 2023 ASYLUM & MIGRATION t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re		5740070	Page -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1				1	1,049,	893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities			1		
с	Recoveries of prior year grants			1		
d	Other (Describe in Part XIII.)		87,570.	1		
е	Add lines 2a through 2d			2e	87,	570.
3	Subtract line 2e from line 1			3	962,	323.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		323.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			· · · ·		
1	Total expenses and losses per audited financial statements			1	1,601,	569.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
с	Other losses			.		
d	Other (Describe in Part XIII.)		42,898.		10	
е	Add lines 2a through 2d			2e		898.
3	Subtract line 2e from line 1			3	1,558,	671.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				0
	Add lines 4a and 4b			4c	1 660	$\frac{0}{(71)}$
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,558,	6/1.
I F d						

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

PART	хт	LINE	2D	_	OTHER	ADJUSTMENTS:
LUUI	Δ1,		20		OTHER	AD0001111010.

REVENUE OF RELATED ENTITY, ORAM GGMBH, INCLUDED ON

87,570.

CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM

990 REPORTING.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF RELATED ENTITY, ORAM GGMBH, INCLUDED ON

42,898.

CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FROM

990 REPORTING.

332054 09-28-23

	ORAM -	ORGANIZATION	FOR REFUGE,	
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	ASYLUM	& MIGRATION		26-3748676 Page 5
	fiation (con	tinued)		
				Cabadula D /Faura 000) 0000
332055 09-28-23				Schedule D (Form 990) 2023

SCHEDULE F (Form 990)			ivities Outside the Ur nswered "Yes" on Form 990, Part IV,			OMB No. 1545-00	047
Department of the Treasury Internal Revenue Service	Go to w	ww.irs.gov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation.		Open to Public Inspection	
Name of the organization ORAM - ORGANIZA ASYLUM & MIGRAT	TION FOR ION	REFUGE,			26-374	identification nun	nber
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answ	rered "Yes" on	
Form 990, Part IV							
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes	No
United States.			procedures for monitoring the use of its		her assistand	ce outside the	
	he following Part (b) Number of	I, line 3 table ca	n be duplicated if additional space is n (d) Activities conducted in the region	· · · · · · · · · · · · · · · · · · ·	vity listed in ((d) (f) Tota	
(a) Region	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service e specific typ (s) in the regi	e expendition	tures Id ents
SUB-SAHARAN AFRICA	0	5	PROGRAM SERVICES	COMMUNITY D	EVELOPMEN'	T 276,	640.
EUROPE	1	5	PROGRAM SERVICES	COMMUNITY E EMERGENCY H		T & 327,	728
EUROPE		5	FROMAN SERVICES	EMERGENCI	IOOSING	527,	720.
NORTH AMERICA	1	4	PROGRAM SERVICES	COMMUNITY E)EVELOPMEN'	T 8,	305.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			124,	232.
NORTH AMERICA	0	0	GRANTMAKING			4,	000.
EUROPE	0	0	GRANTMAKING			250,	347.
3 a Subtotal	2	14				991,	252.
b Total from continuation sheets to Part I	0	0					0.
c Totals (add lines 3a and 3b)	2	14				991,	252.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

Schedule F (Form 990) 2023	ORAM - ASYLUM	- ORGANIZATION M & MIGRATION	ON FOR REFUGE, N		26-3748676	48676		Pade 2
Part II Grants and Oth recipient who re	er Assistance to Or seived more than \$5,	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	the United States. additional space is ne	Complete if the or ∋ded.	ganization answered	"Yes" on Form 9	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	COMMUNITY DEVELOPMENT	250,347.1	WIRE TRANSFER	.0		
		SUB - SAHARAN AFR I CA	COMMUNITY DEVELOPMENT	11,798.	WIRE TRANSFER			
		SUB - SAHARAN AFR I CA	COMMUNITY DEVELOPMENT	13,324.0	WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOPMENT	12,172.1	WIRE TRANSFER	.0		
		SUB - SAHARAN AFR I CA	COMMUNITY DEVELOPMENT	7,911	WIRE TRANSFER	.0		
		SUB - SAHARAN AFR I CA	COMMUNITY DEVELOPMENT	17,960.1	WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOPMENT	28,000.1	WIRE TRANSFER	0.		
	f recipient organizatio. anization by the IRS, c	ins listed above that are r or for which the grantee (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	foreign country, r tion 501(c)(3) equ	ecognized as a tax ivalency letter			
3 Enter total number of	Enter total number of other organizations or entities	or entities					Sched	0 Schedule F (Form 990) 2023

332072 11-29-23

31

Page 3		if ∍r)						2023
P.		 (h) Method of valuation (book, FMV, appraisal, other) 						Schedule F (Form 990) 2023
	IV, line 16.	(g) Description of noncash assistance						Schedu
26 - 3748676	n Form 990, Part	(f) Amount of noncash assistance	.0					
26	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement						
		(d) Amount of cash grant	33,066 .					-
ATION	e the United Stat	(c) Number of recipients	130					
ASYLUM & MIGRATION	e to Individuals Outside Iditional space is needec	(b) Region	SUB- SAHARAN AFRI CA					
Schedule F (Form 990) 2023 A	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance	COMMUNITY DEVELOPMENT					

332073 11-29-23

Sched	ule F (Form 990) 2023 ASYLUM & MIGRATION	26-3748676	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

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ORAM –	ORGANIZATION	FOR	REFUGE,
ASYLUM	& MIGRATION		

Schedule F (Form 990) 2023 ASYLUM & 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:

THE ORGANIZATION WORKS CLOSELY IN FACILITATING PROGRAM EXPENDITURES OF

RECIPIENT ORGANIZATIONS.

Schedule F (Form 990) 2023

sc	HEDULE J	Compensation Information	1	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	,
		Compensated Employees		20	ZJ)
Dena	rtment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization			identificatio		nber
De		ASYLUM & MIGRATION	26-:	3748676	5	
Ра	rt I Question	s Regarding Compensation		T		
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chet)			
	If any of the here					
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			_	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	by of the following the exception used to establish the companyation of the exception's				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec				
		ation of the CEO/Executive Director, but explain in Part III.	JITIO			
	Compensation					
	·	compensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittoo			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a	_	Х
b		eive payment from a supplemental nonqualified retirement plan?				x
c		eive payment from an equity-based compensation arrangement?		4c		x
•	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	•			5a		X
b		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?	-		6a		Х
b		ation?				X
		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
	-	nes 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	•					X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.		dule J (Form	1 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 ASYLUI	Σ	ASYLUM & MIGRATION			26-3748676	676		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nplo	yees, and Highest C	ompensated Emple	oyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	be rep	oorted on Schedule J 90, Part VII.	, report compensati	on from the organize	ttion on row (i) and fron	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	d inc	lividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of W-2 and com	-2 and/or 1099-MISC compensation	and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK WHITE	(i)	.0	.0	.0	.0	.0	0.	•0
CHIEF FINANCIAL OFFICER	(ii)	241,477.	0.	0.	14,633.	20,194.	276,304.	0.
(2) STEPHAN ROTH	(i)	167,433.	.0	0.	9,909.	11,804.	189,146.	.0
EXECUTIVE DIRECTOR	(ii)	• 0	.0	•0	•0	.0	0.	•0
	(i)							
	(ii)							
	(i)							
	(ii)							
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							Schedu	Schedule J (Form 990) 2023

ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION

36

332112 11-06-23

ORAM Schedule J (Form 990) 2023 ASYLU	- ORGANIZATION FOR REFUGE, JM & MIGRATION	26-3748676	Page 3
Part III Supplemental Information			
rovide the information, explanation, or desc	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	for any additional information.	
		Schedule J (Form 990) 2023	0) 2023

SCHEDULE L		Transactio	ons V	Vith	Int	erested	P	ersons			0	//B No.	1545-00	047
(Form 990)	Complete if th	ne organization an 28b. or 28c				orm 990, Part l art V, line 38a	-		, 27, 2	8a,		2	02	23
Department of the Treasury						Form 990-EZ.					0	pen to	Pub	lic
Internal Revenue Service	Go t	o www.irs.gov/Fo	rm990 fo	or inst	ructio	ns and the lat	est	information.			In	spect	ion	
Name of the organization		ORGANIZAT		FOR	REI	FUGE,			1 '		r ident		on nu	umber
		& MIGRATI									486	76		
		actions (section												
	f the organization	answered "Yes" o				line 25a or 25b I	; or	Form 990-EZ, Pa	art V, I	ine 40	lb.			
1 (a) Name of disquali	ified person	(b) Relationship b person and			ified	(0	c) D	escription of tran	sactic	n			Corre es	No
(1)													$ \rightarrow $	
(2)												_		
(3)												_		
(4)													\rightarrow	
<u>(5)</u> (6)												+	\rightarrow	
2 Enter the amount o	f tax incurred by t	the organization m	anagers	or disc	walifie	l d persons duri	ina 1	the year under						
	2		Ũ			•	•	2		\$				
3 Enter the amount o														
	· · · · · · · · · · · · · · · · · · ·		,							•				
Part II Loans to	and/or From	n Interested Pe	ersons											
Complete it	f the organization	answered "Yes" o	n Form 9	90-EZ	, Part	V, line 38a, or l	Forr	n 990, Part IV, lir	ne 26;	or if th	ne orga	nizati	on	
reported ar	n amount on Form	n 990, Part X, line 5												
(a) Name of	(b) Relation			an to or n the		e) Original	(1	f) Balance due) In	(h) Ap by bo	proved ard or	(I) V	Vritten
interested person	with organiz	zation of loan		zation?	prin	cipal amount			defa	ault?	comm		agree	ement?
			To	From					Yes	No	Yes	No	Yes	No
(1)														
(2)														+
(3)			_											+
(4)			_											+
(5)							-							+
(6)			_											+
(7)														+
<u>(8)</u> (9)														+
<u>(10)</u>														+
Total	I	I				\$								_
Part III Grants o	r Assistance	Benefiting Inte	erested	d Per	sons									
Complete it	f the organization	answered "Yes" o	n Form 9	90, Pa	art IV, I	line 27.								
(a) Name of intere	sted person	(b) Relationsh interested pe the organ	erson an		(c) Amount of assistance		(d) Type assistan) Purp assista		of
(4)										\rightarrow				
(1) (2)										-+				
 (3)		1								+				
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
For Paperwork Reduct	ion Act Notice, s	ee the Instruction	s for Fo	rm 990) or 99	90-EZ.				Sche	edule L	(For	n 990) 2023

ORAM - ORGANIZATION FOR REFUGE,

ASYLUM & MIGRATION

Schedule L (Form 990) 202	3 ASYLUM & MIGRATION
Part IV Business T	ransactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's jues?
				Yes	No
(1)SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	167,680.	THE ORGANIZ		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
_(9)					
(10)					

Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PURCHSED LODGING

SERVICES FROM THE SUBSTANTIAL CONTRIBUTOR

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ORAM - ORGANIZATION FOR REFUGE,



26-3748676

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

ASYLUM & MIGRATION

IDENTITY AND EXPRESSION AND HAS SINCE BECOME A THOUGHT LEADER IN LGBTIQ

MIGRATION.

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

IN UKRAINE. ORAM ALSO PROVIDES CASE MANAGEMENT TO CLIENTS AS PART OF

OUR HOUSING PROGRAM IN BERLIN AND REFERS THEM TO PARTNERS PROVIDING

SERVICES NOT DIRECTLY PROVIDED BY ORAM. ADDITIONALLY, ORAM HAS BUILT A

NETWORK OF LGBTIQ ORGANIZATIONS PROVIDING SUPPORT TO QUEER UKRAINIANS

IN ALL NEIGHBORING COUNTRIES IN ORDER TO ASSESS THE NEEDS OF

ORGANIZATIONS IN THE REGION AND PROVIDE JOINT SERVICES WHERE POSSIBLE.

ORAM ALSO PROVIDES DIGITAL AND TECH SKILLS TRAININGS, TO HELP EMPOWER

QUEER REFUGEES TO FIND EMPLOYMENT IN GERMANY. LASTLY, ORAM ORGANIZES A

NUMBER OF COMMUNITY EVENTS, TO HELP COMBAT ISOLATION WITHIN THE QUEER

REFUGEE COMMUNITY IN BERLIN.

INCLUSION PROGRAM: ORAM FACILITATES LGBTIQ INCLUSION TRAINING SESSIONS AIMED AT BUILDING THE CAPACITY OF A NUMBER OF DIFFERENT STAKEHOLDERS TO GAIN THE KNOWLEDGE AND TOOLS TO BE ABLE TO PROVIDE SUPPORT AND PROTECTION TO LGBTIQ ASYLUM SEEKERS AND REFUGEES IN CENTRAL AND EASTERN EUROPE, AS WELL AS KENYA. THROUGH THIS, ORAM RAISES AWARENESS AND ADVOCATES FOR THE UNIQUE NEEDS OF THIS COMMUNITY IN FIRST COUNTRIES OF ASYLUM AND TRANSIT COUNTRIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE MEMBER, ALIGHT.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 4 0 Schedule O (Form 990) 2023

08360212 745960 00463.1

2023.05050 ORAM - ORGANIZATION FOR R 00463.11

FORM 990, PART VI, SECTION A, LINE 7A:

ALIGHT HAS THE POWER TO APPOINT AND REMOVE MEMBERS OF ORAM'S BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

SOME OF ORAM'S GOVERNANCE DECISIONS ARE RESERVED TO ALIGHT'S APPROVAL.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED AND APPROVED BY MANAGEMENT. THE BOARD TREASURER REVIEWED AND APPROVED THE 990 PRIOR TO SENDING A FINAL ELECTRONIC COPY OF THE RETURN TO ALL BOARD MEMBERS PRIOR TO BEING FILED WITH THE IRS.

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

OFFICERS, DIRECTORS AND/OR KEY EMPLOYEES ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICT, ANNUALLY. ORAM'S CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR, ADVISORY COUNCIL MEMBER, OFFICER, MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. CONFLICTS OF INTEREST MAY BE FINANCIAL, PERSONAL OR PROFESSIONAL. ACTUAL OR POTENTIAL CONFLICTS MUST BE DISCLOSED TO THE BOARD FOR REVIEW, WITH DELIBERATIONS AND RELEVANT VOTING TO TAKE PLACE IN THE INTERESTED PARTY'S ABSENCE.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A

MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTERESTS, 332212 11-14-23 41 08360212 745960 00463.1 2023.05050 ORAM - ORGANIZATION FOR R 00463.11

Schedule O (Form 990) 2023	Page 2
Name of the organization ORAM - ORGANIZATION FOR REFUGE,	Employer identification number
ASYLUM & MIGRATION	26-3748676
IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFF	ORDS THE MEMBER
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	IF, AFTER
HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INV	ESTIGATION AS
WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COM	MITTEE DETERMINES
THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL C	ONFLICT OF
INTERESTS, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIV	E ACTIONS.

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

THE FULL BOARD, UPON REVIEW OF NATIONWIDE COMPENSATION DATA FOR CHIEF EXECUTIVES AT COMPARABLE NONPROFITS, EVALUATED THE ED'S PERFORMANCE AND DETERMINED HIS COMPENSATION. THE COMPENSATION PROCESS WAS DISCUSSED AND DOCUMENTED. OTHER THAN THE EXECUTIVE DIRECTOR, ORAM DOES NOT PAY ANY OF ITS OFFICERS. ORAM DOES NOT HAVE ANY EMPLOYEES WHO MEET THE IRS' DEFINITION OF KEY EMPLOYEE. THE LAST COMPENSATION REVIEW TOOK PLACE ON APRIL/MAY 2024.

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

ORAM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES: PURCHASED SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES

42

FUNDRAISING EXPENSES

TOTAL EXPENSES

ADMIN SUPPORT SERVICES:

PROGRAM	SERVICE	EXPENSES	

38,809.

Schedule O (Form 990) 2023

202,675.

49,290.

14,094.

266,059.

332212 11-14-23

08360212 745960 00463.1

2023.05050 ORAM - ORGANIZATION FOR R 00463.11

Schedule O (Form 990) 2023 Name of the organization ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION	Employer identification number 26-3748676
MANAGEMENT AND GENERAL EXPENSES	8,755.
FUNDRAISING EXPENSES	4,528.
TOTAL EXPENSES	52,092.
VOCATIONAL TRAINING CONSULTANTS:	
PROGRAM SERVICE EXPENSES	41,659.
MANAGEMENT AND GENERAL EXPENSES	9,398.
FUNDRAISING EXPENSES	4,861.
TOTAL EXPENSES	55,918.
STRATEGIC PLANNING SERVICES:	
PROGRAM SERVICE EXPENSES	38,904.
MANAGEMENT AND GENERAL EXPENSES	8,777.
FUNDRAISING EXPENSES	4,540.
TOTAL EXPENSES	52,221.
RECRUITING SERVICE:	
PROGRAM SERVICE EXPENSES	22,350.
MANAGEMENT AND GENERAL EXPENSES	5,042.
FUNDRAISING EXPENSES	2,608.
TOTAL EXPENSES	30,000.
CONSULTANTS ON FIELD PROGRAMMATIC:	
PROGRAM SERVICE EXPENSES	15,810.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,810.

332212 11-14-23

Schedule O (Form 990) 2023 Name of the organization ORAM - ORGANIZATION FOR REFUGE , ASYLUM & MIGRATION	Employer identification numb 26-3748676
CONSULTANTS ON INCLUSION:	
PROGRAM SERVICE EXPENSES	10,430.
ANAGEMENT AND GENERAL EXPENSES	2,353.
FUNDRAISING EXPENSES	1,217.
FOTAL EXPENSES	14,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	486,100.
32212 11-14-23 44	Schedule O (Form 990) 20

08360212 745960 00463.1

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnership n answered "Yes" on Form 990, Part IV, line 33, 34, 35k Attach to Form 990. ov/Form990 for instructions and the latest information.	therships e 33, 34, 35b, 36, information.	or 37.	<u> </u>	OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization ORAM - ORGANIZATION ASYLUM & MIGRATION	N FOR				Employer identification number 26-3748676	ication number 5.7.6
Part I Identification of Disregarded Entities. Complete if the organization		answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Identification of Related Tax-Exempt Organizations. organizations during the tax year.	Complete if th	ie organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, t	because it had one	or more related tax-exe	impt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
ALIGHT - 36-3241033 1325 QUINCY STREET, NE, SUITE A1 MINNEAPOLIS, MN 55413	HUMANITARIAN RELIEF PROGRAMS	SIONITTI	501(C)(3)	LINE 7	N/A	
GERMZ	HUMANITARIAN RELIEF PROGRAMS	GERMANY	N/A	N/A	ORAM	×
QUESTSCOPE, LTD - 36-3936979 1325 QUINCY STREET, NE, SUITE A1 MINNEAPOLIS, MN 55413	HUMANITARIAN EDUCATIONAL PROGRAMS	SIONITTI	501(C)(3)	LINE 7	АЬІСНТ	×
QUESTSCOPE - 98-1069488 71-75 SHELTON STREET LONDON, UNITED KINGDOM WC2H 9JQ	HUMANITARIAN EDUCATIONAL PROGRAMS	UNITED KINGDOM	N/A	N/A	АГЛЕНТ	X
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2023

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FOR REFUGE,		
ORGANIZATION	& MIGRATION	
ORAM -	ASYLUM	
	Schedule R (Form 990)	

26 - 3748676

Organizations
I Tax-Exempt
n of Related
f Identificatio
Continuation of
Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entitv	(g) Section 512(b)(13) controlled organization?	2(b)(13) lled tion?
2				501(c)(3))		Yes	٩
EASTERN CONGO INITIATIVE - 45-4103655 1325 ANTARAY SEDERE NE SUITER 31	лик мотшкона иктактикини лик мотшкона						
NE, SOLIE AL 413	THE NOTION	WASHINGTON	501(C)(3)	LINE 7	ALIGHT	X	

Schedule B (Form 990) 2023 ASYLUM	N N N N	3							26 - 37	26-3748676	Pane 3
Rels tted	ganizations Taxable	as a Partne ax year.	Ι.	if the organiza	ation answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	90, Part IV, lir	ie 34, becaus	e it had one or I	more relate	
(a)	(q)	(c)	(q)	(e)		(f)	(6)	(4)	(i)	0	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
		(Gainoo									
Part IV Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corpol ing the tax y	or Trust.	Complete if the	e organization a	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	on Form 990, I	Part IV, line 3 ²	4, because it ha	d one or m	ore related
(a) Name, address, and EIN of related organization	Ξc	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ig Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
KUJA KUJA, INC 85-0668285 1325 QUINCY STREET, NE, SUITE A MINNEAPOLIS, MN 55413	A1	SOCIAL ENTERPRISE	TERPRISE	DE	N/A	C CORP	×	N/A	N/A	N/A	
332162 09-28-23				77					Sched	ule R (For	Schedule R (Form 990) 2023

ORAM - ORGANIZATION FOR REFUGE, ASVIJIM & MIGRATION

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FOR REFUGE,		
ORGANIZATION FOR REFUGE	& MIGRATION	
ORAM -	ASYLUM	
	Schedule R (Form 990) 2023	

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	٩
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	elated organizations listed i	n Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
Gift, grant, or capital contribution to related organization(s)				1b		⋈
Gift, grant, or capital contribution from related organization(s)				1c		×
				1d		×
				1e		×
Dividends from related organization(s)				#		×
				1g		×
ation(s)				두		×
Exchange of assets with related organization(s)				i≓		$ \bowtie $
Lease of facilities, equipment, or other assets to related organization(s)				÷		
Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for related organization(s)	iization(s)			=		×
Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1 T	X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			1n	X	
Sharing of paid employees with related organization(s)				10	_	\varkappa
Reimbursement paid to related organization(s) for expenses				ę	×	
Reimbursement paid by related organization(s) for expenses				ę		×
Other transfer of cash or property to related organization(s)				1r	X	
(s)				1s		$ \aleph $
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete th	nis line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ved		
(1) ALIGHT	М	51,753.	FMV			
ALIGHT	N	0.	FMV			
(3) ALIGHT	д	387,215.	ACTUAL EXPENSE			
(4) ORAM GERMANY	R	250,347.	ACTUAL EXPENSE			

(6) 332163 09-28-23

Schedule R (Form 990) 2023

<pre>1 - ORGANIZATI axable as a Partnership. a</pre>	ION FOR REFUGE, 0N 26-3748676 Page 4 . Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	lership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) xclusion for certain investment partnerships.	(c)(d)(e)(f)(f)(g)(h)(i)(j)(k)Legal domicilePredominant incomeAre all annessee.Share of 501(6/3)Share of and allocationsBispropor- anount in box 20Code V-UBI managingGeneral or PercentageLegal domicilePredominant income501(6/3) anount in box 20totalBispropor- anount in box 20Code V-UBI managingGeneral or percentagecountry)sections 512-5141 voe Novoe Nofor NoNoNoNoNo														
S. MIGRANIZATION FOR & migration as a Partnership. Complete if the state of the second se	wered "Yes" on Form 990, Part IV, lin	ation conducted more than five percentionerships.	(e) Are all 501(c)(3) orgs.?						 							 	-
<pre>1 - ORGANIZATIO wable as a Partnership. C axable as a Partnership. C ch entity taxed as a partner ch entity taxed as</pre>	ON FOR REFUGE, N Complete if the organization ans ¹	ship through which the organize usion for certain investment par	micile oreign try)														-
	ORAM - ORGANIZATIC ASYLUM & MIGRATION ions Taxable as a Partnership. C	ich entity taxed as a partner: instructions regarding exclu	(b) Primary activity														

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ORAM - ORGANIZATION FOR REFUGE, ASYLUM & MIGRATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

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