# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For the	2022 calend	dar year, or tax year beginning 04/01/2022 and ending	g	03/31/2023					
В	Check if	applicable:	C Name of organization REDEEM INTERNATIONAL		D Em	ployer identification number				
П	Address	change	Doing business as			35-2674436				
$\overline{\Box}$	Name ch	ĭ l	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Tele	phone number				
$\overline{\Box}$	Initial ret	· ·	PO BOX 2991			571-598-2592				
$\overline{\Box}$		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
$\overline{\Box}$	Amende	d return	<b>G</b> Gro	ss receipts \$ 2,322,371						
$\exists$		ion pending	s this a group return	n for subordinates? Yes No						
_		p	F Name and address of principal officer: JESSE RUDY PO BOX 2991, MERRIFIELD, VA 22116	1		subordinates included? Yes No				
ī	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 5			ch a list. See instructions.				
	Website	https://w	ww.iredeem.org		Group exemption					
	_	organization:				te of legal domicile: VA				
Р	art I	Summa								
	1		cribe the organization's mission or most significant activities: RE	DEEM'S MISS	SION IS TO F	PROTECT WIDOWS				
ě			HANS FROM VIOLENT ABUSE AND EXPLOITATION.							
Activities & Governance										
ern	2	Check this	box  if the organization discontinued its operations or dispose	ed of more th	nan 25% of	its net assets.				
Š	3		voting members of the governing body (Part VI, line 1a)		1	8				
۵	4		independent voting members of the governing body (Part VI, line			8				
ies	5		per of individuals employed in calendar year 2022 (Part V, line 2a)	•	5	5				
ĭ	6		per of volunteers (estimate if necessary)		6	0				
Act	7a				7a					
	b		ted business taxable income from Form 990-T, Part I, line 11 .		7b					
					ior Year	Current Year				
Revenue	8	Contributio	ons and grants (Part VIII, line 1h)	1,745,250	3 2,305,262					
	9		ervice revenue (Part VIII, line 2g)		0 0					
èVe	10	•	t income (Part VIII, column (A), lines 3, 4, and 7d)	7,887						
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0 0				
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,753,140	-				
_	13	-	d similar amounts paid (Part IX, column (A), lines 1–3)		0 0					
	14		aid to or for members (Part IX, column (A), line 4)		0 0					
'n	4-		her compensation, employee benefits (Part IX, column (A), lines 5–10	482,344	-					
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		10,584	<del>                                     </del>				
ber	b		raising expenses (Part IX, column (D), line 25) 253,38		10,00	11,000				
Ä	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	288,914	4 487,293				
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		781,842	<u> </u>				
	19		ess expenses. Subtract line 18 from line 12		971.298					
- S					of Current Yea					
ets (	20	Total asset	s (Part X, line 16)		1,359,739					
Ass Ba	21		ties (Part X, line 26)		68,186	7 7-				
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20		1,291,550					
	art II		re Block	- 1	.,,,	.,000,101				
Ur	nder pena	lities of perjury	, I declare that I have examined this return, including accompanying schedules and e. Declaration of preparer (other than officer) is based on all information of which pro			of my knowledge and belief, it is				
		1	<del>J' T</del>	.,,						
Sig	an	Ciamatura of	Treg Parrant		10/26/202	3				
	_	Signature of			Date					
П	ere		RRANT, CHIEF OPERATING OFFICER							
		1 7 .	name and title	D-4-		DTIN.				
Pa	aid		Preparer's name  Preparer's signature	Date	Check					
	reparer JEREMY CORK JUNE 10/26/2023 Sell-employed P0154									
	se Onl	ly Firm's nan			Firm's EIN	26-2176601				
		Firm's add			Phone no.	208-287-4777				
ıvla	ιν τne IF	าว aiscuss 1	this return with the preparer shown above? See instructions			V Yes No				

Cat. No. 11282Y

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Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: REDEEM'S MISSION IS TO PROTECT WIDOWS AND ORPHANS FROM VIOLENT ABUSE AND EXPLOITATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	— Io
3	f "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other than the total expenses, and revenue, if any, for each program service reported.	
4a	Code:         ) (Expenses \$ 1,254,631 including grants of \$ 0 ) (Revenue \$ 0 )	
	REDEEM PARTNERED WITH LOCAL LAW ENFORCEMENT AUTHORITIES TO PROTECT UGANDAN WIDOWS AND	
	ORPHANS FROM PREDATORY EVICTION. SPECIFICALLY, REDEEM ENGAGED IN CASEWORK THAT RESTORED FAMILIES TO THEIR HOMES, RESTRAINED THE CRIMINALS WHO WERE ABUSING THEM AND REHABILITATED SURVIVORS, PROVIDING INVESTIGATIVE, LEGAL AND/OR SOCIAL SERVICES TO 1,934 BENEFICIARIES. THIS CASEWORK, COUPLED WITH REDEEM'S CASEWORK-INFORMED CAPACITY BUILDING AND COMMUNITY ENGAGEMENT EFFORTS, HAS THE FURTHER BENEFIT OF CREATING A DETERRENT IMPACT THAT REDUCES VICTIMIZATION AND PROVIDES PROTECTION FOR THE OTHER WIDOWS AND ORPHANS IN THE COMMUNITY.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
4e	Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  Total program service expenses 1,254,631	

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . .

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

20a

20b

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part IV</i>	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		,
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		v v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>/</b>
	or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>'</i>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
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		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	,	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   3		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	\ \	
b	If "Yes," enter the name of the foreign country <a href="Uganda">Uganda</a> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year			_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-		10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
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		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 1 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Schedule O, Statement 1 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. JESSE RUDY, (571)598-2592

Part VI

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

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

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

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

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

U Check this box in heither the organization hol	i arry relate	u oig	ailiz	auc	ט ווכ	ompe	1130	ated arry current	officer, director,	oi iiusiee.	
				(4	C)						
(A)	(B)	١,,			sition			(D)	(E)	(F)	
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		
JESSE RUDY	50.00										
CEO		~		~				148,011	0	0	
GREG TARRANT CORPORATE SECRETARY/CHIEF OPERATING OF	50.00	-		~				96,042	0	0	
DANIEL ENARSON	1.00										
CHAIR		~		~				0	0	0	
PHILLIP LANGFORD	1.00										
MEMBER		~						0	0	0	
SHEILA BRAKA MUSIIME	1.00										
MEMBER		~						0	0	0	
CATHERINE NJOYA MEMBER	1.00	,						0	0	0	
STACY MCMAHAN	1.00										
TREASURER		1		~				0	0	0	
MICHELE LEE	1.00										
MEMBER		~						0	0	0	
DAVID HAZELTON	1.00										
MEMBER		~						0	0	0	
GRUIA PITIGOI ARON	1.00										
MEMBER		~						0	0	0	

Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Empl	oyees (continued)
						C)					
	(A)	(B)	(do n	ot ch		ition	e than o	one	(D)	(E)	(F)
	Name and title	Average	,				is both		Reportable	Reportable	Estimated amount
		hours per week	office	er an	_	_	or/trus	— <u> </u>	compensation from the	compensation from related	of other compensation
		(list any	Indi or d	Insti	Officer	Key	High	Former	organization (W-2/	organizations (W-2	from the
		hours for related	Individual to	tutic	ĕ	emp	nest loye	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	al tru	nal		Key employee	com		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
		below dotted line)	ndividual trustee or director	Institutional trustee		ee	pen				
		,	Ψ.	tee			Highest compensated employee				
			1								
			-								
											+
			1								
			Ī								
			_								
			-								
		<del> </del>	1								
1b	Subtotal		٠	٠.	٠.				244,053		0
С	Total from continuation sheets to Part	VII, Section	n A						,		
d	Total (add lines 1b and 1c)								244,053		0
2	Total number of individuals (including		limite	ed t	to t	thos	e lis	ted	above) who re	eceived more	than \$100,000 of
	reportable compensation from the organi	ızatıon							1		
•	Did the consideration list over former	- <b>(</b> (: !!		4							Yes No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete s</i>										
4	For any individual listed on line 1a, is the										
•	organization and related organizations										
	individual	_									4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organiza	tion or individu	al
	for services rendered to the organization	? If "Yes," o	compl	ete	Sch	nedu	ıle J 1	for s	such person .		5 🗸
	on B. Independent Contractors										
1	Complete this table for your five high										
	compensation from the organization. Rep	ort comper	isatior	וסו ר	r tne	e ca	ienda	r ye	ar ending with or	within the orga	
	<b>(A)</b> Name and business add	Iress							(B) Description of serv	vices	(C) Compensation
None	Hame and Business add							-	200011101101101101		20
MOHE											
2	Total number of independent contractor						ed to	th	nose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion			0		

Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaig Membership dues Fundraising events Related organization Government grants All other contribution	 ns . (cont	ributions)	1a 1b 1c 1d 1e	0 0 0 0				
ontributic nd Other	g	and similar amounts no Noncash contribution lines 1a–1f	ons in 	cluded in	1f 1g	\$ 0				
āĞ	h	Total. Add lines 1a-	-1f .				2,305,262			
						Business Code				
Ģ	2a									
Ž (	b									
ser Iue										
n S	С									
yram Ser Revenue	d									
Program Service Revenue	е									
Pr	f	All other program se	ervice	revenue						
	g	Total. Add lines 2a-	-2f .				0			
	3	Investment income	(incl	uding divi	dends	s, interest, and				
		other similar amoun	ts) .				17,109	0	0	17,109
	4	4 Income from investment of tax-exempt bor				nd proceeds	0	0	0	0
	5	D 111					0	0	0	0
		rioyanics	<u> </u>	(i) Rea		(ii) Personal	0	0	U	
	0-	0		(1) 1 164	'	(ii) i ersonai				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)			0	0				
	d	Net rental income o	r (loss	s)						
	7a	Gross amount from sales of assets other than inventory	_	(i) Securit	ties	(ii) Other				
Revenue	b	Less: cost or other basis and sales expenses .	7a 7b							
eV6	С	Gain or (loss)	7c		0	0				
		Net gain or (loss)								
Other		Gross income from	m fu	ndraisina						
₹	ou	events (not including of contributions rep 1c). See Part IV, line	\$ oorte	0	8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)			g eve	nts				
	9a	Gross income f activities. See Part I	rom	gaming	9a					
	b	Less: direct expens	es .		9b					
		Net income or (loss)				<u> </u>				
		returns and allowan	ces		10a 10b					
		Less: cost of goods								
	С	Net income or (loss)	HOIT	sales of In	iveriic	T .				
Sn						Business Code				
ne ne	11a									
lar	b									
scellaneo Revenue	С									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a	a–11d	l			0			
	12	Total revenue. See					2,322,371	0	0	17,109

# Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a response	or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	244,052	153,629	40,764	49,659
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	572,970	360,681	95,703	116,586
9	Other employee benefits	193,910	167,807	10,550	15,553
10	Payroll taxes	205,902	173,562	14,601	17,739
11	Fees for services (nonemployees):				
а	Management				
b	Legal	7,402	7,402		
С	Accounting	47,922	9,792	38,130	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	14,300			14,300
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	57,609	36,971	114	20,524
12	Advertising and promotion				
13	Office expenses	48,145	46,927	668	550
14	Information technology	43,340	35,777	2,130	5,433
15	Royalties		,	·	· · ·
16	Occupancy	39,330	39,280	50	
17	Travel	165,080	155,678	724	8,678
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		133/076	,_,	5,6.5
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1,929	1,929		
23	Insurance	103	103		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	STAFF CARE AND DEVELOPMENT	42,615	37,655	2,493	2,467
b	BANK CHARGES & PROCESSING FEES	19,305	13,550	3,999	1,756
С	TELECOMMUNICATIONS	13,622	13,610	12	
d	POSTAGE AND SHIPPING	891	278	474	139
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,718,427	1,254,631	210,412	253,384
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	tX		🔲
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			700,363	1	262,532
	2	Savings and temporary cash investments		[		2	1,374,539
	3	Pledges and grants receivable, net		[	651,000	3	304,494
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substantially and the controlled active or formily members of any of these	contributor, or 35%				
	•	controlled entity or family member of any of thes			5		
	6	Loans and other receivables from other disqual under section 4958(f)(1)), and persons described			6		
ts	7	Notes and loans receivable, net		[		7	
Assets	8	Inventories for sale or use		[		8	
Ř	9	Prepaid expenses and deferred charges		[	754	9	34,116
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,539			
	b	Less: accumulated depreciation	10b	2,846	7,622	10c	5,693
	11	Investments—publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1	1 .	[		12	
	13	Investments-program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	<u>_</u>		15		
	16	Total assets. Add lines 1 through 15 (must equa			1,359,739	16	1,981,374
	17	Accounts payable and accrued expenses			68,186	17	85,877
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	-		20		
	21	Escrow or custodial account liability. Complete F			21		
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst- controlled entity or family member of any of thes	contributor, or 35%				
iab			_		22		
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,	payab	les to related third		24	
		parties, and other liabilities not included on lines of Schedule D				٥-	_
	26	<b>Total liabilities.</b> Add lines 17 through 25		L	0 68,186	-	<u> </u>
<b>'</b> 0	20	Organizations that follow FASB ASC 958, che			08,180	20	85,877
nces		and complete lines 27, 28, 32, and 33.	CK HC				
ala	27				666,644	27	1,576,253
<u>В</u>	28				624,909	28	319,244
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 99 and complete lines 29 through 33.	58, ch	eck here 🗌			
50	29	Capital stock or trust principal, or current funds				29	
ět	30	Paid-in or capital surplus, or land, building, or ec	Juipm	ent fund		30	
ASS	31	Retained earnings, endowment, accumulated inc	come,	or other funds .		31	
et '	32				1,291,553	32	1,895,497
Z	33	Total liabilities and net assets/fund balances .			1,359,739	33	1,981,374

Form 990 (2022) Page **12** 

Part	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)			2,32	2,371			
2	Total expenses (must equal Part IX, column (A), line 25)			1,71	8,427			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments				0			
6	Donated services and use of facilities				0			
7	Investment expenses				0			
8	Prior period adjustments				0			
9	Other changes in net assets or fund balances (explain on Schedule O)				0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	<b>)</b>		1,89	5,497			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			$\Box$			
				Yes	No			
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain	in o	_					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~			
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed c	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	<b>'</b>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	a					
	separate basis, consolidated basis, or both:							
	✓ Separate basis ☐ 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 oversign		of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	~				
	If the organization changed either its oversight process or selection process during the tax year, expla Schedule O.	ain oi	n					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i	in the	e					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		~			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		1 1					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	ts.	3b	000				

Form **990** (2022)

#### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

**Employer identification number** Name of the organization REDEEM INTERNATIONAL 35-2674436 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2019 (a) 2018 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 141,559 515,712 1,745,256 2,305,262 4,707,789 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 **Total.** Add lines 1 through 3 4 0 141,559 515,712 1,745,256 4,707,789 2,305,262 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 1,114,547 **Public support.** Subtract line 5 from line 4 3,593,242 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 . . . . . . 0 515,712 141,559 1,745,256 2,305,262 4,707,789 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 17,109 0 0 17,109 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 **Total support.** Add lines 7 through 10 11 4,724,898 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . % 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . % 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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Schedule A (Form 990) 2022 Page **3** 

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

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

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	( ) 0040	#1.0040	( ) 0000	/ I) 0004	( ) 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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,						
4.4	and 12.)			thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	n F01/c\/0\
14	organization, check this box and <b>stop he</b>	_			-	ear as a secuo	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		•			16	<del>%</del>
	on D. Computation of Investment In				<u> </u>	1 1	,,
17	Investment income percentage for 2022 (			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and <b>stop h</b>	ere. The organ	ization qualifies	s as a publicly s	upported organ	nization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(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.)

### Se

Jeen	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	Ito
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** 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 detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 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. 3a

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.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage <b>C</b>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ <del>_</del> _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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-functional (see instructions)	ally i	integrated Type III suppor	ting organization

Schedule A (Form 990) 2022 Page 7

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

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

REDEEM INTERNATIONAL 35-2674436 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

Schedu	le D (Form 990) 2022					Page 2
Part	•					
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, check any of th	e following that make	e significant use of its
а	☐ Public exhibition		d	Loan or exchang	je program	
b	☐ Scholarly research		е	☐ Other		
С	☐ Preservation for future generations					
4	Provide a description of the organizat XIII.	ion's collections a	and expla	ain how they further	the organization's ex	empt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra	ngements.				
	Complete if the organization 990, Part X, line 21.				•	
1a	Is the organization an agent, trustee,					not
	included on Form 990, Part X?					· Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing table:		
					_	Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
e	3 . ,				1e	
f	Ending balance				1f	it.o Vaa Na
2a	Did the organization include an amour If "Yes," explain the arrangement in Pa					·
	Endowment Funds.	art Alli. Check her		xpiariation has been	provided on Part Alli	<u> 🗀 </u>
ı aı	Complete if the organization	answered "Yes"	" on For	m 990 Part IV lin	e 10	
	Complete ii alle el galiization	(a) Current year		or year (c) Two yea		ack (e) Four years back
1a	Beginning of year balance	(,, , , , , , , , , , , , , , , , , , ,	.,	(2)	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1)
b	Contributions					
C	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the	•	d balanc	ce (line 1g, column (a	a)) held as:	
а	Board designated or quasi-endowmer	nt	%			
b	Permanent endowment	%				
С	Term endowment%		222			
0-	The percentages on lines 2a, 2b, and 2					41
3a	Are there endowment funds not in the organization by:	e possession of tr	ie organi	zation that are neid	and administered for	Yes No
	(i) Unrelated organizations					. 3a(i)
	***					. 3a(ii)
h	If "Yes" on line 3a(ii), are the related or		 as requi	red on Schedule R?		. 3b
4	Describe in Part XIII the intended uses	-	•			. 00
Part			711 3 CHQC	JWITICITE TUTIGO.		
	Complete if the organization		" on For	m 990. Part IV. lin	e 11a. See Form 99	0. Part X. line 10.
	Description of property	(a) Cost or ot		(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investm		(other)	depreciation	(.,
1a	Land		0	0		0
b	Buildings		0	0	0	0
С	Leasehold improvements		0	8,539	2,846	5,693
لہ	Caulinment					

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

**e** Other

0

0

Schedule D (Form 990) 2022 Page **3** 

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(R)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation:
			Cost or er	nd-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	man /h) muset equal Form 000 Port V and /D) line 12 )			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Partix	Complete if the organization answered "Yes" on Form 990, Part	IV line 11d See F	orm 000	Part Y line 15
	(a) Description	iv, line i id. dee i	01111 330,	(b) Book value
(1)	(a) Boothplion			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Fori	m 990, Part X,
	line 25.	•		,
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			0
	runcertain tax positions. In Part XIII, provide the text of the footnote to the orga	nization's financial sta	tements th	at reports the

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

•

Page 4

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Ves" on Form 990, Part IV, line 12a

	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		· · · · · · ·	1	2,333,846
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	11,475		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	11,475
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,322,371
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	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	2,322,371
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	r Ret	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,729,902
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	11,475		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	11,475
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,718,427
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	1,718,427
Part	XIII Supplemental Information.				
Part Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; P	art IV, lines 1b and 2b	; Part '	V, line 4; Part X, line
Part Provid 2; Par	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P to pro	art IV, lines 1b and 2b ovide any additional in	; Part ' format	V, line 4; Part X, line ion.
Part Provid 2; Par Sched	XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part dule D, Part X, Line 2 - THE ORGANIZATION WAS GRANTED TAX-EXEMPT STA	d 4; P to pro	art IV, lines 1b and 2b ovide any additional in BY THE INTERNAL REV	; Part ' format	V, line 4; Part X, line ion. SERVICE
Part Provice 2; Par Sched UNDE	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part dule D, Part X, Line 2 - THE ORGANIZATION WAS GRANTED TAX-EXEMPT STAR INTERNAL REVENUE CODE SECTION 501(C)(3) ON MARCH 5, 2020. ACCOR	d 4; P to pro TUS E	art IV, lines 1b and 2b ovide any additional in BY THE INTERNAL REV LY, NO PROVISION FOI	; Part ' format ENUE :	V, line 4; Part X, line ion. SERVICE RAL,
Part Provice 2; Par Sched UNDE STAT	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part dule D, Part X, Line 2 - THE ORGANIZATION WAS GRANTED TAX-EXEMPT STAIR INTERNAL REVENUE CODE SECTION 501(C)(3) ON MARCH 5, 2020. ACCORE OR LOCAL INCOME TAXES HAS BEEN RECORDED. THE ORGANIZATION DO	d 4; P to pro TUS E	art IV, lines 1b and 2b ovide any additional in BY THE INTERNAL REV LY, NO PROVISION FOI	; Part ' format ENUE :	V, line 4; Part X, line ion. SERVICE RAL,
Part Provice 2; Par Sched UNDE STAT	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part dule D, Part X, Line 2 - THE ORGANIZATION WAS GRANTED TAX-EXEMPT STAR INTERNAL REVENUE CODE SECTION 501(C)(3) ON MARCH 5, 2020. ACCOR	d 4; P to pro TUS E	art IV, lines 1b and 2b ovide any additional in BY THE INTERNAL REV LY, NO PROVISION FOI	; Part ' format ENUE :	V, line 4; Part X, line ion. SERVICE RAL,
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#### **SCHEDULE F** (Form 990)

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number REDEEM INTERNATIONAL** 35-2674436

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	nplete if the organization a	answered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility	for the gran	ts or assistance, and the	selection criteria used to	☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants an	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sch F, Stmt 1					
	Jenn , June 1					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	5	42			1,094,999

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)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

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2022 Page **4** 

# Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REDEEM INTERNATIONAL

Form: **Schedule F (2022)** EIN: **35-2674436** 

Page: 1

Part I, Line 3

#### **Accounts and Activities Outside the United States**

		Offices	Employees	Total					
Region	Sub-Saharan Africa	5	42	1,094,999					
Activities	Program Services								
Services	REDEEM PARTNERED WITH LOCAL LAW ENFORCEMENT AUTHORITIES TO								
	PROTECT UGANDAN WIDOWS AND ORPHANS FROM PREDATORY EVICTION.								
	SPECIFICALLY, REDEEM ENGAGED IN CASEWORK THAT RESTORED FAMILIES	ТО							
	THEIR HOMES, RESTRAINED THE CRIMINALS WHO WERE ABUSING THEM AND								
	REHABILITATED SURVIVORS, PROVIDING INVESTIGATIVE, LEGAL, AND/OR								
	SOCIAL SERVICES TO 1,934 DIRECT BENEFICIARIES. THIS CASEWORK, COUPL	.ED							
	WITH REDEEM'S CASEWORK-INFORMED CAPACITY BUILDING AND COMMUNIT	Υ							
	ENGAGEMENT EFFORTS HAVE THE FURTHER BENEFIT OF CREATING A								
	DETERRENT IMPACT THAT REDUCES VICTIMIZATION AND PROVIDES								
	PROTECTION FOR THE OTHER WIDOWS AND ORPHANS IN THE COMMUNITY								
	BEYOND THE DIRECT BENEFICIARIES.								
	Total:	5	42	1,094,999					

# SCHEDULE O (Form 990)

### 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.

2022

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Inspection
Employer identification number

REDEEM INTERNATIONAL	35-2674436
Form 990, Part VI, Section B, Line 11b - REDEEM DISTRIBUTES THIS FORM TO ALL BOARD MEMBERS FO	OR REVIEW AND COMMENT
PRIOR TO FILING.	
Form 990, Part VI, Section B, Line 12c - REDEEM COLLECTS WRITTEN CONFLICT OF INTEREST DISCLOS	SURES FROM OFFICERS,
DIRECTORS, AND KEY EMPLOYEES ON AN ANNUAL BASIS.	
Form 990, Part VI, Section B, Line 15 - THE CEO'S COMPENSATION PACKAGE IS REVIEWED AND APPRO	OVFD ANNUALLY BY
INDEPENDENT MEMBERS OF REDEEM'S BOARD OF DIRECTORS, CONSIDERING FACTORS SUCH AS TH	
COMPENSATION, THE CEO'S JOB PERFORMANCE, THE FINANCIAL HEALTH OF THE ORGANIZATION, IN	
AND COMPARABILITY DATA. ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS CONFERRED AND	
COMPENSATION PACKAGE, CONTEMPORANEOUSLY DOCUMENTING THE DECISION BY RESOLUTION I	
MINUTES.	IN THE BOARD SWILLTING
WINOTES.	
Farm OOD Bark VII Consider O. Ling AD. THE ODGANIZATION MADE ITC COVERNING DOCUMENTS. CONFI	LOT OF INTEREST POLICY
Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFL	ICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
5 000 D 11V 11 44 07UFD 00NTD 07 0FF 110 110 110 110 110 110 110 110 110	OTUED OF MED A1
Form 990, Part IX, Line 11g - OTHER CONTRACT SERVICES INCLUDE IT SERVICES, M&E SERVICES AND	OTHER GENERAL
CONTRACT SERVICES.	
	·

Schedule O, Statement 1

REDEEM INTERNATIONAL

EIN: **35-2674436** 

Form: Form 990 (2022)

Page: 6 Part VI, Section C, Line 17
States Where Copy Of Return Is Filed

States	
AL	
AR	
CA	
FL	
GA	
IL	
KY	
MD	
ME	
MI	
MN	
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OR	
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WV	