	*	OOO T	Ex	empt Organizatio	n Bus	ine	ss Inco	me Ta	x Retu	ırn		OMB N	o 1545-	0687			
	Form	990-T										9	ച	0			
		•	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning , and ending														
	Departi	ment of the Treasury		Go to www.irs.gov/Form990		ructi	ons and the	• •			Ope	en to Pu	blic Inspe	ection	for		
		Revenue Service	► Do no	t enter SSN numbers on this form	as it may b	e ma	de public if yo	ur organiza	ation is a 501		501	(c)(3) O	rganizati	ons Or	nly		
	a [Check box if address changed		Name of organization (C	heck box if i	name	changed and se	ee instructio	ons)				cation n e instructi		T		
- !		empt under section	1	Place of Refuge, Inc													
	식	501 (C) 3)	Print	Print Number, street, and room or suite no. If a PO box, see instructions									23-3030159				
	Ļ	408(e) 220(e)	or	2938 North 5th Street							related e instruct		ss activi	ity co	de		
	Ļ	408A 530(a)	Туре	City or town	_	tate		ZIP co									
	L_	529(a)		Philadelphia Foreign country name		A pro	vince/state/cou	1913									
				Foreign country name	ı oreiç	jii pio	VIII CO/State/COU	inty i oreign	postal code								
-	C Bo	ook value of all assets at	F Gro	up exemption number (See ii	nstruction	ıs)	•			.							
		od of year 48.622		ck organization type X			oration	501(c)	trust	401(a) trust		Othe	r trus	it		
-	H I			ization's unrelated trades or		es	•		Descr	be the	only (d	or first) unrel	ated			
 		rade or business he					If only one,							e th	е		
! !		first in the blank spac trade or business, th		end of the previous sentence	e, comple	te Pa	arts I and II,	complete	e a Schedu	iie ivi to	r eacn	addit	ionai				
-		<u>.</u>	<u>'</u>	poration a subsidiary in an affili	iated grou	n or 1	a narent-sub	sidian, co	ntrolled are	un?		_	Yes	X	No		
				ntifying number of the parent of			a parent-sub	Sidially Co.	iiliolled gio	up:	•		1 165	\triangle	NO		
-				Bryan Dickey, Interim Exec			Te	elephone	number I	(2)	67) 90	9-855	0				
	Par			Business Income			(A) Inco		I	kpenses	T		(C) Ne	t			
•		Gross receipts or s									Ī						
	b	Less returns and allow		c Balan		lc		0									
	2	Cost of goods sold	-	-	<u> </u>	2		_						_			
	3	Gross profit Subtra			⊢	3		0	<u> </u>					9			
	4 a	, ,				la lb				-				+			
<u> </u>	ם פר	Capital loss deduct		art II, line 17) (attach Form 479		łc					- 			-			
),),	0707 0707			or an S corporation (attach statem	_	5								\dashv			
ve.	• 6	Rent income (Sche		or an o corporation (attach otatom	· ·	6											
-	₹ 7	Unrelated debt-fina		ome (Schedule E)		7											
<u>;</u> ;	} 8 9			from a controlled organization (Sche	· · · · · · · · · · · · · · · · · · ·	8											
			-)(7), (9), or (17) organization (Schedul	· · · / —	9											
	10	Exploited exempt a	-	•	_	10		_		-				\dashv			
	11	Advertising income	•	-	<u> </u>	11								\rightarrow			
Z	12 13	Total. Combine line		ons, attach schedule)	ļ-	12				0							
ධි	Pari	Deductions	Not Ta	ken Elsewhere (See ins	tructions	for	limitations	on ded	uctions.)		ot for	contr	bution	ns.			
$\overline{\mathcal{G}}_{z}$	j			directly connected with the						(=:::-;				,			
-	14			rectors, and trustees (Sched					•/		14		_				
	15	Salaries and wages	-	(00.0.0)	,	111	1819			Į	15						
	16	Repairs and mainte		•		11	1011				16						
	17	Bad debts								ļ	17						
	18	Interest (attach sch		ee instructions)						-	18			+			
	19 20	Taxes and licenses		e instructions for limitation ru	uloe)					ŀ	19 20						
	21	Depreciation (attac			iles)		21	1		ıŀ				-+-			
	22			n Schedule A and elsewhere	on retur	า	22a		-		22b						
~	23	Depletion						•			23						
2	24	Contributions to de		mpensation plans						Ĺ	24						
8	25	Employee benefit p									25			_			
	26	Excess exempt exp	•							}	26			\dashv			
1	27 28	Excess readership	-							}	27 28						
	26 29	Other deductions (a Total deductions.								}	29			0			
	30			ncome before net operating	loss ded	uctio	n Subtract	line 29 fr	om line 13	1	30			0			
7	31			s arising in tax years beginning						ļ	31						
4	32			ncome Subtract line 31 from			. , ==				32			0			
17.	For P	aperwork Reduction	_								18	Forn	n 990 -	T (20)18 <u>)</u>		
2	HTA										1 0						
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•	0-T (2018)		<u>23-303015</u>	<u> </u>	_ Pa	age 2
Part		otal Unrelated Business Taxable Income			—т	
33		inrelated business taxable income computed from all unrelated trades or businesses (see	22		0	
34	Instructio	paid for disallowed fringes	33	<u> </u>	—"	—
35		n for net operating loss arising in tax years beginning before January 1, 2018 (see	34	 		
33	instructio		35		اه	
36		inrelated business taxable income before specific deduction. Subtract line 35 from the sum		 	───	
•		3 and 34	36		ol	
37		deduction (Generally \$1, 000, but see line 37 instructions for exceptions)	37		ō	
38		d business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	<u> </u>			
		smaller of zero or line 36	38	l	0	
Part I	V T	ax Computation				
39		ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39		0	
40	Trusts Ta	axable at Trust Rates. See instructions for tax computation. Income tax on the				
	amount o	on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 40			
41	Proxy ta	x. See instructions	▶ 41			
42	Alternativ	ve minimum tax (trusts only)	42			
43		loncompliant Facility Income. See instructions	43			
44		ld lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0]	
Part		ax and Payments				
45 a		ax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		edits (see instructions) 45b				
C		business credit Attach Form 3800 (see instructions) 45c				
d		r prior year minimum tax (attach Form 8801 or 8827)	450		اہ	
		edits. Add lines 45a through 45d	45e 46	 	0	
46 47		Inne 45e from line 44 s Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	<u> </u>		- 0	
48		s Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu . Add lines 46 and 47 (see instructions)	11e) 47 48		0	
4 0		965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	 	Ŭ	
50 a		s A 2017 overpayment credited to 2018 50a	3			
oo a	•	imated tax payments 50b	\dashv			
		osited with Form 8868 50c	\neg			
	•	organizations Tax paid or withheld at source (see instructions) 50d	\neg			
е		withholding (see instructions) 50e				
f		r small employer health insurance premiums (attach Form 8941) 50f				
g	Other cre	edits, adjustments, and payments Form 2439	\neg			
	Form	1 4136 Other Total ▶ 50g 0				
51		yments. Add lines 50a through 50g	51		o	
52	Estimate	d tax penalty (see instructions) Check if Form 2220 is attached ▶	52			
53	Tax due.	If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53		0	
54	Overpay	ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54		0	
55		amount of line 54 you want Credited to 2019 estimated tax Refunded	▶ 55		0	
Part	VI St	atements Regarding Certain Activities and Other Information (see instructions)				
56	At any tir	me during the 2018 calendar year, did the organization have an interest in or a signature or o	ther author	ity	Yes	No
		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma				
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the for	eign counti	ry		
	here >					
57	•	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	toreign trus	it?		 ,
		see instructions for other forms the organization may have to file				
_58		e amount of tax-exempt interest received or accrued during the tax year \$ r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	v knowledce co	d belief it is to s	correct	
٥.	and c	r penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of momentum of which preparer has any knowledge.	, wiowieuge and	, Doner, It is IIUO,	wired,	
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Here		The interior Executive Birector		parer shown belo		No
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Use		Firm's name	Firm's EIN			
-30	∵…y	Firm's address	Phone no			

Firm's address

Phone no

23-3030159

1 Inventory at beginning of year 2 Purchases 2 Probables 3 Cost of flabor 4 A Additional section 263A costs 4 A Additional property of the personal property of the persona	Schedule A-Cost of Good	is Sold. Ente	r method of	f inventor	y valuati	ion	>					
3 Cost of labor 4 a Additional section 283A costs (attach schedule) 5 Other costs (attach schedule) 5 Total, Add lines 1 through 4b 5 O Different lines 2 Section 283A (with respect to property produced or acquired for resale) 5 Total, Add lines 1 through 4b 5 O Different lines 2 Section 283A (with respect to property produced or acquired for resale) 5 Total, Add lines 1 through 4b 5 O Different lines 2 Section 283A (with respect to property produced or acquired for resale) 5 Total, Add lines 1 through 4b 5 O Different lines 2 Section 283A (with respect to property lines apply to the organization of acquired for resale) 5 Total Add lines 1 through 4b 5 O Different lines 2 Section 283A (with respect to property lines apply to the organization of acquired for resale) 5 Total Add lines 1 through 4b 5 O Different lines 2 Section 283A (with respect to property lines apply to the organization of acquired for resale) 5 Total Add lines 1 through 4b 5 O Different lines 2 Section 283A (with respect to property lines apply to the organization of acquired for resale) 5 Total Section 2 Section		T .		• 1				d of year	6			
A a Additional section 263A costs (attach schedule) b Other costs (attach schedule) 4 b D Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 0 D apply to the organization? Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)	2 Purchases	<u>Γ</u>	2		7	Cos	st of goods	sold. Subtract				
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Secinstructions Section Secinstructions Secinstructions Secinstructions Section Secinstructions Secinstructions Secinstructions Section Secinstructions Secinstructions Secinstructions Section Secinstructions Section Sect	b Other costs (attach sched	lule) 4	b			pro	perty produ	ced or acquired for	r resal	e)		
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(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)		0	Total				0					
1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule)	here and on page 1, Part I, line 6, c	column (A)					0	Enter here and or	n page			0
1. Description of debt-financed property 2. Description debt-financed property 2. Description debt-financed property 3. Allocable to-debt-financed property 4. Amount of average acquisited basis of or allocable to debt-financed property 3. Allocable to-debt-financed property 4. Amount of average acquisited basis of or allocable to debt-financed property 3. Allocable to-debt-financed property 4. Amount of average acquisited basis of or allocable to debt-financed property 4. Amount of average acquisited basis of or allocable to debt-financed property 4. Amount of average acquisited basis of or allocable to debt-financed property 4. Amount of average acquisited basis of or allocable to debt-financed property 4. Amount of average acquisited basis of or allocable to debt-financed property 4. Amount of average	Schedule E-Unrelated De	ept-Financea	income (se	e instructi T	ons)	-	· · ·					
(1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) 7. Gross income reportable (column 2 × column 6) (column 2 × column 6) (column 2 × column 6) (column 6 × total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (column 2 × column 6) (column 6 × total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (column 2 × column 6) (column 6 × total of columns 3(a) and 3(b)) (a) (b) O (column 6 × total of columns 4 divided by column 5 (column 6 × total of columns 3(a) and 3(b)) (column 6 × total of columns 4 divided by column 5 (column 6 × total of columns	1. Description of debt-	financed property					3. 1					
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (5. Column 4 divided by column 5 (column 6 × total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) (5. Column 4 divided by column 5 (column 6 × total of columns 3(a) and 3(b)) (2) (3) (4) (4) (5. Column 5 (column 6 × total of columns 3(a) and 3(b)) (column 6 × total of columns 3(a) and 3(b)) (ditach schedule) (ditach schedule) (ditach schedule) (ditach schedule) (ditach schedule) (ditach schedule) (ditach s												
(3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) (2) (4) Totals Totals	(1)											
4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column and a divided by column by column by column column by column column by column column by column by column by column by column column by column column column by column column by column column column by column	(2)											
4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column and a divided by column by column by column by column column and a divided by column by column column and a divided by column by column by column by column by column column column column by column by column	(3)											
Column 2 Column 6	(4)	,										
(2) % 0 0 (3) % 0 0 (4) % 0 0 Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B) Part I, line 7, column (B)	acquisition debt on or allocable to debt-financed	of or alloc debt-finance	able to d property	4 dı	ıvıded					mn 6 × total of c	olum	
(2) % 0 0 (3) % 0 0 (4) % 0 0 Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B) Part I, line 7, column (B)	(1)					%		0				0
(3)						%		0				0
(4) % 0 0 Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B) Enter here and on page 1, Part I, line 7, column (B) Totals . 0 0						%		0				0
Enter here and on page 1, Part I, line 7, column (A) Totals Enter here and on page 1, Part I, line 7, column (B) 0 0						%		0				0
Totals . □ 0 0												
	Totals .				ı		1 4111, 11110	, , , , , ,	· art	., ,	(1	
		ions included in	column 8		•	L						

Schedule F—Interest, Annuit	ies, Royaities,				amzations (se	e instruc	cuons)	
4 10 10 10 10 10 10 10 10 10 10 10 10 10	a Smale as	_ =xempt (Controlled	Organizations			- - - - - - - - - - 	
Name of controlled organization	2. Employer Identification number		related incom- e instructions			controllin	ig conn	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organization	ns			··········				
7 Taxable Income	8. Net unrelated (loss) (see instru			. Total of specified payments made	10. Part of colunded in the organization's g	e controllin	ng conne	eductions directly cted with income in column 10
(1)								
(2)								
(3)				_				
(4)								
					Add columns Enter here and Part I, line 8,	on page	1, Enter I) Part I,	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals				ļ	<u> </u>		0	0
Schedule G—Investment Inc	<u>ome of a Secti</u>	on 501(c			ation (see instru	ictions)		
Description of income	2. Amount of	income	dire	Deductions ectly connected ttach schedule)	4. Set-aside (attach schedi		and se	tal deductions et-asides (col. 3 ilus col. 4)
(1)	•	•						0
(2)								0
(3)								0
(4)							Cataalaa	0
Totals	Enter here and of Part I, line 9, co				Part I, line 9, col		e and on page 1, e 9, column (B)	
Schedule I—Exploited Exem	pt Activity Inco		<u> </u>	Advertising Inc	ome (see instru	ctions)		
1 Description of exploited activity	2. Gross unrelated business incor from trade o business	3. E conn re prod r ur	expenses Irrectly ected with duction of irrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Ex	openses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								0
(2)				(0
(3)	1			(0
(4)				(0
	Enter here and page 1, Part line 10, col (A	i, page k) line 1	here and on a 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Totals School 1 Adverticing Inc.	omo /	0	0	ľ				0
Schedule J—Advertising Inc Part I Income From Peri			Consolid	lated Rasis	· · ·			<u></u>
income From Peri	odicais Report	eu on a v	Consona	dieu Dasis	1	Ĭ		1
1. Name of periodical	2. Gross periodical advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation 6. 8		adership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)]		ļ		ļ
(3)]				ŀ
(4)						_		ļ
Takaha (asamus Dadili I. (51)		<u>,</u> .	^	,	,		0	0
Totals (carry to Part II, line (5))	D	0 .	0		<u>) </u>	וי		
							F	orm 990-T (2018)

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				0			0
(2)				0			0
(3)				0			0
(4)				0		l	0
Totals from Part I	•	0	0				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0	0		·	, "	0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0

Form **990-T** (2018)