Extended to November 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public

A	For	the 2	2018 calendar year, or tax year beginning	and e	nding			· · · · · · · · · · · · · · · · · · ·
			C Name of organization			D Employer identi	ficati	on number
Ь	Check applic	able	Traine of organization			E comproyer ruents	uti	on namber
		dress	Refuge Louisville Inc.					
┝	≒Na	ange me				۱ ۸۳ .	216	1000
늗	Jcha Jlnit	ange	Doing business as	- 1-				1988
느	ret	urn	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone numb		4 0670
L	Fin ret	urn/	1941 Bishop Lane		04	502-	<u>-45</u>	1-8678
	ate	min- ed	City or town, state or province, country, and ZIP or foreign postal country	de		G Gross receipts \$		244,003.
	Aπ ret	nende: urn	Louisville, KY 40218			H(a) Is this a group	retur	n
		plica- n	F Name and address of principal officer James Wright			for subordinate	<u> s</u> ?	Yes X No
	pe	ndıng	1941 Bishop Lane, Suite 804, Louisv	ille	, KX	H(b) Are all subordinates	includ	ed? Yes No
$\overline{}$	Tax∙	exen		7(a)(1) oı		If "No," attach	a list	(see instructions)
			▶ www.refugelouisville.com	•	V	H(c) Group exempti		•
			ganization: X Corporation Trust Association Other	-t	I Year			ate of legal domicile; KY
	art		Gummary	1	L 10a1	O. IOIMIGROIL POLL	141 011	ato or logar dormono, 242
۰	т-	_	riefly describe the organization's mission or most significant activities	'ommı	nitz	development	- +	hrough
ဗ	1							
Governance			ducation and ministry. Parterning in					
ē	2		neck this box if the organization discontinued its operations or	aisposi	ea of more			_
્રે	3	N	umber of voting members of the governing body (Part VI, line 1a)		SEAE	3		<u>6</u>
∞ ∞	4		umber of independent voting members of the governing body (Part VI, lin		イドンド			0
es	5	To	otal number of individuals employed in calendar year 2018 (Part V, line 2a	1 1		<u> </u>	—	4
Ξ	6	i To	otal number of volunteers (estimate if necessary)	18. 1	UL 23	3 2010	↓	<u> </u>
Activities &	7	a To	otal unrelated business revenue from Part VIII, column (C), line 12	(m)		72	1	<u> </u>
٩		bΝ	et unrelated business taxable income from Form 990-T, line 38	1 /		V 117 7t	,	0.
				L		Prior Year		Current Year
41	8	С	ontributions and grants (Part VIII, line 1h)			0	•	244,003.
Revenue	9		rogram service revenue (Part VIII, line 2g)			0		0.
Š	10		vestment income (Part VIII, column (A), lines 3, 4, and 7d)			0		0.
æ	11		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		0.
	12		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	a 12\		0		244,003.
			rants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		0	+	0.
	13					0	4—	0.
	14		enefits paid to or for members (Part IX, column (A), line 4)	5 4 O\			+	158,844.
es	15		alaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)	·		╄	
Expenses	16		rofessional fundraising fees (Part IX, column (A), line 11e)		, <u> </u>	0	•	0.
Ŝ			otal fundraising expenses (Part IX, column (D), line 25)		0.		$+\!-$	
ш	17		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0	<u>-</u>	56,766.
	18		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			0		215,610.
	19	9 R	evenue less expenses Subtract line 18 from line 12			0	•	28,393.
Net Assets or	3				Ве	ginning of Current Year	<u> </u>	End of Year
Sets	E 20	о т	otal assets (Part X, line 16)			316,089		86,622.
A.	Š 2·	1 To	otal liabilities (Part X, line 26)			<389	<u>. </u>	<u> 267.</u>
2	22	2 N	et assets or fund balances Subtract line 21 from line 20			316,478	<u>. </u>	86,355.
P	art		Signature Block					· <u>-</u> ·
Un	der p	onaltı	os of porjury, I doclaro that I have examined this return, including accompanying s	chedulos	and statom	onts, and to the best of r	ny kn	owledge and belief, it is
			and complete Declaration of preparer (other than officer) is based on all information					
-	,	0,1	X Warmer Mainth				25	1-19
e:.		Ü	Signature of officer			Date		
Sig		7 '	James Wright, Executive Director					
He	re	9	Type or print name and title			•		
_		-				Date Check	T T	PTIN
_			Print/Type preparer's name Preparer's signature	_		1 4	LX	
Pa		3				05/30/19 self-emplo	yed	P00280276
	pare		irm's name Tim Martin		 -	Firm's EIN		
Us	e Onl	y _i ~¦¦	rm's address ► 6104 Pebble Creek Cove					664 4676
_		틧	Floyds Knobs, IN 47119			Phone no. 5 (<u> 12</u>	664-4672
Ma	y th	e IRS	discuss this return with the preparer shown above? (see instructions)					X Yes No
832	001	12:31	18 LHA For Paperwork Reduction Act Notice, see the separate ins	structio	ns.			Form 990 (2018)
		Sè	e Schedule O for Organization Missio	n St	ateme	ent Continua	ıti	on Ω
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Form 990 (2018) Refuge Louisville Inc.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_ 3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
L.	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha	41	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	45		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Refuge Louisville Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ŀ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	•	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	JU	71	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	The state of the s		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			٦,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	X
	If "Yes," has it filed a Form 990.T for this year? If "No" to line 3b, provide an explanation in 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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01-		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	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		X
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	,		v
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>1</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file is officed as required. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
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. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	O I I I I I I I I I I I I I I I I I I I			
11	Section 501(c)(12) organizations. Enter			
ໍ່	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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		X
	If "Ves " complete Form 4720. Schedule 0	. !	i	

Refuge Louisville Inc. Form 990 (2018)
Part VI Governance,

Га	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	NO	espon	se
				[T]
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		F	· · · · · · · · · · · · · · · · · · ·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	빅		
	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 in Schedule 0.	1		
b	Enter the number of voting members included in line 1a, above, who are independent	<u>]</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	İ		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.4		
U	persons other than the governing body?	7b		Х
_		/5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b_	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	l _		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	<u>X</u>
b	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	Х	
b	Describe in 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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		х
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	,		
		466		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ible
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i financ	cial	
	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			
	<u>James Wright - 502-451-8678</u>			
	1941 Bishop Lane, Louisville, KY 40218			

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

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 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 and/or Box 7 of Form 1099 MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization n	orga	anıza	tion	cor	mpei	nsat	ated any current officer, director, or trustee					
(A) (B)				((C)			(D)	(E)	(F)		
Name and Title	Average	(do		Pos			one	Reportable	Reportable	Estimated		
	hours per	box	do not check more than one ox, unless person is both an fficer and a director/trustee)				h an	compensation	compensation	amount of		
	week	_	cer an	o a o	recto	T	(ee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	0.0	9			sated		organization	(W-2/1099-MISC)	from the		
	related organizations	nste	trus		a	in de		(W-2/1099-MISC)		organization and related		
	below	lual t	tiona		g è	ye st				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key er	Highest compensated employee	Forme			o.ga.mza.ioiio		
(1) James Wright	2.00											
Director						<u> </u>		0.	0.	0.		
(2) Ryan Fullerton	2.00	Į										
Director						_		0.	0.	0.		
(3) Benjamin Hedrick	2.00											
Director		L				ļ		0.	0.	0.		
(4) Scott Gufstason	2.00									_		
Director								0.	0.	0.		
(5) Keelan Cook	2.00											
Director								0.	0.	0.		
(6) Rahel Bosson	2.00								_			
Director		<u> </u>				-		0.	0.	0.		
				_	_			1				
		1										
		ļ										
				_		<u> </u>						
		<u> </u>				-						
		1										
		 		_		\vdash	-					
								,				
	 	\vdash			-	\vdash	 			-		
		1										
												

rai	Section A. Officers, Directors, Trus	I	рюу	ees			gne	st C	N .					
	(A)	(B)	(B) (C) Average Position						(D)	(E)		_	(F)	
	Name and title	hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation	n		stimate nount	
		week					or/trus		from	from related		aı	other	Oi
		(list any	ector						the	organizations	s	com	pensa	ation
		hours for	Individual trustee or director	g			ated		organization	(W-2/1099-MIS	SC)		om th	
		related organizations	ustee	Institutional trustee	1	_ 	ubeus		(W-2/1099-MISC)			_	anızat d relat	
		below	dual tr	ltonal	_	gla	st con						anızatı	
		line)	Indiv	Institu	Officer	Key employee	Highest compensated employee	Former				J		_
			_											
			-											
			1											
	- 1					ļ	<u> </u>	-		**				
		,												
			ļ	ĺ										
			_	-						_				
			ł	Ì										
					-									
			1											
1b	Sub-total		<u> </u>					▶	0.		0.		-	0.
	Total from continuation sheets to Part V	II, Section A						•	0.		0.			0.
d	Total (add lines 1b and 1c)							>	0.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			
	compensation from the organization													0
											1		Yes	No
3	Did the organization list any former officer,			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		•		v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			amn	ones	ation	າລກເ	d ot	her compensation from	the organization		- 3		Х
4	and related organizations greater than \$15	•		•					·	ine organization		4		Х
5	Did any person listed on line 1a receive or									dual for services		•		
	rendered to the organization? If "Yes," com											5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pens	ation f	rom	
	the organization Report compensation for	the calendar y	ear	<u>endı</u>	ng v	vith	or w	rithir T		year				
	(A) Name and business	address	NT	INC	7				(B) Description of s	ervices	С	Ompe	;) nsatio	n
		<u></u> .	TA	<u> </u>				_	·					
			-											
								_						
								\dashv					_	
	Total number of independent contractors (includina but n	ot li	mite	d to	tho	se lu	stec	d above) who received m	nore than				
-	\$100,000 of compensation from the organi		"				0							
													<u>aan //</u>	2010

Refuge Louisville Inc. 45-3161988 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 37,415 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 206,588 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 244,003. h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (II) Personal (ı) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue

244,003

0

0.

e Total, Add lines 11a-11d

Total revenue See instructions

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

Oec.	Check if Schedule O contains a respon			omplete column (7 y	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	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		-v		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			101100	
7	Other salaries and wages	124,133.		124,133.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 550	-	10 550	
9	Other employee benefits	18,550.	· · · · · · · · · · · · · · · · · · ·	18,550.	
10	Payroll taxes	16,161.		16,161.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	4 850		1 550	
С	Accounting	1,750.		1,750.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	-			
g	Other (If line 11g amount exceeds 10% of line 25,	1 055		1 065	
	column (A) amount, list line 11g expenses on Sch O.)	1,865.		1,865.	
12	Advertising and promotion	1,506.		1,506.	
13	Office expenses	13,837.		13,837.	
14	Information technology	4,543.		4,543.	
15	Royalties				
16	Occupancy	2 (12	2 (1)		
17	Travel	3,613.	3,613.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		· · · · · · · · · · · · · · · · · · ·		
19	Conferences, conventions, and meetings				
20	Interest			11.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	·	·	-	
23	Other expanses, Itemize expanses not covered	 			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)		•		
_	IMPACT Expenses	17,174.	17,174.		
a	Building Expenses	7,391.	<u> </u>	7,391.	
D -	Miscellaneous	3,576.	3,576.	1,331.	
c d	Charity	1,511.	1,511.		
	***	1,511.	1,011.		
e 25	Total functional expenses Add lines 1 through 24e	215,610.	25,874.	189,736.	0.
26	Joint costs Complete this line only if the organization	213,0101	25,014.		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here Infollowing SOP 98-2 (ASC 958-720)				
	II following dor age-z (Ade age-720)			<u> </u>	Form QQ () (2018)

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
			_	_	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	· · · · · ·		64,031.	1	86,622.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			8,550.	3	
	4	Accounts receivable, net			1,249.	4	
	5	Loans and other receivables from current and fo	ormer offic	ers, directors,			· · · <u>-</u>
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	lified perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3	B)(B), and contributing			-
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
S.		employees' beneficiary organizations (see instr)	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ϋ́	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	28,821.			
	ь	Less accumulated depreciation	242,084.	10c	0.		
	11	Investments - publicly traded securities		11			
	12	Investments other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	<u> </u>	15	·		
	16	Total assets. Add lines 1 through 15 (must equ	ual line 34)		316,089.	16	86,622.
	17	Accounts payable and accrued expenses	<389.	>17	267.		
	18	Grants payable	<u> </u>		18		
	19	Deferred revenue		Ļ		19	
	20	Tax-exempt bond liabilities		_		20	
	21	Escrow or custodial account liability Complete	Part IV of	Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
es	22	Loans and other payables to current and forme					
Ę		key employees, highest compensated employee	es, and dis	qualified persons			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	•	F		23	
	24	Unsecured notes and loans payable to unrelate			***	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24) C	omplete Part X of			
		Schedule D		-	-200	25	267.
	26	Total liabilities. Add lines 17 through 25	0) 1 1 1	▶ ♥ .	<389.	>26	201.
		Organizations that follow SFAS 117 (ASC 958		nere 🕨 🔝 and			
Ses		complete lines 27 through 29, and lines 33 ar	na 34.		221,699.	27	86,355.
<u>a</u>	27	Unrestricted net assets			94,779.	28	0.
Ва	28	Temporarily restricted net assets			<u> </u>	29	<u> </u>
핕	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	19C 0E9)	phock here		29	
Ę			430 930), (check here			
80		and complete lines 30 through 34.				30	
set	30	Capital stock or trust principal, or current funds		und		31	•
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in		T T		32	
Net	32	Total net assets or fund balances	icome, or t	Julier lulius	316,478.	33	86,355.
	33	Total liabilities and net assets/fund balances		<u> </u>	316,089.	34	86,622.
	34	Total liabilities and her assets/fully balances			520,005.	_ 54	Co 000 (0010)

orm	1990 (2018) Refuge Louisville Inc.	45-316	1988	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
		1 1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	244	,003.
2	Total expenses (must equal Part IX, column (A), line 25)	2	215	,610.
3	Revenue less expenses Subtract line 2 from line 1	3	28	,393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	316	,478.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<258	,516.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	86	,355.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			\	res No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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 oversight of the	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number Refuge Louisville Inc. 45-3161988 Part I 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 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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)(ıv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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) 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, 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) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2018 Refuge Louisville Inc. 45-31619

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	296,897.	146,032.	196,139.	245,237.	244,003.	1128308.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	296,897.	146,032.	196,139.	245,237.	244,003.	1128308.
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)						262,523.
6	Public support. Subtract line 5 from line 4						865,785.
	ction B. Total Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	296,897.	146,032.	196,139.	245,237.	244,003.	1128308.
8	Gross income from interest,			•			
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	195.	120.	39.	6.		360.
9	Net income from unrelated business						
	activities, whether or not the	,					
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	•					
11	Total support. Add lines 7 through 10						1128668.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stor				•		ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			******	
14	Public support percentage for 2018 (line 6, column (f) d	vided by line 11, c	olumn (f))		14	76.71 %
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	78.92 %
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies						$\triangleright X$
b	33 1/3% support test - 2017. If the				line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts and-circumstances"					-	ightharpoons
b	10% -facts-and-circumstances tes					7a, and line 15 is	10% or
_	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						s >

19a 33 1/3% support/fests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not/more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV | Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	i		
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1		
	(b) and (c) 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 Part VI 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 Part VI 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 12a or 12b in Part I, answer (b) and (c) 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 Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10		
oa	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
b	designated in the organization's organizing document?	5b		
_	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			
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	•			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
-	Part VI.	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	(as defined in section 4958(c)(3)(0)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes " complete Part I of Schedule L (Form 990 or 990-EZ)	,		
	redard to a substantial contributor / If "Yes." Comblete Part For Scriedule L (Form 990 or 990-EZ)	1 7		

- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

8

9a

9с

10a

Scho	edule A (Form 990 or 990 EZ) 2018 Refuge Louisville Inc. 45-3	16198	8 Pa	age 5
Pai	rt IV Supporting Organizations (continued)	10130	0 10	<u> </u>
	- Cupporting Cigarination (Continuous)		Yes	No
11	*Has the organization accepted a gift or contribution from any of the following persons?		1.00	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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	į		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
		, 	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sec	tion 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_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_ 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а				
b			۵۱	
С		struction		
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	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	2a		
4	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	 	
D	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		
2	Parent of Supported Organizations Answer (a) and (b) below.			 -
3	D. I.I			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
 b	The state of the s	<u></u>		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sche	edule A (Form 990 or 990 EZ) 2018 Refuge Louisville Inc.			<u>45-3161988 Page 6</u>
Рa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		·
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 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 85% of line 1	2		
3	Mınımum 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			
	omergency temperaty reduction (see instructions)	ا ء ا		

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

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Sch <u>e</u>	dule A (Form 990 or 990-EZ) 2018 Refuge Louisv	ille Inc.	4	5-3161988 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	18	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI) See instructions	1.		
9	Distributable amount for 2018 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions	L		
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount	·		
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
_	Excess from 2016			1

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017 e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 Refuge Louisville Inc.	45-3161988 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of 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 Iine 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V.
		<u> </u>
		•
•		
		
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		-

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization Refuge Louisville Inc. 45-3161988 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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 conferring impermissible private benefit? 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 (e.g., 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 a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 20 d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche Par		Louisville			OSCUROC A	or Otho			61988	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at are a si	gnificant	use of its	collection ite	ems
	(check all that apply)				_					
а	Public exhibition	ď			hange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further tl	he organızatı	on's exe	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	nızatıon's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?] Yes [□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
	, ,	·							Amount	
С	Beginning balance						1c			
ď	Additions during the year						1d			
e	Distributions during the year						1e			
•	Ending balance						1f			
0-	Did the organization include an amount on F	orm 990 Part V lina	21 for	occrow or ci	istodial acor	vunt liabil			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						ity.		7 .e 2 [≓'' ''
Par							10			
1 4	Endownient Farias. Complete				1			roare back	(a) Four you	re book
	Dan and a factor of the latest	(a) Current year	(D) F	rior year	(c) Two yea	IS DACK	(a) Three	years back	(e) Four yea	IIS Dack
1a	Beginning of year balance									
b	Contributions					+				
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					1				
	and programs	,								
f	Administrative expenses									
g	End of year balance					i				
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organi:	zation		
	by	-							Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								<u> </u>	
	t VI Land, Buildings, and Equipm		, willionic	idildo					-	
	Complete if the organization answere) Part I\	/ line 11a S	See Form 990) Part X	line 10			
	Description of property	(a) Cost or o		r i	or other		cumulate	24	(d) Book va	
	Description of property	basis (investr			(other)		reciation	1	(a) book va	uue
		Dasis (investi		Da313	(50101)		, colation			
	Land									
b	Buildings			<u> </u>				-	· · · · · · · · · · · · · · · · · · ·	
С	Leasehold improvements				0 001		20 0	21		
	Equipment			2	8,821.		28,8	<u> </u>		0.
	Other			<u> </u>		<u> </u>		_		
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	UC)					0.

Part X	Other	Liabilities.
--------	-------	--------------

(3) Other (A) (B) (C) (D) (E) (F) (G) (H)

> (1) (2)(3) (4) (5) (6) (7) (8) (9)

> (1)(2) (3) (4)(5) (6) (7) (8)

<u>1</u>	(a) Description of liability	(b) Book value
(1) Federal	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	PM-19-1-	
(9)		
Total, (Column)	(b) must equal Form 990, Part X, col (B) line 25.)	>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2018 Refuge Louisville Inc.			
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reveni	je per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	, ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		_2e	_
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		i i	
			i I	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
a b		4a 4b		
b	·		4c	
b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b	4c 5	
b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	4b)	5	
b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b)	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	4b) Part IV, lines 1b and 2b, F	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	4b) Part IV, lines 1b and 2b, F	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	4b) Part IV, lines 1b and 2b, F	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	4b) Part IV, lines 1b and 2b, F	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	4b) Part IV, lines 1b and 2b, F	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	4b) Part IV, lines 1b and 2b, F	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	4b) Part IV, lines 1b and 2b, F	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	4b) Part IV, lines 1b and 2b, F	5	t XI,
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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB_No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Refuge Louisville Inc.

Employer identification number 45-3161988

Form 990, Part I, Line 1, Description of Organization Mission:
Refuge Community.
Form 990, Part III, Line 4d, Other Program Services:
Part III - the Organization's primary exempt puprose - The mission of
the organization is to mobilze the Church to bring wholistic change to
bless the nations.
Form 990, Part VI, Section B, line 11b:
No review was or will be conducted
Form 990, Part VI, Section C, Line 19:
No documents available to the public - upon request only
Form 990, Part XI, line 9, Changes in Net Assets:
Removal of Leasehold Improvements & Balance Sheet
Adjustments -258,516.