Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 **2018** Open to Public Inspection

Α	For the 20	18 calendar year, or tax year beginning , and ending			
В	Check if applica	ole: C Name of organization		D Employer	identification number
X	Address chang	CITY OF REFUGE DALTON INC			
Ħ	Name change	Doing business as		81-4	135740
$\equiv$		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	
ш	Initial return	120 E. MORRIS ST	-	706-	226-1301
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			_
$\overline{}$	Amended return	DALTON GA 30721		<b>G</b> Gross reco	eipts \$ 667,703
=		r Name and address of principal officer:	H(a) Is this a gro	un raturn for s	ubordinates? Yes X No
Ш	Application per	111111111111111111111111111111111111111	ri(a) is tills a gior	up return for 3	
		2015 SHEFFIELD PL	H(b) Are all sub	ordinates inclu	uded? Yes No
		DALTON GA 30720	If "No,"	attach a list.	(see instructions)
<u> </u>	Tax-exempt s				
J	Website: <b>u</b>	WWW.CITYOFREFUGEDALTON.ORG	H(c) Group exen	nption numbe	r <b>u</b>
K	Form of organi	ration: X Corporation Trust Association Other <b>u</b>	Year of formation: 20	016	M State of legal domicile: GA
Р	art I	Summary			
	1 Brief	y describe the organization's mission or most significant activities:			
Φ		EE SCHEDULE O			
SE.					
Governance					
ŏ	2 Che	k this box <b>u</b> if the organization discontinued its operations or disposed of more than 2	5% of its net ass	ets	
<u>ფ</u>		per of voting members of the governing body (Part VI, line 1a)			12
	4 Num	per of independent voting members of the governing body (Part VI, line 1b)		4	12
itie	5 Tota	number of individuals employed in calendar year 2018 (Part V, line 2a)		5	7
Activities		and a straightful to the straigh			0
ď		unrelated business revenue from Part VIII, column (C), line 12			0
	h Not	Inrelated business revenue from Form 990-T, line 38		7a 7b	0
_	<b>D</b> Net	Inferiated business taxable income from Form 990-1, line 30	Prior Year		Current Year
	8 Cont	ributions and grants (Part VIII, line 1h)	1,189		665,868
Revenue		' (D + ) (III   I'   O )		, =	1,835
Ver		tment income (Part VIII, line 2g) tment income (Part VIII, column (A), lines 3, 4, and 7d)			0
æ		r royanya (Part VIII column (A) linea F. Ed. So. Oc. 10a and 11a)			0
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,189	100	667,703
		to and similar amounts poid (Part IV, solumn (A), lines 1, 2)		,	0
		fits poid to or for members (Port IV, solumn (A), line 4)			0
	15 Colo		113	633	115,338
ses	16 Drof	ecional fundraiging food (Part IV, column (A), line 11a)		,,033	0
Expenses	h Tota	ies, other compensation, employee benefits (Part IX, column (A), lines 5–10) ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) <b>u</b> 101,190			
X			205	390	391,594
	17 Out	r expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		,023	506,932
	1	expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,023	160,771
- X	19 Reve	nue less expenses. Subtract line 18 from line 12	Beginning of Curr		End of Year
Net Assets or Fund Balances	<b>20</b> Tota	assets (Part X, line 16)		7,717	1,485,576
Asse	21 Tota	liabilities (Part V. line 26)		7,640	454,728
Net	22 Net	ussets or fund balances. Subtract line 21 from line 20		0,077	1,030,848
	art II	Signature Block	070	,,0,,	2/000/010
		s of perjury, I declare that I have examined this return, including accompanying schedules and statem	onts, and to the hor	et of my kn	owledge and helief it is
	•	nd complete. Declaration of preparer (other than officer) is based on all information of which preparer		•	owieuge and belief, it is
Sig	ın I	Signature of officer		Date	
He		PAMELA CUDD DIREC	ייי∩י		
116		Type or print name and title	.1010		
	Driv	t/Type preparer's name  Preparer's signature	Date	Ot. 1	if PTIN
Paid	.			Check	<b>□</b> "
	naror	TH COCHRAN KEITH COCHRAN CDA D C	<u> </u>	19 self-em	
	Only	's name } KEITH COCHRAN, CPA, P.C.	Fi	rm's EIN }	30-0099702
USE	· 1	7324 NASHVILLE ST			706 027 7400
		saddress } RINGGOLD, GA 30736	Ph	none no.	706-937-7400
11/1/21	THA IDS A				

Pa	Part III Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
S	SEE SCHEDULE O	
	Dublic Inchaction Con	
		<u></u>
2	nder Farm 000 at 000 F70	Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	fes A No
3		
	services?	Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	260.051	
	a (Code: ) (Expenses \$ 360,051 including grants of \$ ) (Revenue \$ DURING THE YEAR ENDED DECEMBER 31, 2018 THE CITY OF REFUGE DALTON	
	AND COORIDANTED VOLUNTEERS TO PROVIDE FOOD, CLOTHING, TRANSPORTATION	
	MENTORSHIPS AND EDUCATION TO NEEDY FAMILIES AND INDIVIDUALS DOMICIE	
D	DALTON GEORGIA. APPROXIMATELY 4,500 INDIVIDUALS WERE SERVED EACH MO	ONTH.
	•	
	•	
	b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A	)
		)
		)
		)
		)
		)
N	N/A	
N 4c		
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c N	C (Code:) (Expenses \$	
4c N	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	

# Form 990 (2018) CITY OF REFUGE DALTON INC Part IV Checklist of Required Schedules

is the organization described in section 501(c)(3) or 4647(a)(1) (other than a private foundation)? If "Yes."  complete Schoolube A  Is the organization required to tompore Schoolube B, Schealube of Contributures (see inpitition):  It is the organization required to tompore Schoolube B, Schealube of Contributures (see inpitition):  It is the disparation of the disparation in the schealube B (Schoolube B)	_ Pa	rt IV Checklist of Required Schedules			
complete Schedule A  1		In the array incline described in section FOM/s/(2) or 4047/s/(4) (attention a private foundation) 2.16 (1)/cs 2		Yes	No
2 Is the organization required in complete Schedule B. Schedule of Contributing Gen instructions?  3 Did the organization required in cloth of indirect orbitals braining in graduations on the production to candidates for public orbitals. Did the organization in adjust in the complete Schedule C. Part II.  4 Section 50(16): Organization to Did the organization regulage in bibbying admitises, or have a section 50(th) electron in effect, during the taxy year? If "Yes," complete Schedule C. Part III.  5 Section 50(16): Organization candidates organization and the complete Schedule C. Part III.  5 Section 50(16): Organization and organization and the schedule Schedule C. Part III.  5 Section 50(16): Schedule D. Part II.  6 C X.  7 Did the organization receive or hold a consensation assessment, including essentiants to preserve open paper.  7 The environment, historic ball extension or investment of amounts in such funds or accounted for which choors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II.  7 Did the organization resolve or hold a consensation assessment, including essentiants to preserve open paper.  8 Did the organization resolve or hold a consensation assessment, including essentiants to preserve open paper.  9 Did the organization report an amount in Part X. Into 2.1, for section or considerable, part V. Part II.  10 Did the organization report an amount in Part X. Into 2.1, for section or considerable, part V.  11 If the organization report an amount in Part X. Into 2.1, for section or considerable organization report and part V. Into 2.1, for section or considerable organization, account or account of the part X. Into 2.1, for section organization assess it is produced by Part V.  12 Did the organization sections? If "Yes," complete Schedule D. Part V.  13 Did the organization assess to produce I Part X. Into 2.1, for section organization assess reported in Part X. Into 1.1, for section or part X. Into 2.1,	1			v	
3 Dit the organization reginge in stired or inclined positical samplaging activities on heralf of an opposition to acadistates for pools office, if Yest, Comprise Schedule, D. Part II.  4 X  5 Is the cognization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization to require to the colors of the company of the com	_				<del>                                     </del>
candidates for public Miler 2 Mr 7 % Complete Schedule Q Pix N Section 5 (16(4)) capacitations. Did the organization engage in libbiying achieties, or have a section 501(b) election in effect during the tax year? Mr 7 %s "complete Schedule C, Part M 4 X Is the organization assection 5 (16(4)) 5 (16(5)) or 5 (16(1)) organization that receives membrarishy duse, assessments, or similar amounts as defined in Revenue Procedure 98-19? Mr 7 %s" complete Schedule C, Part M 5 X Did the organization maintain any denor advised funds or any similar funds or accounts for which denores there the right to provide achieve on the distribution or investment of amounts in such funds or accounts? Mr 7 %s" complete Schedule D, Part M 8 %s" complete Schedule D, Part M 9 %s" complete Schedule D, Part M 10 %s" complete Schedule D, Part M 11 %s" complete S			2	^	<del>                                     </del>
4 Section 501(c)(3) organizations. Did the organization engage in libobying activities, or have a section 501(f) 4  5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar manumatis as defined in Revenue Procedure 98-194 "Yes," complete Schedule C, Part III  5 X  5 Did the organization maintain any droor advised funds or any similar funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  6 X  7 Did the organization maintain collections of works of art, historical ressures, or other similar assest? If "Yes," complete Schedule D, Part II  8 X  8 X  8 Did the organization maintain collections of works of art, historical ressures, or other similar assest? If "Yes," complete Schedule D, Part III  9 Did the organization maintain collections of works of art, historical ressures, or other similar assest? If "Yes," complete Schedule D, Part IV  9 Did the organization report an amount in Part X, line 21, for estore or custodial account liability, serve as a custodian for amounts not listed in Part X, or provider cardic crussingle, dish management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 13 thin solid, several part X, line 12 that is 5% or more of its total assests reported in Part X, line 16 If "Yes," complete Schedule D, Part VI  11 Did the organization report an amount for investments—other socurities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16 If "Yes," complete Schedule D, Part VI  12 Did the organization state proper than amount for investments—other socurities in Part X, line 17 If "Yes," complete Schedule D, Part XI  13 Did the organization state proper than amount for lot	3				37
selection in effect during the tax year? if "Yes," complete Schedule C, Part II  Is the cognization a section 501((6)), 501((6)) to 501((6	_		3		_ <del>X</del> _
5 is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviews Proceedings of 1917 (**Yes**; complete Schedule D, Part III 5 X Yes**, organization maintain any donor advised funds or any similar funds or accounts for which donors have the fight to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes**, organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land erase, or historic structures? If Yes**, complete Schedule D, Part III 7, X X V V V V V V V V V V V V V V V V V	4				
assessments, or similar amounts as defined in Revenue Procedure 96-197 If "Yes," complete Schedule C, Part III 5 X  Did the organization materials may donor advised funds or any similar funds or accounts? If  "Yes," complete Schedule D, Part I I  6 X  7 Did the organization receiver or hold a conservation essement, including essements to preserve open space,  the environment, historic land areas, or historic structures II II "Yes," complete Schedule D, Part II I  8 Did the organization materials collections of works of art, historical researces, or II "Yes," complete Schedule D, Part II II  9 Did the organization collections of works of art, historical researces, or the researce of the repair or debt negotions services II "Yes," complete Schedule D, Part III I  9 Did the organization clinically or through a related organization, hold assets in temporality restricted endowments, permanent endowments, or quasiendowments of Yes," complete Schedule D, Part IV II			4		<u> </u>
6 Dd the organization maintain any donor advised funds or any similar funds or accounts for which donors have the injust to provide advised on the distribution or investment of amounts in such funds or accounts? II  "kes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part III  8 Dd the organization maintain collections of works of art, historical reasures, or other similar assets? II "Yes," complete Schedule D, Part III  9 Dd 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 consensing, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Dd the organization discrober of through a related organization, hold assets in temporality restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization server to amy of the following questions is "Yes," then complete Schedule D, Part V  12 VII, VIII, KV, KV or X as applicated.  2 a Dd the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 b Dd the organization report an amount for mestments—periopra related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII II X  2 Dd the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII II X  2 Dd the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part X VIII X  3 Dd the organization report an amount for other assets in Part X, line 1	5		_		
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  "Ves." complete Schedule D, Part I I  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 I  Did the organization manufaction and conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures If "Yes." complete Schedule D, Part II I  Did the organization conservation of "Yes," complete Schedule D, Part IV I  Did the organization schedule II "Yes," complete Schedule D, Part IV I  Did the organization schedule II "Yes," complete Schedule D, Part IV I  Did the organization schedule II "Yes," complete Schedule D, Part IV I  Did the organization server an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II  Did the organization report an amount for land schedule organization report an amount f			5		<u> </u>
"Yes," complete Schedule D, Part I. 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 III  B Ut the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  B Ut the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V  Did the organization report an amount for investments—of the complete Schedule D, Part V  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V  If the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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  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  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 X III  Did the organization separate or consolidated financial statements for the tax year	6	·			1
7 Did the organization receive or hold a conservation seasement, including seasements to preserve open space, the environment, historic tand areas, or historic structures? If "Yes," complete Schedule D, Part II    8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," a variety of the properties Schedule D, Part II    9 Did the organization and properties and provide credit counseling, debt management, credit repair, or debt repotation services? If "Yes," complete Schedule D, Part IV    10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V    11 If the organization services If vas, "complete schedule D, Part V    12 If the organization and the art on any of the following questions is "Yes," then complete Schedule D, Part V    13 If the organization and the part of the organization report an amount for land, buildings, and equipment in Part X, line 102 If "Yes," complete Schedule D, Part VII    13 Did the organization report an amount for investments—other securities in Part X, line 102 If "Yes," complete Schedule D, Part VII    14 Did the organization report an amount for investments—other securities 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    2 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 X VIII    2 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 X VIII    2 Did the organization report an amount for other isabilities 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 X VIII    2 Did the or		·			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   7			6		<u> </u>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," a complete Schedule D, Part III 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 courseling, debt management, credit repair, or debt negotiation services? 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, or quasientedowments, or quasient	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
post post post post post post post post		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
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? "Wes," complete Schedule D, Part N	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10  X1 If the organization and an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X  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  Did the organization report an amount for other assets in Part X, line 18 in 18 is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X  Did the organization stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X  Did the organization substitution in suppositions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X  Did the organization assets assets in expositions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X  Did the organization assets assets assets assets assets as expenses of uncertain tax positions asset assets asset to a general independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 1 and XIII X  Did the organization assets assets assets as the organization management of the secondary		complete Schedule D, Part III	8		X
debt negotiation services? If "Yes" complete Schedule D, Part IV.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  12 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  13 Did the organization report an amount for investments—other securities 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.  14 Did the organization report an amount for investments—organize related in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  15 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 X VIII.  16 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X VIII.  17 Did the organization's separate or consolidated financial statements for the tax year include a foontoe that addresses the organization behalms separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X A VIII.  12 Did the organization behalms separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X A VIII.  13 Is the organization included in onesolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X A VIII.  13 Is the organization will be a schedule Schedule Schedule Schedule Schedule Schedule Schedule Sched	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted and condownents, permanent endowments, or quasi-endownents? If "Yes," complete Schedule D, Part V 10 X 11 If the organization and answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, IX, or X as applicable.  10 Did the organization report an amount for line blowing questions is "Yes," then complete Schedule D, Part VI 11 III X 2 CD Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 III X 2 CD Did the organization report an amount or investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 III X 3 CD Did the organization report an amount for other assets 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 VII 11 II X 11 III X 2 CD Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11 III X 11		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   10		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a X  14a Did the organization maintain an office, employees, or agents outside of the United States?  14a X  14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 X  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  17 X  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 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		, ,	12b		Х
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	21		١		37
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		001	

Form	n 990 (2018) CITY OF REFUGE DALTON INC 81-4135740		Р	age
Pa	art 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	L .		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or 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 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		X
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	100		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		<del> </del>	
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<del> </del>		
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		
55	204 7704 0 and 004 7704 00 If Was II sample to Ochsalds D. Bart I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
J-T	and N. and Dark V. line 4	34		х
35a	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	33a		
D	to the Head and the width in the according of and the EAO(h)/AO(0 II according to Only and the D. Dord V. Page O	35b		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			v
_ D	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u> </u>	X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			

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

			1		Yes	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	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 at					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ${f u}$					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7с		
d		7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
10	Section 501(c)(7) organizations. Enter:					
а		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	· · · · · · · · · · · · · · · · · · ·	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	<b>Note.</b> 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	ı				
		13b				
C	······································	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	ation c	or			77
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			4.5		7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2018) CITY OF REFUGE DALTON INC 81-4135740 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 O. Enter the number of voting members included in line 1a, above, who are independent ..... 12 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a 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? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ...... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u** GA

- 17
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website Another's website X Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records  ${f u}$

PAMELA CUDD DALTON

2015 SHEFFIELD PL

706-226-1301

GA 30720

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box	Position o not check more than one x, unless person is both an icer and a director/trustee)				an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 21035 WIGG)	organization and related organizations
(1) PAMELA CUDD	60.00									
DIRECTOR	0.00	x		x				114,962	0	0
(2) GREG PHILLIPS	0.00							111/502		
(2) 31.123 1 11.121 2	0.00									
DIRECTOR	0.00	x						0	0	0
(3) DANA PHILLIPS										
(0,	0.00									
DIRECTOR	0.00	х						0	0	0
(4) DAVID EADES										
.,	0.00									
DIRECTOR	0.00	X						0	0	0
(5) DR. ERICK KIMME	RLING									
	0.00									
DIRECTOR	0.00	X						0	0	0
(6) RICK GARRETT										
	0.00									
DIRECTOR	0.00	X						0	0	0
(7) DAN PEEPLES										
	0.00									
DIRECTOR	0.00	X						0	0	0
(8) DR. EMORY MCKINI										
	0.00								_	
DIRECTOR	0.00	X						0	0	0
(9) JOSH SIMMONS										
	0.00									
DIRECTOR	0.00	Х				$\vdash$		0	0	0
(10) DENNIS CLIMER	0.00									
	0.00	3.5						_	_	_
DIRECTOR	0.00	Х				$\vdash$		0	0	0
(11)										

Pai	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	l Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe nd a o	more rson director Key employ	is both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
1b c d	Total from continuation sheet Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	ets to Part VII, \$	Section 1	i <b>on /</b> d to	۹ 	 		u u u abov	114,962 114,962 re) who received more than	\$100,000 of				
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and person listed on line of the organization services rendered to the organization list any person listed on line of the organization list any person listed on line of the organization list any for services rendered to the organization list any for any list any for any list any list any for any list any lis	complete Schede 1a, is the sum nizations greater 1a receive or acc	dule of rother than 	J for eport 1 \$15  com	suc table 50,00  pens	h ind con 10? I  atio	dividu npen: If "Ye  n froi	ual satio es," o  m ar	on and other compensation complete Schedule J for such	from the ch		3 4 5	Yes	X X X
Secti 1	on B. Independent Contractor Complete this table for your fire		ensa	ated	inder	nend	lent (	conti	ractors that received more t	than \$100,000 of				
	compensation from the organize	zation. Report co							dar year ending with or with		ear.		(C) pensatio	
	Name and	(A) business address							Descript	ioh of services		Com	pèrisatio	on
2	Total number of independent received more than \$100,000	contractors (inclu	ding	but m the	not l	imite	ed to	tho	se listed above) who	0				

Pa	rt V	Check if Schedule O c		response o	or note to any line	in this Part VIII		
		D I I'			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	b	Federated campaigns 1 Membership dues 1	b /	ns	pec		Cop	312-314
s, Gifts, imilar A	d	Fundraising events 1 Related organizations 1 Government grants (contributions) 1	d		•		•	
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue	f	All other contributions, gifts, grants, and similar amounts not included above		665,868 299,868				
Congand	_	Noncash contributions included in lines 1a-1f: <b>Total.</b> Add lines 1a–1f			665,868			
Revenue	2a	RENT INCOME		Busn. Code	1,835			1,835
Service	b c d							
yram	e							
Proc		All other program service revenue <b>Total.</b> Add lines 2a–2f		<b>u</b>	1,835			
	3	Investment income (including diviand other similar amounts) Income from investment of tax-ex		u				
	5	Royalties(i) Real	· · · · · · · · · · · · · · · · · · ·					
	b	Gross rents Less: rental exps. Rental inc. or (loss)						
	_d	Net rental income or (loss)  Gross amount from sales of assets (i) Securities	I	Other				
	b	other than inventory Less: cost or other basis & sales exps.						
		Gain or (loss)						
4		Net gain or (loss)		u				
Other Revenue		(not including \$ of contributions reported on line 1c). See Part IV, line 18	а					
Othe		Less: direct expenses	b					
		Net income or (loss) from fundrais Gross income from gaming activities. See Part IV, line 19	a events .	u				
		Less: direct expenses	b					
		Net income or (loss) from gaming Gross sales of inventory, less	activities	u				
		returns and allowances Less: cost of goods sold	a					
		Net income or (loss) from sales or	f inventory					
	11a	Miscellaneous Revenue		Busn. Code				
	b	***************************************						
	C d	All other revenue						
	е	Total. Add lines 11a-11d						
		Total revenue. See instructions.			667,703	0	0	1,835

Form 990 (2018)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 31,649 7,912 17,407 6,330 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 47,865 18,943 74,482 7,674 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 9 9,207 4,834 3,158 1,215 Payroll taxes Fees for services (non-employees): 84,113 800 83,313 a Management ..... **b** Legal 1,857 1,857 c Accounting e Professional fundraising services. See Part IV, line 17 Investment management fees ..... **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 3,769 3,769 12 Advertising and promotion 1,859 929 930 13 Office expenses 1,715857 Information technology ..... 858 14 Royalties 44,345 43,015 1,330 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 75 75 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ..... 21 16,764 16,764 Depreciation, depletion, and amortization 22 16,046 16,046 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 O.) 210,083 210,083 PROGRAM SERVICES 127 REPAIRS & MAINTENANCE 4,246 4,119 FUNDRAISING EXPENSES 2,658 2,658 2,500 2,500 DUES & SUBSCRIPTIONS d 1,081 e All other expenses ..... 1,564 483 506,932 45,691 101,190 360,051 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here **u** following SOP 98-2 (ASC 958-720)

P	art >	Balance Sheet					
		Check if Schedule O contains a response or note	to any line i	n this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			279,432	1	363,379
	2	Savings and temporary cash investments	gh			2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former of	officers, direct	tors,			
		trustees, key employees, and highest compensated en	nployees.				
		Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified per					
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contribu	uting employers and			
		sponsoring organizations of section 501(c)(9) voluntary					
ts		organizations (see instructions). Complete Part II of Sc		6			
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,401	9	4,221
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	613,262	<b>500</b> 040		
	b	Less: accumulated depreciation	10b	32,255	593,368		581,007
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			13	4 420	
	14	Intangible assets		12 E16	14	4,430	
	15	Other assets. See Part IV, line 11	13,516 887,717	15	532,539		
	16	Total assets. Add lines 1 through 15 (must equal line 3			7,907	16	1,485,576 50,937
	17	Accounts payable and accrued expenses		1,301	17	30,331	
	18	Grants payable			18 19		
	19 20	Deferred revenue				20	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV	of Schadula			21	
	22	Loans and other payables to current and former officer				21	
Liabilities	~~	trustees, key employees, highest compensated employ					
į		disqualified persons. Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated this	rd parties			23	
	24	Unsecured notes and loans payable to unrelated third	narties			24	394,393
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24)					
		of Schedule D			9,733	25	9,398
	26	Total liabilities. Add lines 17 through 25			17,640	26	454,728
		Organizations that follow SFAS 117 (ASC 958), chec	ck here u	X and			
Ses		complete lines 27 through 29, and lines 33 and 34.		_			
au	27	Unrestricted net assets			<b>453,937</b>	27	802,455
Fund Balances	28	Temporarily restricted net assets			416,140	28	228,393
pur	29	Permanently restricted net assets		<u></u>		29	
		Organizations that do not follow SFAS 117 (ASC 95	8), check he	ere u 🔲 and			
S		complete lines 30 through 34.					
set	30					30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment				31	
Net	32	Retained earnings, endowment, accumulated income, or	or other fund	s	0=0 0==	32	1 000 010
_	33				870,077	33	1,030,848
	34	Total liabilities and net assets/fund balances			887,717	34	1,485,576

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		57,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			932
3	Revenue less expenses. Subtract line 2 from line 1	3		50,	
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8.	70,0	077
5	Net unrealized gains (losses) on investments	5	V		
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,03	30,8	348
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 		$oxedsymbol{oxed}$
				Yes	No
1	Accounting method used to prepare the Form 990:				
	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				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		 3b		

Form **990** (2018)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

u Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Employer identification number Name of the organization CITY OF REFUGE DALTON INC 81-4135740 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 9 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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.) 11 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 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, 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). (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

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

Sec	tion A. Public Support			•	•	,		
Caler	dar year (or fiscal year beginning in) <b>u</b>	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 201	8	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	spe	Ctio	1,189,100	50	5,868	1,854,968
2	Tax revenues levied for the organization'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				1,189,100	665	,868	1,854,968
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)							
6	Public support. Subtract line 5 from line 4							1 054 069
_	tion B. Total Support							1,854,968
	idar year (or fiscal year beginning in) <b>u</b>	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 201	8	(f) Total
7	Amounts from line 4	(u) 2014	(6) 2010	(6) 2010	1,189,100		5,868	1,854,968
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				1,189,100	001	,,000	1,834,908
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.)					1	L,835	1,835
11	<b>Total support.</b> Add lines 7 through 10							1,856,803
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the							
	organization, check this box and stop her	e						▶ □
Sec	tion C. Computation of Public Su		tage					
14	Public support percentage for 2018 (line 6			nn (f))			14	99.90%
15	Public support percentage from 2017 Sche		- 44				15	100.00%
16a	33 1/3% support test—2018. If the organ	ization did not che						
	box and <b>stop here.</b> The organization qual			4:				<b>▶</b> X
b	33 1/3% support test—2017. If the organ	ization did not che	ck a box on line 13					
	this box and <b>stop here.</b> The organization	qualifies as a publ	icly supported orga	anization				▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization mee	ts the "facts-and-ci	ircumstances" test	check this box an	nd <b>stop here.</b> Expl	ain in		
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The or	ganization qualifies	as a publicly sup	oorted		
	organization							▶ □
b	10%-facts-and-circumstances test—201							
	15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	" test, check this b	ox and stop here.			
	Explain in Part VI how the organization m	eets the "facts-and	d-circumstances" te	est. The organization	on qualifies as a p	ublicly		
	supported organization							<b>&gt;</b>
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	•	
	instructions							▶ ∐

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

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

Sec	Section A. Public Support								
Caler	ndar year (or fiscal year beginning in) <b>u</b>	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	ins		CIIO	nl				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						J		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Sec	tion B. Total Support								
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
9	Amounts from line 6	, ,	` ,	,	. ,	,			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for the organization, check this box and stop her	_		•			·		
Sec	tion C. Computation of Public St								
15	Public support percentage for 2018 (line 8			nn (f))		15	%		
16	Public support percentage from 2017 Sche						%		
Sec	tion D. Computation of Investme								
17	Investment income percentage for 2018 (I	ine 10c, column (f)	, divided by line 13	B, column (f))		17	%		
18	Investment income percentage from 2017	Schedule A, Part	III, line 17			18	%		
19a	33 1/3% support tests—2018. If the orga								
_	17 is not more than 33 1/3%, check this be		=				▶ ⊔		
b	33 1/3% support tests—2017. If the orga						. □		
20	line 18 is not more than 33 1/3%, check the		=			=	. $\square$		
20	<b>Private foundation.</b> If the organization did	not check a box of	on line 14, 19a, or	19b, check this bo	x and see instruct	ons	🕨 🔲		

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) C purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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.)

		Yes	No
1	IJΑ	V/	
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	L'		
	8		
	P		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2018

<u>Par</u>	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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	V	
Secti	on B. Type I Supporting Organizations			
			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			
	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			
	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		
Secti	on 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		
Secti	on 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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
_				
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	24		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	32		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	- PIG BIG VIGGORAGIUM EXEMPE A SUPSIGNIAL GEGLEE UL GILEGIUM OVEL ME DONGES. DIOGRAMS, AND ACTIVINES OF EACT			

Page	6

Port V Type III Non Experiencial Integrated 500(a)(2) Supporting Ord		4iana	7 TO Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Dublia lasasasti			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		$\mathcal{O}$ y
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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated		II supporting organization (	see
instructions).		5 5	

Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 **a** From 2013 **b** From 2014 **c** From 2015.... **d** From 2016 e 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) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 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. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 ..... c Excess from 2016 . d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

	m 990 or 990-EZ)		OF REFUGI			81-4135740	Page 8
Part VI			Provide the ex	olanations rec	uired by Part II	, line 10; Part II, line 17a or	
						11a, 11b, and 11c; Part IV	
	B. lines 1 ar	nd 2: Part IV. Sec	tion C. line 1: F	Part IV. Section	n D. lines 2 and	I 3; Part IV, Section E, lines	1c. 2a. 2b.
						nes 5, 6, and 8; and Part V	
							, Section E,
	lines 2, 5, a	and 6. Also comple	et <b>e</b> this part fo	r any additiona	al information. (S	See instructions.)	
			Ins	nac	TIO	1 - 0	1/
							V
•							

## Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

# **Schedule of Contributors**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.  $\boldsymbol{u}$  Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Name of the organization

Employer identification number

81-4135740

Organization type (check one):									
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See								
General Rule									
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.								
Special Rules									
regulations under secti 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line nat received from any one contributor, during the year, total contributions of the greater of (1) are amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.									
contributor, during the contributions totaled m during the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).									

Name of organization

CITY OF REFUGE DALTON INC

Employer identification number

81-4135740

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	i done mapee	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 3		\$ 26,920	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 25,919	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 19,114	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ 22,365	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Name of organization

CITY OF REFUGE DALTON INC

Employer identification number 81-4135740

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	i dono mapoc	\$ 119,000	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <b>43,</b> 060	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 27,640	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions  \$ 38,349	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

CITY OF REFUGE DALTON INC

Employer identification number 81-4135740

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional sp	pace is needed.
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD	\$ 5,820	12/19/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD	\$ 11,140	12/19/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD	\$ 12,896	12/19/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	CONSTRUCTION MATERIAL	\$ 50,000	02/12/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD	\$ 3,000	12/19/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	CLOTHING AND HOUSEHOLD ITEMS	\$ 1,000	12/19/18

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

CITY OF REFUGE DALTON INC 81-4135740 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD 9.... \$ 24,380 12/19/18 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) CLOTHING AND HOUSEHOLD ITEMS 9 \$ 3,260 12/19/18 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) CONSTRUCTION MATERIALS & 10 \$ 38,349 12/19/18 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ ..... (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number OF REFUGE DALTON INC 81-4135740 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 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 \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 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 **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III 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: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 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: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ......

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Page 2

	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
3	Using the organization's acquisition, accession, collection items (check all that apply):								,		
а	Public exhibition	d 🗌	Loan or ex	xchange pro							
b	b Scholarly research c Preservation for future generations										
С	Preservation for future generations	Inc	nc						$\square$		
4	Preservation for future generations Provide a description of the organization's colle	ections and explain	how they	further the	organization's	exempt pu	irpose i	n Part	M		
	XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	rt IV Escrow and Custodial Arra			<u> </u>							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for co	ntributions o	r other assets	s not					
	included on Form 990, Part X?								📙	Yes	No
b	If "Yes," explain the arrangement in Part XIII at						_				
							_		Amo	unt	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance						L	1f			_
	Did the organization include an amount on For					-				Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. C	check here if the ex	xplanation	has been pr	ovided on Pa	rt XIII					
Pa	ert V Endowment Funds.	anawarad "Vaa"	on Form	. 000 Do	rt I\/ line 1	0					
	Complete if the organization a	(a) Current year		rior year	(c) Two yea	I	(d) Thre	e years b	ack (a)	Four voc	ars back
10	Paginning of year balance	(a) Current year	(0) F	ioi yeai	(C) TWO yea	15 Dack	(u) 11116	e years b	ack (e)	our yea	IIS DACK
	Beginning of year balance					+					
	Contributions										
C	Net investment earnings, gains, and										
٨	Grants or scholarships										
	Grants or scholarships Other expenditures for facilities and					+					
C	'										
f	programs Administrative expenses										
a.	End of year balance										
2	Provide the estimated percentage of the curren	nt vear end balance	e (line 1a	column (a))	held as:						
	Board designated or quasi-endowment <b>u</b>	•	o (og,	oolallii (a))	noid do.						
	Permanent endowment <b>u</b> %										
	Temporarily restricted endowment <b>u</b>	%									
	The percentages on lines 2a, 2b, and 2c shoul										
3a	Are there endowment funds not in the possess	ion of the organiza	ation that a	re held and	administered	for the					
	organization by:	J								Ye	s No
	(i) unrelated organizations								3a	i)	
	(ii) related organizations								3a(	ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requi	red on Sch	nedule R?					31		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equip										
	Complete if the organization a	answered "Yes"	on Forn	n 990, Pai	rt IV, line 1	1a. See	Form :	990, P	art X, line	10.	
	Description of property	(a) Cost or other b	pasis	(b) Cost or o	other basis		cumulated	Ī	(d) B	ok valu	е
		(investment)		(othe		depr	eciation				
1a	Land				43,650						,650
b	Buildings			5.	55,592		27,	780		<u>527</u>	<u>,812</u>
С	Leasehold improvements										
d	Equipment				14,020		4,	475		9	<u>,545</u>
	Other	L									
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	t X, columi	n (B), line 10	Oc.)		<u> </u>	u		<u>581</u>	<u>,007</u>

Schedule D (I	Form 990) 2018 CITY OF REFUGE DALTO	ON INC	81-4135740	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valua	
<i>(1)</i> =:	(including name of security)		Cost or end-of-year mar	ket value
(1) Financial		actio	N COK	
	eld equity interests	··) <del>(2(2)1(0)</del>		<del>)\/</del>
(3) Other				<del>/ y</del>
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of value	
			Cost or end-of-year mar	ket value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>			
Part IX	Other Assets.	5 000 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1	441.0 5 000.0	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part	
(4)	(a) Description  CONSTRUCTION IN PROGR	)FCC		(b) Book value 532,539
(1)	CONSTRUCTION IN FROGR	TEDD .		332,339
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	, , , , , , , , , , , , , , , , , , , ,		u	532,539
Part X	Other Liabilities.	E 000 B ( N/ II	44 446 5 600	\ <b>D</b> . \ \
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990	), Part X,
	line 25.	(h) Deale color		
1. (1) Fodorol	(a) Description of liability	(b) Book value		
	income taxes DLL TAXES PAYABLE	6,292		
	IT CARD PAYABLE	3,106		
(4)		7,200		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	an (b) must equal Form 990, Part X, col. (B) line 25.) ${f u}$	9,398		
-	uncertain tax positions. In Part XIII, provide the text of the	_		
organization's	liability for uncertain tax positions under FIN 48 (ASC 740).	. Check here if the text of the fo	ootnote has been provided in Par	t XIII

Pa	art XI Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities 2b	nn I		n\/
	Recoveries of prior year grants 2c			UV
d				
е	Add lines 2a through 2d		2e	
3			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	art XII Reconciliation of Expenses per Audited Financial Statements		etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities 2a	1		
	Prior year adjustments 2b			
	Other losses 2c			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1		3	
	Investment expenses not included on Form 990, Part VIII, line 7b			
	(= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0.000 (= 0		4c	
С	Add lines <b>4a</b> and <b>4b</b>		4c 5	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
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5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
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5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		5	ine

Schedule D (F	orm 990) 2018	CITY	OF REFUGE	DALTON	INC	81-4	135740	Page <b>5</b>
Part XIII	Supplement	al Inforr	nation (continue	ed)				
	• •		,	,				
		0.00			4 1			
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# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

u Go to  $\textit{www.irs.gov/Form990}\$  for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

Name	of the organi	ization	1 1			4 1		Employer identification number	er	
			CITY OF	REFUGE	DALTON INC	Octio	$\mathbf{p}$	81-4135740	7	
Pa	art I	Type	es of Property			GUILL		JUUV		
			<del></del>	(a)	(b)	(c)		(d)		
				Check if	Number of contributions or	Noncash contribution		Method of determining		
				applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	no	oncash contribution amounts		
1	Art — We	orks of a	art							
2	Art — His	storical	treasures							
3	Art — Fr	actional	interests							
4	Books a	nd nuhli	ications							
5	Clothing									
•	_			x		70,325				
6	Care and	d other v	vehicles			707525				
7	Doots on	ad plana	veriicies							
	Intollectu	iu piane	est.							
8	Coouritio	ıaı prop	erty							
9	Securitie	s — Pui	blicly traded							
10			sely held stock							
11			rtnership, LLC,							
40	Or trust i	nterests								
12			scellaneous							
13	Qualified									
	contributi									
	structure	·S								
14	Qualified									
	contribut	ion — C	Other							
15	Real est	ate — R	esidential							
16	Real est	ate — C	commercial							
17	Real est	ate — O	Other							
18	Collectib	les				100 406				
19	Food inv	ventory <sub>.</sub>		X	8	108,406				
20	Drugs ar	nd medi	cal supplies							
21	Taxiderm	ny								
22	Historica	ıl artifac	ts							
23	Scientific	specin	nens							
24	Archeolo	ogical a	rtifacts			101 105				
25			T. MATERIAI		4	121,137				
26	Other $\mathbf{u}($	· ·		)						
27	Other $\mathbf{u}($									
28	Other <b>u</b> (			)						
29					ation during the tax yea					
	which the	e organ	ization completed	Form 8283, F	Part IV, Donee Acknowl	edgement	29		_	
									Yes	No
30a	•		-	•		ty reported in Part I, lines	•			
						contribution, and which isn'				
					olding period?			30a		X
b			e the arrangement							
31		-	zation have a gift a	acceptance p	olicy that requires the re	eview of any nonstandard				
	contributi							31	1	X
32a	Does the	e organi:	zation hire or use	third parties of	or related organizations	to solicit, process, or sell n	noncash			
	contributi	ions?						32a		X
b			e in Part II.							
33	If the org	ganizatio	on didn't report an	amount in co	lumn (c) for a type of pr	operty for which column (a	) is checked,			
	describe	in Part	II.							

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

Employer identification number 81-4135740

OF REFUGE DALTON INC CITY FORM 990 - ORGANIZATION'S MISSION CITY OF REFUGE IS COMMITTED TO EFFECTING REAL CHANGE IN THE LIVES OF THOSE LIVING IN THE MARGINS OF SOCIETY BY ADDRESSING THE EDUCATIONAL, RESIDENTIAL, EMOTIONAL, AND PHYSICAL NEEDS OF THE DISADVANTAGED. WE ARE COMMITTED TO BRINGING HOPE, TRANSFORMATION AND RESOURCES INTO ENVIRONMENTS WHERE DIFFICULTY RESIDES. PROGRAM SERVICES INCLUDE, BUT ARE NOT LIMITED TO, YOUTH AND ADULT EDUCATION, HOUSING, MEAL SUBSIDIES, FOOD BANK, CLOTHING, TRANSPORTATION, MENTORSHIPS, ETC. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 RETURN IS REVIEWED BY THE DIRECTOR BEFORE THE RETURN IS FILED AND MADE AVAILABLE ON THEIR WEBSITE. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE SALARY OF ALL OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS ALL OFFICERS OR KEY EMPLOYEES SALARIES ARE REVIEWED BY THE BOARD. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562** 

Department of the Treasury

Internal Revenue Service

**Depreciation and Amortization** 

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

tachment equence No. 17

Name(s) shown on return Identifying number CITY OF REFUGE DALTON INC 81-4135740 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,500,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions .... 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 16,361 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2018 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .... u Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property С 7-year property 10-year property е 15-year property 20-year property 25-year property S/I 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/I 30-year 30 yrs. MM S/L C 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 16,361 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ...... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

<u></u>	<u> </u>	2111111111	T110	01 1100710	
orm 4562 (2	2018)			Pag	е

Part V Listed Property (include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  Note: For any vehicle for which you are using the standard indeage has or declaring jease expense, complete only 24s, section A—population and other includes of the property of the p	Form	4562 (2018)	1110			<u> </u>	11337	-0							Page 2
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