

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545 0047

2016

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

<del></del> -		22.2	<del></del>	<del></del>				<del></del>
_			ar year, or tax year beginning	, 2016, a	ind ending		,	
B Check if applicable C D Employer identi								number
	Add	iress change	CALVARY REFUGE, INC	121508				
	Nan	ne change	P.O. BOX 2464			E Telephone	e number	
	Initi	al return	FOREST PARK, GA 30298			(404	) 361-5	309
	Final	return/terminated						
	Ame	ended return				G Gross red	eipts \$	370,209.
	Арр	olication pending	F Name and address of principal officer		1 ' '	a group return fo		Yes X No
			SAME AS C ABOVE		H(b) Are all	subordinates ii attach a list (s	ncluded?	Yes No
ī	Tax-ex	xempt status	X 501(c)(3) 501(c) ( )    (insert no	4947(a)(1) or	527	attacii a iist (s	see instruction	15)
J	Web	site: ► WW	V.CALVARYREFUGE.ORG		H(c) Group	exemption nun	nber ►	
ĸ	Form	of organization		er► L Ye	ear of formation 198	5 M Sta	ate of legal do	micile GA
Pa	irt I	Summar	,	- <u></u>		<del></del>		
			e the organization's mission or most signific	ant activities CALV	VARY REFUGE	IS A NO	N-PROFI	T
d)	1 7		ION THAT PROVIDES A SAFE, I					
Governance			WHILE PROVIDING THE TOOLS					
rna rna		SUFFICIE	NCY WITH DIGNITY AND PRIDE.					
o e	2 (	Check this bo	1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ed of more than 25	% of its net	assets	
ত			ing members of the governing body (Part V		LN	L	3	14
SS			ependent voting members of the governing		D)	-	4	14
Activities &			of individuals employed in calendar year 20° of volunteers (estimate if necessary)	io (Part v, line 2a)		ļ	5	14
ţ			business revenue from Part VIII, column (	C) line 12		-	7a	2,200 0.
۹.			business taxable income from Form 990-T,			F	7b	0.
			,			rior Year		Current Year
	8 (	Contributions	and grants (Part VIII, line 1h)		} <del>-</del>	551,70		359,142.
r Revenué			ce revenue (Part VIII, line 2g)			14,60		9,947.
<b>∠</b> ĕ		-	ome (Part VIII, column (A), lines 3, 4, and	7d)			13.	1,120.
	11 (	Other revenu	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	10c, and 11e)				
3	12	Total revenue	- add lines 8 through 11 (must equal Part \	VIII, column (A), line	12)	567,82	20.	370,209.
$\overline{}$	13 (	Grants and s	nılar amounts paid (Part IX, column (A), line			1		
5	14 8	Benefits paid	o or for members (Part IX, column (A), line					
٠	15	Salaries, othi	compensation, employee benefits (Part IX	-10)	249,83	38.	249,018.	
Expenses	16 a	Professional	andraising fees (Part IX, column (A), line 11	e)				
ben .	<sub>b</sub> -	Total fundrais	ng expenses (Part IX, column (D), line 25)	<b>•</b>				, ,
֟ ֞֝֟֝֟	17 (		es (Part IX, column (A), lines 11a-11d, 11f-2			264 13	2	192,073.
) •	i .		s Add lines 13-17 (must equal Part IX, col	•		264,13 513,97		
,				RECEIVED	ļ <del> </del>	53,84		441,091.
- × 6		TOVETTO TOSS	expenses subtract line to non line 12			ng of Current		-70,882. End of Year
anç o	20	Total assets	Part X, line 16)	OCT 2 0 2017	O Beginnin	L, 298, 33		1,234,053.
Page Ball	21		(Part X, line 26)	4		82,79		89,394.
Not Assets or Fund Balances	22 1		fund balances. Subtract line 21 from line 20	~~	기(의 <b>)</b>			
	art II	Signatu		16:41 1. W. O.L.		1,215,54	±1.	1,144,659.
						4		
com	er penallie plete Dec	is of perjury, I dec claration of prep	re that I have examined this return, including accompanying s er (other than officer) is based on all infor <u>mation</u> of which	ichedules and statements, an 1 preparer has any knowled	id to the best of my knowle lige	age and belief, if	t is true, correc	t, and
_			Tu) ma			10/	7/17	
ci.	70	Signali	e of officer	>	Da	ate	<del>'  '  </del>	
Sig	JII Pre	10	warn G. lar	$\Omega$		,		
•••		Type or	print name and title	••	<del></del>			
		Print/Type	eparer's name reparer signature	- 0.	Date	Check	ıt PTIN	
n.	:	SHEILA	אווועו	DUL APA	10/0/2/12	self-employed	' )	687026
Pa	id eparei		FULTON & KOZAK, CPA	MAR COLL	10/1/2013	3611-CITIPIOYEC	- [1000	001020
	e Onl			00A		Fum's EIN ►	20-140	13280
	J J	, i iiii s addii	MORROW, GA 30260-2944	JUN			770-961	
Mar	v the IS	S discuss th	return with the preparer shown above? (see	e instructions)		Phone no	. XI	Yes No
			duction Act Notice, see the separate instruc		TEC 401121 11	nene	· [A]	Form <b>990</b> (2016)
24	~ , 01 1	a perwork K	auction Act notice, see the separate mistrut	CUVII3.	TEEA0113L 11	10/10		, OHH 220 (2010)

Form	1 990 (2016) CALVARY REFUGE, INC	58-21215	80	Page 2
Par				
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission			
	CALVARY REFUGE IS A NON-PROFIT ORGANIZATION THAT PROVIDES A SAFE			
	ENVIRONMENT FOR INDIVIDUALS AND FAMILIES WHILE PROVIDING THE TOO	LS TO TRAN	SITION	N_FROM_
	HOMELESSNESS TO SELF SUFFICIENCY WITH DIGNITY AND PRIDE.			
2	Did the organization undertake any significant program services during the year which were not listed or	the prior		
	Form 990 or 990-EZ?		Yes	X No
_	If 'Yes,' describe these new services on Schedule O	. 🗆		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices <sup>7</sup>	Yes	X No
_	If 'Yes,' describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	ices, as measures to others, the to	ed by exp otal expe	enses nses,
4 a	(Code ) (Expenses \$ 366,574. including grants of \$ ) (	Revenue \$	9	,947.)
	THROUGH CONTRIBUTIONS AND GRANTS, CALVARY REFUGE HAS BEEN ABLE I			
	TRANSITIONAL HOUSING FACILITY AND EMERGENCY SHELTER TO THE MANY			
	THE SOUTH METRO ATLANTA AREA. CALVARY REFUGE CENTER IS PROVIDIN			
	ENVIRONMENT FOR INDIVIDUALS AND FAMILIES WHILE PROVIDING THE TOO			
	HOMELESSNESS TO SELF SUFFICIENCY WITH DIGNITY AND PRIDE.	70 10 1101	511101	111011
	TOURDED TO BE OUT ICIDACI WITH DIGHTI MED INIDE.			
				<b></b> -
	(Code ) (Expenses \$ including grants of \$ ) (	Revenue \$		
41	(Code) (Expenses $\psi$ ) (	Neveriue \$		
	(0.1)	D		
4 0	c (Code) (Expenses \$ including grants of \$) (	Revenue \$		)
			- <b>-</b>	. <b></b>
			<del>-</del> -	
			. <b></b> .	
			<b>_</b>	
40	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	·
	e Total program service expenses ► 366, 574.			
BAA	TEFA01021 11/16/16		Form	990 (2016)

Form 990 (2016) CALVARY REFUGE, INC

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
,	c 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	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	<u></u>	х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	146	[   	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e <sup>2</sup> If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
		_		1001CL

Form 990 (2016) CALVARY REFUGE, INC

Part IV | Checklist of Required Schedules (continued)

	•		res	NO
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25 a	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		х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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	<b>├</b>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35ъ		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Forn	າ 990 (	(2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
2 a 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  2 a 14			_
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		ļ <u>.</u>
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		_	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- 7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		<del></del>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		_	<u> </u>
Form 8282 <sup>7</sup>	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	Ī		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u> </u>	Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			-
organization have excess business holdings at any time during the year?	8	<u> </u>	<del> </del>
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	ļ.—	<u> </u>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96	ļ	<b>└</b> ─
10 Section 501(c)(7) organizations. Enter		1	
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			İ
11 Section 501(c)(12) organizations. Enter:	J	)	1
a Gross income from members or shareholders	l		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	ļ	<del> </del>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1	J	}
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1	-	-
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		<del> </del>
Note. See the instructions for additional information the organization must report on Schedule O	1		1
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	_ [		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<u> </u>	X
h If 'Ves' has it filed a Form 720 to report these payments? If 'No' provide an explanation in Schedule O	14 h	1	1

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 14 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 b Enter the number of voting members included in line 1a, above, who are independent 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE O Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a 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 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8 a Χ b Each committee with authority to act on behalf of the governing body? 8 b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Х Schedule O how this was done 12 c X 13 Did the organization have a written whistleblower policy? 13 14 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? Х a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a X b Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? . 16 a 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 16 b 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 > GA Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Upon request Other (explain in Schedule O) Own website Another's website 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 SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. > HARTLEY, HELMS & WILKERSON, LLC 440 FOREST PARKWAY FOREST PARK GA 31908 404-366-5412

Form 990	(2016)	CALVARY	REFUGE	INC
	(20.0)	CULIVATIA	MELOGE.	TIME

58-2121508

Page 7

# 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

- 1 a 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

Check this box if neither the organization nor any	related org	anıza	ation	cor	npe	nsate	ed a	ny current officer,	director, or trustee	
	(C)									
(A) Name and Title	(B) Average hours per	thar IS	one	box, an o ector/	unles	•	ion	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(W 2/1099-MISC)	from the organization and related organizations
(1) WESLEY C. HARGRAVE, SR.	1									
DIRECTOR	7-0-	X				'		0.	0.	0.
(2) DESTINY LAWLER	1	1								
DIRECTOR	70	Х						0.	0.	0.
(3) ANGELA PERKINS	1									
DIRECTOR	7-0-	Х						0.	0.	0.
(4) SONIA DAVIS	1									
DIRECTOR	7-0-	Х						0.	0.	0.
(5) MIMI HOLLAND	1									
DIRECTOR	7-0-	] X			l			0.	0.	0.
(6) TOMMY HOLLAND	1									
DIRECTOR		X					<u> </u>	0.	0.	0.
(7) ROBERT E. KELLER	11									
DIRECTOR		X						0.	0.	0.
(8) ALAN WOOTTON	1							-		
DIRECTOR		<u> </u>						0.	0.	0.
(9) RUSH LAWLER	1									
DIRECTOR	0	X						0.	0.	0.
(10) TASHA MOSLEY	1									
DIRECTOR	7 0	<u>  X</u>						0.	0.	0.
(11) DAWN D. THOMPSON	11									
DIRECTOR	0	<u> </u>						0.	0.	0.
(12) CARL RHODENIZER	1									
DIRECTOR	0	X						0.	0.	0.
(13) MICHAEL E. GLANTON SR.	1									
DIRECTOR	0	X						0.	0.	0.
(14) TOM MAPLES	1_1_									
DIRECTOR	0	Х						0.	0.	0.
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Form 990 (2016)

Form 990 (2016) CALVARY REFUGE, INC  Part VII Section A. Officers, Directors, Trees.	ustees	Key	Fr	nnl	01/6	200	an	d Highest Cor	58-212150			ge 8
· · · · · · · · · · · · · · · · · · ·	(B)	Tey		((	2)	,03,	un	Tingriest Col	ilpensated Emp	The toyets (commute)		
(A) Name and title	Average hours per	box.	Position (do not check more the box, unless person is officer and a director/				h an	(D)  Reportable compensation from	(E)  Reportable compensation from		(F) stimated int of ot	
	week (list any hours	<del></del>	_					the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fi	pensation of the anization	on
	for related organiza - fions	Individual trustee or director	nstitutional trustee	er	Key employee	est com oyee	ਦ  ਦ				d relatei anizatioi	
	below dotted line)	ustee	trustee		e	Highest compensated employee			i			
(15) TAWANA TARNO	40					ä	ļ					
EXECUTIVE DIR. (16)	0			Х	_		-	70,118.	0.			0.
(17)												
(18)												
(19)									- · · · · ·			
(20)							-					
(21)												
(22)	<del> </del>											
(23)		1										
(24)		ļ			_							
							L					
(25)												
1 b Sub-total c Total from continuation sheets to Part VII, Sectio	n A						<b>►</b>	70,118.	0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	70,118.	0.			0.
2 Total number of individuals (including but not limit from the organization ► 0	ted to tho	se lis	ted	abo	ve)	who	rec	eived more than \$	100,000 of reportab	le com	ensat	tion
2 D.d.th							. ما د		d amula a		Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such			кеу	em	рюу	ee, o	r ni	gnest compensate	а етрюуее	3	- ^-	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportable r than \$15	e con 50,00	nper 0? <i>I</i>	nsati f 'Ye	ion a	and c comp	othe olete	r compensation fro e Schedule J for	om			x
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compens	sation	n fro	m a	iny u	ınrela	ated	d organization or in	ndıvıdual			X
Section B. Independent Contractors										<u></u>		
Complete this table for your five highest compens compensation from the organization. Report com	sated inde pensation	pend for t	ent he c	con aler	trac ndar	ors t year	nat en	received more that ding with or within	the organization's		-	
(A) Name and business addi	ress							Description o		Compe	C) insatic	ก
NONE ,								<u> </u>				
					_	•						
2 Total number of independent contractors (includir \$100,000 of compensation from the organization	-	limit	ed to	o th	ose	listed	d ab	oove) who received	d more than			ı
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		Check if Schedule O contain	s a respo	onse or note to any	line in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a	Federated campaigns	1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
عَ ق	С	Fundraising events						
ifts r A		Related organizations	1 d					
nia i		Government grants (contributions).	1 e	73,061.				
Sin		•		73,001.				
of I	f	All other contributions, gifts, grants, an similar amounts not included above	ıd   1 f	206 201				
를 하		Noncash contributions included in lines		286,081.				
ont	_		11 a 11 Ş		250 740			
	n	Total. Add lines 1a-1f		Business Code	359,142.		· · · · · ·	
une		DDAGDAM BBBG	}	Business Code	0.047			
eve		PROGRAM FEES			9,947.	9,947.		
e R	b							
vic	C	. <del></del>	- <b>-</b>					
Se	d	' <b></b>						
шe	е	' <del></del>						
Program Service Revenue	f	All other program service rever	nue			<del></del>		
<u> </u>	g	Total. Add lines 2a-2f		•	9,947.		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including o	lividends	, interest and	1 100			1 100
	١.	other similar amounts)			1,120.		<del> </del>	1,120.
	4	Income from investment of tax	-exempt	•				
	5	Royalties	\ D1	() December				
			) Real	(II) Personal				
		Gross rents						
	1	Less rental expenses						
	ı	Rental income or (foss)						
	c	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	ecurities	(ii) Other				
		assets other than inventory				:		* _ · ·
	l t	Less cost or other basis						
	•	and sales expenses		.,	•			-
	ı	: Gain or (loss)						
	C	l Net gain or (loss)		<u> </u>				
<u>o</u>	8 a	Gross income from fundraising	events					
		(not including \$						
Š		of contributions reported on lin	e lc)					
Other Revenu	1	See Part IV, line 18	;	a				
her	t	Less direct expenses	1	b			i	
ਠੋ	0	: Net income or (loss) from fund	raising e	vents •				
	ا 9 ء	Gross income from gaming act See Part IV, line 19.	livities.					
	•	See Part IV, line 19.		a				
	l t	Less, direct expenses	. 1	b[				
	0	: Net income or (loss) from gam	ing activi	ities				
	10 a	Gross sales of inventory, less	returns					
		Gross sales of inventory, less and allowances		a				
	t	Less cost of goods sold	1	b	_			
	L	: Net income or (loss) from sale:	s of invei	ntory				
		Miscellaneous Revenue		Business Code	-			
	11 a		T					
	Ł	)						
	۱ ۵	:						
	(	All other revenue						
	6	Total. Add lines 11a-11d	•	<b>•</b>				
	12	Total revenue. See instructions	<u> </u>		370,209.	9,947.	0.	1,120.
_								. = 000 (000)

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 Do not include amounts reported on lines Program service Fundráising Management and 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 for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 35,424 34,694 0. 70,118 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 n 0 0. Other salaries and wages 161,176 161,176. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 15,065 17,724 2,659 11 Fees for services (non-employees) a Management **b** Legal c Accounting 15,975 15,975 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () Advertising and promotion 173 1,153 980 Office expenses 4,337 3,686. 651 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 352 299 53. 1,890. 20 Interest 2,224. 334. Payments to affiliates 21 41,253 6,188 Depreciation, depletion, and amortization 35,065 22 2,826. 23 Insurance 18,837 16,011 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) 46,667 39,667 7,000 a UTILITIES \_\_\_\_ 26,840 26,840 b CLIENTS ASSISTANCE 15,340 13,039 2,301 C EQUIPMENT RENTAL & MAINTENANCE 8,009 8,009 d SUPPLIES\_\_\_\_ 11,086 e All other expenses 9,423. 1,663 366,574 25 Total functional expenses Add lines 1 through 24e 441,091 74,517 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	_		
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	464,765.	1	480,853.
	2	Savings and temporary cash investments.	39,136.	2	39,600.
J	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	96,792.	4	56,448.
:	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	<del>-</del>	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	,
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹∣	9	Prepaid expenses and deferred charges	6,191.	9	6,955.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  1,205,246.			_ (
	b	Less accumulated depreciation 10b 555, 049.	691,450.	10 c	650,197.
	11	Investments – publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
J	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,298,334.	16	1,234,053.
	17	Accounts payable and accrued expenses	13,629.	17	5,506.
- 1	18	Grants payable		18	
ĺ	19	Deferred revenue	12,500.	19	25,000.
	20	Tax-exempt bond liabilities		20	·
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	56,664.	23	58,888.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	82,793.	26	89,394.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Jan	27	Unrestricted net assets	1,215,541.	27	1,144,659.
Ba	28	Temporarily restricted net assets		28	
ק	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	1,215,541.	33	1,144,659.
	34	Total liabilities and net assets/fund balances	1,298,334.	34	1,234,053.

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		<u>58-2121508</u>	_	Pa	ge 12		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	70,2	209.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	41,0	91.		
3	Revenue less expenses Subtract line 2 from line 1	3	_	70,8	<u>82.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2	<u> 15,5</u>	41.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.		
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 1							
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		·				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				i		
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	ewed on a			ا ا لد. ـ		
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis	parate			; ;		
C	[X] Separate basis [Consolidated basis Both consolidated and separate basis If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$						
3 8	3 a 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?						
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b				
BAA			Form	990	(2016)		

## **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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name o	f th	e organization					Employer identific				
		RY REFUGE, INC					58-212150				
		Reason for Public Chari						ons			
The o	he organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)										
1	L	A church, convention of church	•				1)(A)(i).				
2	L	A school described in section									
3		A hospital or a cooperative ho									
4	L	A medical research organizat	ion operated in conjur	nction with a hospital de	scribed	ın secti	on 170(b)(1)(A)(iii) Er	iter the hospital's			
		name, city, and state									
5		An organization operated for section 170(b)(1)(A)(iv). (Cor	the benefit of a colleg nplete Part II)	e or university owned o	r operat	ed by a	governmental unit de	scribed in			
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)										
8	L	A community trust described	in section 170(b)(1)(A	)(vi). (Complete Part II	)						
9		An agricultural research orga or university or a non-land-gr university									
10	· · · · · · · · · · · · · · · · · · ·										
11	Г	An organization organized an	nd operated exclusively	y to test for public safet	y See s	section !	509(a)(4).				
12											
а	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.										
b		Type II. A supporting organization management of the supporting must complete Part IV, Section	ation supervised or co	ontrolled in connection v I in the same persons th	vith its s nat conti	upported of or ma	d organization(s), by hanage the supported o	naving control or organization(s) You			
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting organisms) You must compl	nization operated in con lete Part IV, Sections A,	nection <b>D, and</b>	with, an E.	d functionally integrate	ed with, its supported			
d	L	Type III non-functionally integrated The original trunctionally integrated The originations) You must comp	rganization generally	must satisfy a distributi	on requi	tion with rement	n its supported organia and an attentiveness i	zation(s) that is not requirement (see			
е		Check this box if the organization integrated, or Type III non-ful	ation received a writte	n determination from th	e IRS th	iat it is a	a Type I, Type II, Type	III functionally			
f		nter the number of supported of									
g	Ρ	rovide the following information	about the supported	organization(s)							
	i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizal	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
					""			+			
(A)											
(B)											
(C)											
<u>(D)</u>											
<u>(E)</u>											
Total											

## 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						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	486,980.	685,960.	499,012.	551,705.	359,142.	2,582,799.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	486,980.	685,960.	499,012.	551,705.	359,142.	2,582,799.
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)						133,422.
6	Public support. Subtract line 5 from line 4						2,449,377.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning In) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	486,980.	685,960.	499,012.	551,705.	359,142.	2,582,799.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,313.	1,339.	1,385.	1,513.	1,120.	6,670.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11	Total support. Add lines 7 through 10						2,589,469.
12	Gross receipts from related activ	ities, etc. (see inst	ructions)			12	56,779.
13	First five years. If the Form 990 organization, check this box and		ion's first, second	I, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ []
	tion C. Computation of Pu				·		
	Public support percentage for 20	•	•	11, column (f))		14	94.59 %
	Public support percentage from 2					. 15	94.71%
16a	33-1/3% support test—2016. If the and stop here. The organization	e organization did qualifies as a publ	not check the bosicly supported org	x on line 13, and janization	line 14 is 33-1/3%	or more, check II	nis box ► X
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a publ	not check a box o licly supported org	in line 13 or 16a, i ganization	and line 15 is 33-	1/3% or more, che	eck this box
17a	10%-facts-and-circumstances teror more, and if the organization the organization meets the 'facts'	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	. Explain in Part V	'i how
	10%-facts-and-circumstances ter or more, and if the organization meets the 'facts-and	meets the 'facts-ar I-circumstances' te	nd-circumstances' est The organizat	test, check this b ion qualifies as a	oox and stop here publicly supported	. Explain in Part V d organization	'I how the ►
18	Private foundation. If the organiz	ation did not chec	ка вох on line 13	o, iba, ibb, i/a, d	or 170, check this	uox and see instr	uctions .

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II ) Section A. Public Support (c) 2014 (d) 2015 Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1. 2. and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. Public support. (Subtract line 7c from line 6) Section B. Total Support (c) 2014 (d) 2015 Calendar year (or fiscal year beginning in) ► (a) 2012 **(b)** 2013 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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 čapital assets (Explain in Part VI.). 13 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 <del>ջ</del> Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 17 <sup>2</sup> 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 19a 33-1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Section A. All Supporting Organization	Section	A. All	Supporting	g Organization
--	---------	--------	------------	----------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	-	; ;
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	_3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	_3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	_3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	- 4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		1
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	_	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	_ 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	 _5b	-	- 1
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)	7		
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)	8		-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	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	9c		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	-	
<u> </u>	TECANOMIC Schodule A (Form 90)	- · · · · ·	0 E 7	2016

Pai	TIV   Supporting Organizations (continued)		- <del></del> -	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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	-	
6	A family member of a person described in (a) above?	11b		
(	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion 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 <b>Part VI</b> 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		-
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		~
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			, 
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction as a large of the Activities Test Complete line 2 below to the Describe organization is the parent of each of its supported organizations. Complete line 3 below to the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance).		ons)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described 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 activities but for the organization's involvement	2b	-	
3	Parent of Supported Organizations Answer (a) and (b) below.	]	}	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	_	_
_	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard_	3b	- ~	
BAA	TEEA0405L 09/28/16 Schedule A (Form 99)	0 or 99	0-EZ)	2016

Schedule A	(Form 9	190 or	990.F71	2016	CALVARY	DEFIICE	TNC
ocinculate 71	(, 0, 1, 1, 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JJU LZ,	2010	CUTAULI	KELOGE,	TING

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Pai 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov	20, 1970 (explain in F	Part VI) See	
Sec	tion À — Adjusted Net Income	111030	(A) Prior Year (B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion 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)		,		
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors (explain in detail in Part VI)		_		
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>	
Sec	tion 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		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 integer (see instructions)	grated T	ype III supporting orga	anization	
BAA			Schedule A (F	orm 990 or 990-EZ) 2016	

Schedule A (Form 990 or 990-EZ) 2016

Sect	tion D — Distributions	or ting or garneactors	(00////////////////////////////////////	Current Year
	Amounts paid to supported organizations to accomplish exempt purp			
	Amounts paid to perform activity that directly furthers exempt purpor in excess of income from activity	ations,	<del></del>	
3	Administrative expenses paid to accomplish exempt purposes of sur	ported organizations		
4	Amounts paid to acquire exempt-use assets	. <del>'</del>	· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organ in Part VI) See instructions	ization is responsive (pro	ovide details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>		
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b	, ·			· · · · · · · · · · · · · · · · · · ·
С	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e	<u></u>		
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
а	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013			
С	Excess from 2014		_	
d	Excess from 2015			
e	Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

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

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	CALVARY REFUGE, INC		58-2121508
Par	t   Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, Im	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don are the organization's property, subject to the		nor advised funds  Yes  No
6		s, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	
Par			_
		wered 'Yes' on Form 990, Part IV, lin	e 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , re	· 📙	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
2	Preservation of open space		he form of a consequence consequent on the
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t	ne form of a conservation easement on the
	•		Held at the End of the Tax Year
;	Total number of conservation easements.		2 a
١	b Total acreage restricted by conservation easer	ments	2 b
(	Number of conservation easements on a certif	ied historic structure included in (a)	2 c
•	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histori	1C 2 d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminat	ed by the organization during the
4	Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy reg	garding the periodic monitoring, inspection, han	
	and enforcement of the conservation easemen		∐Yes ∐ No
6		ng, inspecting, handling of violations, and enforce	
7	Amount of expenses incurred in monitoring, in	specting, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported or and section $170(h)(4)(B)(n)^2$	n line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and o the organization's financial statements that de	d expense statement, and balance sheet, and escribes the organization's accounting for
Pai	t III Organizations Maintaining Collect	tions of Art, Historical Treasures, or Otl swered 'Yes' on Form 990, Part IV, Iin	her Similar Assets. ie 8.
1 :	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	s held for public exhibition, education, or resear	ue statement and balance sheet works of ch in furtherance of public service, provide,
ı	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue s d for public exhibition, education, or research in	statement and balance sheet works of art, n furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
	If the organization received or held works of an amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
	a Revenue included on Form 990, Part VIII, line	1	<b>▶</b> \$
	b Assets included in Form 990, Part X		. ▶\$

Part III Organizations Maintain	ning Collections	s of Art, Historic	cal Treasures, or Ot	her Similar Assets (	(continued)	
3 Using the organization's acquisition items (check all that apply)	on, accession, and	other records, che	eck any of the following	that are a significant us	e of its collecti	ion
a Public exhibition		<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future general	ations				·	
4 Provide a description of the organ Part XIII	nization's collection	ns and explain how	they further the organia	zation's exempt purpose	e in	
5 During the year, did the organization	tion solicit or recei	ve donations of art	, historical treasures, or	other similar assets		$\Box$
to be sold to raise funds rather th				107	Yes	No
Part IV   Escrow and Custodial A line 9, or reported an	arrangements. Camount on For	omplete if the om 990, Part X,	rganization answered Line 21.	d 'Yes' on Form 990	, Part IV,	
1 a Is the organization an agent, trus on Form 990, Part X?		_		r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and co	mplete the following	ig table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				11		
2 a Did the organization include an a	mount on Form 99	0, Part X, line 21,	for escrow or custodial a	account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Check	there if the explan	ation has been provided	f on Part XIII	_	$\Box$
			<del></del>			
Part V Endowment Funds. Co	mplete if the o	<u>rganization ans</u>	wered 'Yes' on For	<u>m 990, Part IV, line</u>	<del>)</del> 10.	
	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance					<u> </u>	
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships					1	_
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance		<del></del>				
2 Provide the estimated percentage	e of the current year	ar end balance (lin	e 1g, column (a)) held a	ns		
a Board designated or quasi-endow	· ·	9				
<b>b</b> Permanent endowment	%	<del></del>				
c Temporarily restricted endowmer	nt 🟲	%				
The percentages on lines 2a, 2b,		ual 100%				
3 a Are there endowment funds not in	·		that are held and admir	istered for the	\[\frac{\frac{1}{2}}{2}\]	l No
organization by					Yes	No
(i) unrelated organizations					3a(i)	<del></del>
(ii) related organizations	had assasses to see t		o Cabadula D2		3a(ii)	<del> </del>
b If 'Yes' on line 3a(ii), are the rela	-	•			3b	
4 Describe in Part XIII the intended		ization's endowme	ni tunas			
Part VI Land, Buildings, and Complete if the organi		d 'Yes' on Forr	n 990, Part IV, line	11a. See Form 990	0, Part X, lır	ne 10.
Description of property	<del></del>	Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book v	
1 a Land			58,000.		5.8	3,000.
<b>b</b> Buildings			784,133.	337,938.		5,195.
- Langehold improvements	<del> </del>		704,100.	102 754	110	.,

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land		58,000.		58,000.	
<b>b</b> Buildings		784,133.	337,938.	446,195.	
c Leasehold improvements		214,567.	103,754.	110,813.	
<b>d</b> Equipment		93,618.	61,235.	32,383.	
e Other		54,928.	52,122.	2,806.	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)					

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Schedule **D** (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	O, Part IV, line 11b See Form 990, Part X, line 12.  (c) Method of valuation Cost or end-of-year market value
	(D) BOOK Value	(C) method of valuation Cost or end-of-year market value
(1) Finançial derivatives		
<ul><li>(2) Closely-held equity interests</li><li>(3) Other</li></ul>	<del></del>	<del> </del>
	<del> </del>	<del>                                     </del>
( <u>A)</u> (B)	· <del> </del>	
(C)	-	<del> </del>
(D)		
(E)	· <del> </del>	
(F)	· <del> </del>	<del> </del>
(G)	·	
(H)	· <del>  </del>	<del> </del>
` (I)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)	·	
Part VIII Investments — Program Related.		N/A
Complete if the organization answered		), Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		<u> </u>
(5)		
(6)	<u> </u>	
(7)	<del> </del>	
(8)	<del> </del>	
(9)	<del> </del>	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)		
	N/A Yes' on Form 990, P escription	art IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1)		
(2)		
(3)		
(4)	<del></del>	<del></del>
(6)		
(7)		
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(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15 )	•
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form  (a) Description of liability	n 990, Part IV, line 11e or	11f. See Form 990, Part X, line 25
(1) Federal income taxes	(b) Book value	<del> </del>
(2)		<del>- </del>
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	l l	
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(10) (11)		
(10)	patnets to the arganization's fu	nancial statements that reports the organization's trability for upperfer-

Schedule D (Form 990) 2016 CALVARY REFUGE, INC		58-2121508	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Ret	turn.	
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	370,209.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants.	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	370,209.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		,	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	370,209.
Part XII Reconciliation of Expenses per Audited Financial Statements V	Vith Expenses per R	Return.	-
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	441,091.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		,	

a Donated services and use of facilities 2 a 2 b **b** Prior year adjustments c Other losses 2 c d Other (Describe in Part XIII) 2 d e Add lines 2a through 2d 2 e 3 3 Subtract line 2e from line 1 441,091. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) 4 b c Add lines 4a and 4b 4 c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 441,091

Part XIII Supplemental Information.

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

BAA

## 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.

► Attach to Form 990 or 990-EZ.

at www.irs gov/form990.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CALVARY REFUGE, INC

Employer identification number

58-2121508

## FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

TOMMY HOLLAND AND MIMI HOLLAND ARE MARRIED. BOTH PARTIES ARE MEMBERS OF THE BOARD OF DIRECTORS. RUSH LAWLER IS DESTINY LAWLER'S FATHER-IN-LAW. BOTH PARTIES ARE MEMBERS OF THE BOARD OF DIRECTORS.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION'S BOARD OF DIRECTORS ADDRESSES ISSUES CONCERNING THE CONFLICT OF

INTEREST POLICY AT BOARD MEETINGS AS THEY ARISE. THESE ISSUES ARE HANDLED ON A CASE

BY CASE BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE ORGANIZATION'S PERSONNEL COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE EXECUTIVE DIRECTOR. ONCE THE PERSONNEL COMMITTEE HAS APPROVED THE COMPENSATION, THEY PRESENT TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

## FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY FOR PUBLIC INSPECTION. THIS COPY IS AVAILABLE UPON REQUEST.