

Form **990-EZ**

Short Form 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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">NO KILL LOUISVILLE</p> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <p style="text-align: center;">PO BOX 6655</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">LOUISVILLE KY 40203</p>	D Employer identification number <p style="text-align: center;">27-2368180</p> E Telephone number <p style="text-align: center;">502-552-2667</p> F Group Exemption Number ▶
--	--	---

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: **WWW.NOKILL-LOUISVILLE.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **70,707**

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	38,800
	2 Program service revenue including government fees and contracts	2	11,146
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	20,761
c Less: direct expenses from gaming and fundraising events	6c	4,781	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15,980	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	65,926	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	16,578
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	38,289
17 Total expenses. Add lines 10 through 16	17	54,867	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	11,059
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,999
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,058

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

X

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

X

What is the organization's primary exempt purpose? SEE SCHEDULE O

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Table with columns for program description, grants amount, and expenses. Rows include Spay and Neuter Program, Pet Food Bank, and Foster and Adoption Program.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with columns (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

NO KILL LOUISVILLE

27-2368180

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING	\$ 455
OFFICE	\$ 1,467
WEBSITE	\$ 1,098
VETERINARIAN SERVICES	\$ 18,913
MISCELLANEOUS	\$ 1,256
RESCUE FOOD SUPPLIES	\$ 4,261
SUPPLIES	\$ 8,912
CREMATION	\$ 50
CREDIT CARD FEES	\$ 1,471
NON-INVESTMENT DEPRECIATION	\$ 406
TOTAL	\$ 38,289

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUIPMENT	\$ 4,541	\$ 4,541
LESS ACCUMULATED DEPRECIATION	\$ 3,933	\$ 4,339
TOTAL	\$ 608	\$ 202

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO HELP MINIMIZE THE NUMBER OF DOGS EUTHANIZED IN THE GREATER LOUISVILLE AREA AS WELL AS TO GENERALLY HELP THE K-9 POPULATION IN THE SAME AREA