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' '				293	932	<u> </u>	11327
	TEXEMPT Organization Bus	sines	ss Income ⁻ T	ax Retur	n-	OMB N	No 1545-0687
V 5	(and proxy tax und					_	047
	For calendar year 2017 or other tax year beginning		, and ending		ľ	2	017
	► Go to www.irs.gov/Form990T for in	structio	ns and the latest inform	ation.	_ L		
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may				3).	Open to P 501(c)(3) (Public Inspection for Organizations Only
A Check box if	Name of organization (Check box if name of	hanged	and see instructions.)				ification number
address changed	Trains or organization (ontok box ir name o	mangoo	and out mediationary			loyees' tru ictions)	ist, see
B Exempt under section	Print The Center for Family	Res	ources		5	8-08	376634
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. bo				E Unrel	ated busin	ness activity codes
408(e) 220(e)	Type 995 Roswell Street, Su				(See ii	nstruction	·S)
408A 530(a)					_		
529(a)	Marietta, GA 30060	n ioreigi	i postar code		531	120	
C Book value of all assets	F Group exemption number (See instructions.)	>			J J I	120	
at end of year	351. G Check organization type ► X 501(c) cor	<u> </u>	501(c) trust	T 401/	a) trust		Other trust L
	n's primary unrelated business activity. Rental				a) ((ust_		Outer trust_&
				space -	Ye		K No
•	the corporation a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?		те	is ∟∡o	טאו רק
	and identifying number of the parent corporation.	.	Talanh	one number 🕨	(770	\ 10	28-2601
	► Sarah Dimond d Trade or Business Income					<u>) 4</u> 4	(C) Net
		. 	(A) Income	(B) Expens	es		(C) NEL
1a Gross receipts or sale		1.1					
b Less returns and allo		1c				 	
2 Cost of goods sold (S	•	2				<u> </u>	
3 Gross profit. Subtrac		3					
•	me (attach Schedule D)	4a					
b Net gain (loss) (Form	14797, Part II, line 17) (attach Form 4797)	4b				<u> </u>	
 Capital loss deduction 	n for trusts	4c					
5 Income (loss) from p	artnerships and S corporations (attach statement)	5				<u> </u>	
6 Rent income (Schedi	ule C)	6				L	
7 Unrelated debt-finance	ced income (Schedule E)	7	34,707.	26,	<u>819.</u>	L	<u>7,888.</u>
8 Interest, annuities, ro	yalties, and rents from controlled organizations (Sch. F)	8				<u> </u>	
9 Investment income o	f a section 501(c)(7), (9), or (17) organization (Schedule G	9					
10 Exploited exempt act	ıvıty ıncome (Schedule I)	10		175			
11 Advertising income (Schedule J)	11					
12 Other income (See in	structions; attach schedule)	12				L	
13 Total. Combine lines	s 3 through 12	13	34,707.	26,	819.		7,888.
Part II Deduction	ons Not Taken Elsewhere (See instructions for	or limita	tions on deductions)				
(Except for	contributions, deductions must be directly connecte	d with t	the unrelated business	s income.)			
14 Compensation of of	ficers, directors, and trustees (Schedule K)				14		
15 Salaries and wages					15		
16 Repairs and mainter	nance				16		
17 Bad debts					17		
18 Interest (attach scho	edule)				18		
19 Taxes and licenses	•				19		
	ions (See instructions for limitation rules)				20		
21 Depreciation (attach	,		21	28,811	_		
·	laimed on Schedule A and elsewhere-on-return		22a	28,811			0.
23 Depletion		<i>(</i>			23		
•	ferred compensation plans	LU	1		24		
25 Employee benefit pr	onrams 8		701		25		
26 Excess exempt expe	(T) Allo - 0	D18	080		26		
27 Excess readership of	costs (Schedule J)	iJ 10	121		27		
28 Other deductions (a	Contract of the second		<u> E </u>		28		
•	Add lines 14 through 28	UT			29	 	0.
	·	دو اندد ۱۰ خوومهایم	from lunc 12			 	7,888.
	taxable income before net operating loss deduction. Subtra	or line 29	7 II OHI IIIIE 13		30	 	1,000.
·	feduction (limited to the amount on line 30)		00		31		7 000
	taxable income before specific deduction. Subtract line 31 f		30		32	 	7,888.
	Generally \$1,000, but see line 33 instructions for exception				33_	 	1,000.
	taxable income Subtract line 33 from line 32. If line 33 is	greater	tnan line 32, enter the sm	aller of zero or			6 000
line 32	-				34_		6,888.
723701 01-22-18 LHA F	or Paperwork Reduction Act Notice, see instructions.					Form	n 990-T (2017)

	(2017)- The Center for Family Resources	- <u> </u>	<u> 8=087</u>	6634-	Page 2
Part I					
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here ▶ L				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that or	der):			
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)				
C	Income tax on the amount on line 34			35c	1,033.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amoun	nt on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)			36	
37	Proxy tax. See instructions			37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	1,033.
	V Tax and Payments				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
C	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
е	Total credits Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	1,033.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	3866 Other (attac	h schedule)	43	•
44	Total tax Add lines 42 and 43	•		44	1,033.
45 a	Payments: A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
C	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
е		45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
a	Other credits and payments: Form 2439			l l	
•	Form 4136 Other Total	- 45g			
46	Total payments. Add lines 45a through 45g	108		46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			48	1,033.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49	<u> </u>
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refund	ed 🖢	50	
Part \	Statements Regarding Certain Activities and Other Information	tion (see instruction	ns)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature		,		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization				100 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the				
	here	o for orgin ocuma y			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to a foreign	truet?		$-\frac{x}{x}$
	If YES, see instructions for other forms the organization may have to file.	transfer or to, a foreign	i ii ust•		A
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	d statements, and to the b	est of my know	ledge and belief	ıt ıs true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prep	parer has any knowledge			
Here	1 7 DE JANGERO / Dr	esident		y the IRS discuss	
,	Signature of price Date Title	esident		preparer shown tructions)?	· — I
(loto Ob-		_	Yes No
Б	Print/Type preparer's name Preparer's signature	Oate Che		PTIN	
Paid	rer Skannon MacArthur Shannon MacArthur 0		employed	D0141	10100
Prepa	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6/26/18	n'o FIN N	P0141	
Use C			m's EIN ►	20-06	592043
	200 Galleria Pkwy SE Ste 1700 Firm's address ► Atlanta, GA 30339-5946		one ne 🔽	70 055	9600
	THE STATE OF ACTAIL A. GA 30337-3740		one no7	<u>70-955-</u>	-0000

•				
" 000 T-(0047)	The Center	- -	- 17	The interest of the con-
-orm 990-1 (2017)	The Center	ror	ramııv	Kesources
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Page 3

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A 1 Inventory at beginning of year 2 Purchases 2 7 Cost of goods sold. Subtract line 6 2 Cost of labor.	
9 Cost of Johns	
3 Cost of labor from line 5. Enter here and in Part I,	
4a Additional section 263A costs line 2	
(attach schedule) 4a B Do the rules of section 263A (with respect to Yes M	Vo
b Other costs (attach schedule)	
5 Total. Add lines 1 through 4b 5 the organization?	
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)	
1 Description of property	
(1)	
(2)	
(3)	
(4)	
2. Rent received or accrued	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property is more than the rent is based on profit or income) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	
(2)	
(3)	
(4)	
Total 0. Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	ο.
Schedule E - Unrelated Debt-Financed Income (see instructions)	
3. Deductions directly connected with or allocable to debt-financed property or allocable to debt-	
1. Description of debt-financed property financed property (attach schedule) (attach schedule)	
Statement 1 Statement 2	
(1) Mansour Conference Center 158,337. 28,811. 93,539	<u> </u>
(2)	
(3) (4)	
debt on or allocable to debt-financed of or allocable to by column 5 reportable (column 6 x total of column	
Statement 3 Statement 4	
(1) 195,454. 891,552. 21.92% 34,707. 26,819	9
(2)	<u>,</u>
(3) %	
(4) %	
Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)	
Totals 34 ,707. 26,819	Q
	0.

Form 990-T (2017)

		raios, and mon	<u></u>		d Organiz	<u></u>	• (500 iii)	truction	s)	
			Controlled Org							
Name of controlled organizat	tion 2. Em identifi num	cation (loss) (s			tal of specified ments made 5. Part of co				6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)	 -		-		·					
(4)	- -									
Nonexempt Controlled Organia	zations									
7. Taxable Income	8. Net unrelated incon (see instruction		al of specified paym made	ents	10. Part of colu in the controll gross				ductions directly connected income in column 10	
(1)					 -				·	
(2)										
(3)			·							
(4)				+						
					Add colur Enter here and line 8,		1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals		04	(7) (0) (<u>▶</u>			0.		0	
Schedule G - Investme (see instr		Section 501(c)(7), (9), or (i /) Org	ganizatior	1				
1 Descr	ription of income		2. Amount of in	come	3. Deduction directly connected (attach scheduler)	ected	4. Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)					(artaon ourse				(66, 5 p.25 25; 1)	
(2)	·									
(3)	··	· · · · · · · · · · · · · · · · · · ·								
(4)							.,			
			Enter here and or Part I, line 9, colu						Enter here and on page Part I, line 9, column (B)	
Totals			-	0.		_			0	
Schedule I - Exploited (see instru	•	Income, Oth	er Than Adv	ertisir	ng Income	•				
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income from unrelated to business (columinus columninus columninus compute through 7	rade or imn 2 3) If a cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
· ·										
(1)										
(1) (2)										
(1) (2) (3)										
(2)										
(1) (2) (3) (4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 26	
(2) (3) (4)	page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)							on page 1,	
(2) (3) (4) Totals Schedule J - Advertisin	page 1, Part I, line 10, col (A) 0 . ng Income (see I	page 1, Part I, line 10, col (B) 0	•						on page 1, Part II, line 26	
(2) (3) (4) Totals Schedule J - Advertisin	page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B) 0	•						on page 1, Part II, line 26	
(2) (3) (4) Totals Schedule J - Advertisin Part I Income From I	page 1, Part I, line 10, col (A) 0 . ng Income (see I	page 1, Part I, line 10, col (B) 0	4. Advertis or (loss) (col	Basis Ing gain 2 minus 1, compute	5. Circula		6 Reade		on page 1, Part II, line 26	
(2) (3) (4) Totals Schedule J - Advertisin Part I Income From I 1. Name of periodical	page 1, Part I, line 10, col (A) 0 . ng Income (see I Periodicals Rep 2. Gross advertising	page 1, Part I, line 10, col (B) 0 nstructions) orted on a Co 3. Direct	4. Advertis or (loss) (col	Basis Ing gain 2 minus 1, compute					on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	
(2) (3) (4) Totals Schedule J - Advertisin Part I Income From I 1. Name of periodical (1) (2)	page 1, Part I, line 10, col (A) 0 . ng Income (see I Periodicals Rep 2. Gross advertising	page 1, Part I, line 10, col (B) 0 nstructions) orted on a Co 3. Direct	4. Advertis or (loss) (col	Basis Ing gain 2 minus 1, compute					on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	
(2) (3) (4) Totals Schedule J - Advertisin Part I Income From I 1. Name of periodical (1) (2) (3)	page 1, Part I, line 10, col (A) 0 . ng Income (see I Periodicals Rep 2. Gross advertising	page 1, Part I, line 10, col (B) 0 nstructions) orted on a Co 3. Direct	4. Advertis or (loss) (col	Basis Ing gain 2 minus 1, compute					on page 1, Part II, line 28 0 7. Excess readership costs (column 6 minus column 5, but not more	
(2) (3) (4) Totals Schedule J - Advertisin Part I Income From I 1. Name of periodical (1) (2)	page 1, Part I, line 10, col (A) 0 . ng Income (see I Periodicals Rep 2. Gross advertising	page 1, Part I, line 10, col (B) 0 nstructions) orted on a Co 3. Direct	4. Advertis or (loss) (col	Basis Ing gain 2 minus 1, compute					on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	
(2) (3) (4) Totals Schedule J - Advertisin Part I Income From I 1. Name of periodical (1) (2) (3)	page 1, Part I, line 10, col (A) 0 . ng Income (see I Periodicals Rep 2. Gross advertising	page 1, Part I, line 10, col (B) 0 nstructions) orted on a Co 3. Direct	4. Advertis or (loss) (col	Basis Ing gain 2 minus 1, compute					on page 1, Part II, line 26 0 7. Excess readership costs (column 6 minus column 5, but not more	

	nter—for —Fam Periodicals Report 7 on a line-by-line basis	ted on a Sepa	urces rate Basis (For eac	ch periodical liste	58-087663 d in Part II, fill in	34 — — Page-
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)					•	
(4)				· · · · · · · · · · · · · · · · · · ·		
otals from Part I	▶ 0.	0.			<u> </u>	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	1			Enter here and on page 1, Part II, line 27

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

Form 990-T (2017)

Form 990-T Schedule E - Depr	reciation Deduct	ion 	Statement	
Description	Activity Number	Amount	Total	
Depreciation		28,811.		
- SubTot	tal - 1		28,8	11
Total of Form 990-T, Schedule E, Col	lumn 3(a)		28,8	11
Form 990-T Schedule E - 0	Other Deductions		Statement	
Description	Activity Number	Amount	Total	
Catering Catering Supplies Computer Maintenance Computer Support Contract Maintenance Cost Recovery Dues & Subscriptions Employee benefits Furniture Expense Insurance General/Auto Janitorial Supplies Marketing Meeting and Conferences Minor Equipment Office Supplies Outside Maintenance Outside Printing Payroll Taxes Professional Salaries Promotions & Advertising Repairs & Maintenance Security Support Signage & Other Sup Telephone Travel and Lodging Utilities Agency Wireless Telephone Taxes & License Interest Expense		30,119. 625. 0. 324. 5,584. 0. 64. 4,480. 25. 1,696. 591. 428. 0. 6. 95. 1,608. 68. 0. 20,474. 5. 1,753. 113. 40. 878. 10,021. 292. 39. 14,210.		
- SubTot	al - 1	,	93,5	39

Form 990-T Average Acquisiti Allocable to Debt-F			Statement	3
Description	Activity Number	Amount	Total	
Avg outstanding debt during 2015 - SubTotal	- 1	195,454.	195,4	54.
Total of Form 990-T, Schedule E, Colum	n 4		195,4	54.

Form 990-T	erty	Statement	4		
Description	•••	Activity Number	Amount	Total	
Average Adjusted Property	l Basis on Debt-Financed - SubTotal -	1	891,552.	891,5	52.
Total of Form 99	00-T, Schedule E, Column	5		891,5	52.