	Form	990-T	l E	Extended to Nov Exempt Organization Bus		•	ax Returr	1 I	OMB No 1545-0687
				(and proxy tax und		ection 6033(e))	un i i o i ai i		2018
			For ca	lendar year 2018 or other tax year beginning Go to www irs.gov/Form990T for it		, and ending	estion	-	2010
		ment of the Treasury I Revenue Service	▎ ▶	Do not enter SSN numbers on this form as it may				. <u>o</u>	pen to Public Inspection for 11(c)(3) Organizations Only
7	A	Check box if	-	Name of organization (Check box if name of				DEmploy	er identification number
•	`	address changed	ĺ	Tham of organization (onlock book in name of	Instruct	yees' trust, see tions)			
ī	Exempt under section Print The Center for Family R					ources		58	3-0876634
] 501(c (7)(3)	or	Number, street, and room or suite no. If a P.O. bo					ed business activity code structions)
		408(e) 220(e)	Туре	995 Roswell Street, Su	iite	100			,
		408A530(a)		City or town, state or province, country, and ZIP of	r foreig	n postal code		L	
_	<u> </u>	529(a)		Marietta, GA 30060				5311	.20
(Boo at e	k value of all assets nd of year 9,140,8	27	F Group exemption number (See instructions.)	<u> </u>	- [[504/5]]	1 1404(-)		1 00
7	J. Ent	9,140,8	2/.	G Check organization type ► X 501(c) corption's unrelated trades or businesses. ►	poration		401(a)		Other trust
,			•	ntal of Commercial Space	<u> </u>		the only (or first) un complete Parts I-V.		han one
				ice at the end of the previous sentence, complete Pa					
		iness, then complete			ui to i uii	ia ii, compicio a concuaio	i ivi ioi caon addition		"
ī				poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ [Yes	X No
		•	-	tifying number of the parent corporation.		, , , , , , , , , , , , , , , , , , , ,			
				Diana Belanger		Telepho	one number 🕨 (770)	428-2601
[Par	t I Unrelated	d Trac	de or Business Income		(A) Income	(B) Expenses	3	(C) Net
	1 a	Gross receipts or sale	S				-	·	-
		Less returns and allov		c Balance	1c			-	
		Cost of goods sold (S			2		=		
))		Gross profit. Subtract			3			-+	
		Capital gain net incom	•	•	4a 4b		-		
		ovet gain (loss) (Form Capital loss deduction		art II, line 17) (attach Form 4797)	40 4c		•		
		•		ship or an S corporation (attach statement)	5			- 	
		Rent income (Schedu		sinp or an o corporation (attach statement)	6	,		-+	
		Unrelated debt-finance		ne (Schedule E)	7	49,006.	35,0	19.	13,987.
				ind rents from a controlled organization (Schedule F)	8				
				on 501(c)(7), (9), or (17) organization (Schedule G)					
•	10	Exploited exempt activ	vity inco	me (Schedule I)	10				
•		Advertising income (S		•	11		_		
		Other income (See ins		•	12	40.006	25.0	10	12 007
_		Total. Combine lines	•	5	13	49,006.	35,0	19.	13,987.
L	Par			ot Taken Elsewhere (See instructions for utions, deductions must be directly connecte			s income)		
-	14			rectors, and trustees (Schedule K)				14	
	15	Salaries and wages	10013, un	rectors, and trustees (outloads N)				15	
	16	Repairs and mainten	ance					16	
	17	Bad debts						17	····
1	18	Interest (attach sche	dule) (se	ee instructions)				18	
1	19	Taxes and licenses						19	
2	20	Charitable contribution	ons (See	e instructions for limitation rules)		_		20	
	21	Depreciation (attach		•		21	31,459.	<u> </u>	
	22		aimed or	n Schedule A and elsewhere on return		22a	31,459.	22b	0.
	23	Depletion						23	
	24	Contributions to defe		mpensation pians		_		24	
	25	Employee benefit pro	-	phodulo I\		PEGE		26	
	26 27	Excess exempt experiences readership co		·		1 CECE	IVED	27	
	28	Other deductions (at	•	•		S NOV	/	28	
	29	Total deductions. A		•		RECE NOV 1 9	2019 820	29	0.
	30				ct line 2	9 from line-13	4019 Ö	30	13,987.
	31	Deduction for net op	erating l	ncome betore net operating loss deduction. Subtract loss arising in tax years beginning on or after Janua prome. Subtract line 3.1 from line 3.0	ıry 1, 20	18 (see inshire install		31	
3	32	Unrelated business t	axable ıı	ncome. Subtract line 31 from line 30		- 30610	, UT -	32	13,987.
-	2070	10100 10 1 HA FO	r Paner	work Reduction Act Notice, see instructions.					Form 990-T (2018)

200 Galleria Pkwy SE Ste 1700

Firm's address ► Atlanta, GA 30339-5946

Phone no. 770 - 955 - 8600

Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation N/A		.		
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6	
2 Purchases	2		7 Cost of goods sold. St	ıbtract l	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	l <u>-</u>	
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Leas	ed With Real Prop	erty) 	
1. Description of property							
(1)							
(2)							
(3)	•						
(4)			·····				
		ed or accrued			3(a) Deductions directly of	connected with the inc	come in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	nd personal property (if the percental ersonal property exceeds 50% or if is based on profit or income)	age		2(b) (attach schedule	
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	l Income (see 11	nstructions)				
			2 Gross income from or allocable to debt-	7-1	3. Deductions directly connected to debt-finance	d property	
1. Description of debt-fir	nanced property		financed property	, ,	Straight line depreciation (attach schedule)	(b) Other ded (attach sche	dule)
War and Confirm	O		200 075	Si		Statemen	
(1) Mansour Conferen	ce Cente	er	209,875.		31,459.	110	,514.
(2)							
(3)					· · · · · · ·		
(4)	F A				7.0	0	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable d (column 6 x total 3(a) and	l of columns
Statement 3	State						
(1) 224,062.		959,672.	23.35%		49,006.	35	,019.
(2)			%				
(3)			%				
(4)			%				····
					nter here and on page 1, lart I, line 7, column (A)	Enter here and o Part I, line 7, co	
Totals			▶		49,006.	35	,019.
Total dividends-received deductions in	cluded in column	18	•				0.

Schedule F - Interest,	Annuitie	s, Royal	ties, ar					zatio	ns (see ins	structio	ns)	
				Exempt (Controlled O	rganizatio	ons					
1. Name of controlled organiza	tion	2 Emp identific num	ation		related income instructions)	4. Tota payn	al of specified nents made	ınclud	rt of column 4 led in the cont ation's gross	trolling	6. C	Deductions directly nected with income in column 5
(1)			······································	<u> </u>								
(1)	-									+		
(2)								_		-+		
(3)								-		┷		
(4)								<u> </u>				
Nonexempt Controlled Organi	1											
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified pay- made	ments	10. Part of column the controlling gross	mn 9 tha ing orgai s income	nization's			ns directly connected ne in column 10
(1)												
(1)	 											
(2)	 											
(3)					·							
(4)	L											
							Add colun Enter here and line 8, c		e 1, Part I,		r here an	ımns 6 and 11 id on page 1, Part I, column (B)
Totals						▶			0.			0.
Schedule G - Investme		me of a	Section	501(c)(7), (9), or	(17) Or	ganization)				,
1. Desc	ription of inco	me			2 Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set- (attach s	asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)												
(3)					<u> </u>							-
(4)			, - .								\dashv	
(4)		 -			Enter here and	on page 1,			J.		Ent	ter here and on page 1,
					Part I, fine 9, co		'				Par	rt I, line 9, column (B)
Totals	_			<u> </u>		0.						0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income)				
1 Description of exploited activity	unrelated incom		directly c		4. Net incom from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colur			7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)												
(4)												
Totals	Enter her page 1, line 10,		Enter her page 1 line 10,						·			Enter here and on page 1, Part II, line 26
Schedule J - Advertisi	na Incor		struction		·	-						3.0
Part I Income From					solidated	Basis			-			_
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c		5. Circutat income		6. Read		cos	Excess readership sts (column 6 minus umn 5, but not more than column 4)
(1)					1.	-						
(2)					⊣ ՝						1	
(3)	-				⊣ .						1	
(4)										_	1	į
Totals (carry to Part II, line (5))	•	()	0	•	-					Ļ	0 . rm 990-T (2018)
											Fo	/m ララリー (2018)

Part II	Income From Periodicals Reported on	a Separate E	Basis (For each	periodical listed in Part II, fill in
	columns 2 through 7 on a line-by-line basis)			

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)						
Totals from Part I	▶ 0.	0.			1	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)]	•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	L	<u> </u>		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2018)

Form 990-T Schedule E - Deprecia	tion Deducti	on	Statement	1
Description	Activity Number	Amount	Total	
Depreciation - SubTotal -	1	31,459.	31,4	59.
Total of Form 990-T, Schedule E, Column	3(a)		31,4	59.
Form 990-T Schedule E - Other	Deductions		Statement	2
Description	Activity Number	Amount	Total	
Catering Catering Supplies		47,962. 435.		
Computer Maintenance Computer Support Contract Maintenance Cost Recovery		301. 5,126.		
Dues & Subscriptions Employee benefits Furniture Expense		50. 3,798.		
Insurance General/Auto Janitorial Supplies Marketing		1,670. 721. 626.		
Meeting and Conferences Minor Equipment Office Supplies Outside Maintenance		189. 64. 727.		
Outside Maintenance Outside Printing Payroll Taxes Professional Salaries		18,776.		
Promotions & Advertising Repairs & Maintenance Security Support		10,151. 286.		
Signage & Other Sup Felephone Fravel and Lodging		12. 1,304.		
Utilities Agency Wireless Telephone Faxes & License		8,563. 260. 1,446. 16,047.		
Interest Expense - SubTotal -	1	10,047.	118,5	14.
Total of Form 990-T, Schedule E, Column	3(b)		118,5	14.

Form 990-T Average Acquisit: Allocable to Debt-			Statement	3
Description	Activity Number	Amount	Total	
Avg outstanding debt during 2015 - SubTota	1 - 1	224,062.	224,0	62.
Total of Form 990-T, Schedule E, Colum	mn 4		224,00	62.

Form 990-T	Average Adjusted Allocable to Debt-Fi			Statement	4
Description		Activity Number	Amount	Total	
Average Adjusted Property	d Basis on Debt-Financed - SubTotal -	1	959,672.	959,6	72.
Total of Form 99	90-T, Schedule E, Column	5		959,6	72.