| Part | Forr | _{.,} 990-T | E | Exempt Orga | nization Bu | | | Гах Return | + | OMB No 1545-0687 |
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| MONELESS RESOURCE METWORK, INC. 58 - 2.1479.61 | | | ▶ | | | | | • | | Open to Public Inspection for 501(c)(3) Organizations Only |
| Solicy 20 e Green 20 | A [| | | Name of organization (| Check box if name | changed | and see instructions.) | | (Emple | oyees' trust, see |
| 4-0340 | B 8 | Exempt under section | Print | HOMELESS RE | SOURCE NETW | VORK , | , INC. | | 51 | 8-2147861 |
| 406cs 2020 1992 P.O. BOX \$3.11 | X | 501(c)(3) | 1 . | Number, street, and roor | n or suite no. If a P.O. b | ox, see ir | istructions. | | E Unrela | ited business activity codes |
| Service of a reserve Forcing permython and the service Forcing permython and | | 408(e)220(e) | Type | P.O. BOX 81 | 1 | | | |] | , |
| Hose the the organization typical by the process agency. ► NONE I During the tax year, was the coparation a subsidiary in an affiliated group or a param-subsidiary controlled group? ► Yes No If Yes, rather this name and distribying number of this garetic opposation. If Yes, rather this name and distribying number of this garetic opposation. It has been seen process of the | | <u></u> | | | | or foreig | n postal code | | | |
| H Describe the organization is primary amplieding duriness activity. № NONE I During the tax year, was the corporation a subsidiary in an affinited group or a preint-subsidiary controlled group? I buring the tax year, was the corporation a subsidiary in an affinited group or a preint-subsidiary controlled group? I he books are in gare of ▶ BLIZABETH DILLIARD Telephone number ▶ 70.6 - 571 - 33.99 Part I Unrelated Trade or Business Income (A) income (B) Expenses C(C) Net 1a Gross recepts on asides b Less returns and allowances c Cost of goods soid (Schredule A line 7) 3 Gross profit. Subtract line 2 from him to 4 Capital gain and income (authors Schredule C) b Net gain (loss) (from 4787, Part II, line 17) (state Form 4787) 4 Capital gain ent income (authors Schredule C) b Net gain (loss) (from 4787, Part II, line 17) (state Form 4787) 4 Capital scan deduction for trusts 5 Income (loss) Irom participhing and Scorporations (strach statement) 5 Income (loss) Irom participhing and concern (Schedule C) 7 Unrelated distributions of concern (Schedule C) 8 Interest, amentals, republish, and resist some controlled organizations (Sch.F) 8 Interest, amentals, republish, and resist some controlled organizations (Sch.F) 8 Interesting morting (Schedule A) 10 Explored exempt activity uncome (Schedule K) 11 Advertising morting (Schedule A) 12 Other morting (See instructions) attach schedule (b) 13 Total, Cumbine lines Strength 17 Part III) Deductions Not Taken Elsewhere (See instructions for immations on deductions) 14 Compensation of cinera, directors, and frustless (Schedule K) 15 Salmes and wanges 16 Repairs and incernase 17 Bed debts 18 Interest (statah schedule) 29 Depretication (statah Form 4887) 20 Carnatible contributions (See instructions for immation mules) 20 Carnatible contributions (See instructions for immation mules) 21 Exess readership costs (Schedule I) 22 Carnatible contributions (See instructions for immation mules) 29 Depretication (statah Form 4887) 20 Unrelated besine | C B | ook value of all assets | F Group | p exemption number (See | instructions.) | > | | | | |
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| If Yes, etter the name and identifying number of tite generit corporation. If you have a company to the property of the pr | н D | escribe the organizatio | n's prim | ary unrelated business acti | vity. NONE | | | | | |
| Part Unrelated Trade or Business Income | 1 D | During the tax year, was | the corp | poration a subsidiary in an | affiliated group or a pare | ent-subsi | diary controlled group? | ▶ [| Yes | s X No |
| Part II Unrelated Trade or Business Income (a) Expenses (c) Net | <u>lf</u> | f "Yes," enter the name | | | | | . , | | | |
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| Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion 23 Depletion 24 Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | \approx_{18} | Interest (attach sche | edule) | | | | | [| 18 | |
| Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income Subtract line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 instructions for exceptions) | © 19 | Taxes and licenses | | | | | | | 19 | |
| Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | Charitable contribut | ions (See | e instructions for limitation | rules) | | | | | |
| Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income Subtract line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 is greater than line 32, enter the smaller of zero or line 32 O. | 21 | Depreciation (attach | Form 45 | 562) | | | 21 | | * , * * | |
| Total deductions. Add lines 14 through 28 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 39 0. 30 0. 30 0. 31 0. 30 0. 31 0. 31 0. 32 0. 33 1,000. 34 0. 36 0. | ©22 | Less depreciation cl | aimed or | n Schedule A and elsewhere | e on return | | 22a | | 22b | |
| Total deductions. Add lines 14 through 28 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 39 0. 30 0. 30 0. 31 0. 30 0. 31 0. 31 0. 32 0. 33 1,000. 34 0. 36 0. | (23 | Depletion | | | | | | | 23 | |
| Total deductions. Add lines 14 through 28 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 39 0. 30 0. 30 0. 30 0. 31 0. 30 0. 31 0. 32 0. 33 1,000. 34 0. 36 Unrelated business taxable income Subtract line 33 instructions for exceptions) 30 0. | ₩ 24 | Contributions to def | erred cor | mpensation plans | | | | | 24 | · · · · · · · · · · · · · · · · · · · |
| Total deductions. Add lines 14 through 28 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 39 0. 30 0. 30 0. 31 0. 30 0. 31 0. 31 0. 32 0. 33 1,000. 34 0. 36 0. | 氢25 | Employee benefit pr | ograms | | | | | , | 25 | ···· |
| Total deductions. Add lines 14 through 28 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 39 0. 30 0. 30 0. 30 0. 31 0. 30 0. 31 0. 32 0. 33 1,000. 34 0. 36 Unrelated business taxable income Subtract line 33 instructions for exceptions) 30 0. | ≪ 26 | | | | | | | | | |
| Total deductions. Add lines 14 through 28 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 39 0. 30 0. 30 0. 30 0. 31 0. 30 0. 31 0. 32 0. 33 1,000. 34 0. 36 Unrelated business taxable income Subtract line 33 instructions for exceptions) 30 0. | ர் ²⁷ | • | | | | | | - | | |
| Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 30 31 32 0. 33 1,000. | 28 | · · | | · | | | | | | |
| Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 0. | | | | | | | |). | | <u>0.</u> |
| Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 32 0. 33 1,000. | | | | | | ct line 29 | from line 13 | - | | <u> </u> |
| Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 33 1,000. | | | | | | | 00 | } | | |
| 34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | | | | | | 30 | } | | |
| line 32 0. | | | | | | | than line an anti-the - | mollar of sees | 33 | 1,000. |
| | 34 | | taxable | income Subtract line 33 t | n om me 32. II line 33 is | yreater | man nne 32, enter the Si | maner of zero or | 24 | n 1 |
| 623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions | 200 | | or Daga- | work Raduction Act Notice | see instructions | | | | 34 | Form 990-T (2016) |

| Form 990-1 | (2016) HOMELESS RESOURCE NETWORK, INC. | 58-21 | 47861 Page 2 |
|------------|---|--|--|
| Part I | II Tax Computation | | |
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. | | <u> </u> |
| ξ | Controlled group members (sections 1561 and 1563) check here See instructions at | nd | *** |
| | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde | | , |
| a | | ' <i>)</i> . | * * |
| | (1) \$ (2) \$ (3) \$ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | | * * I |
| | (2) Additional 3% tax (not more than \$100,000) | | |
| C | Income tax on the amount on line 34 | • | 35c 0. |
| 36 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount | 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 0. |
| | V Tax and Payments | | 1 40 1 |
| | | 1445 | ** |
| 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | [*] |
| D | Other credits (see instructions) | 41b | (* 3 |
| 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 0. |
| 43 | Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 88 | 866 Other (attach schedule) | 43 |
| 44 | Total tax. Add lines 42 and 43 | | 44 0. |
| 45 a | Payments: A 2015 overpayment credited to 2016 | 45a | , C4 |
| b | 2016 estimated tax payments | 45b | * ^ |
| C | Tax deposited with Form 8868 | 45c | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | The state of the s |
| | Backup withholding (see instructions) | 45e | |
| | Credit for small employer health insurance premiums (Attach Form 8941) | 451 | - |
| | Other credits and payments: Form 2439 | 781 | - 1 |
| y | Form 4136 Other Total | 45g | |
| 46 | Total payments. Add lines 45a through 45g | 459 | - } |
| 46 47 | • • | | 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 0. |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 1 5 | 49 0. |
| Dort \ | Enter the amount of line 49 you want: Credited to 2017 estimated tax Statements Regarding Certain Activities and Other Information | Refunded | 50 |
| | | | |
| 51 | At any time during the 2016 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 | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the | foreign country | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | here - | | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or to | ransferor to, a foreign trust? | X |
| | If YES, see instructions for other forms the organization may have to file. | | |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year >\$ | | |
| C: | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and structure, and complete Declaration of greparer (other than taxpayer) is based on all information of which prepare | atements, and to the best of my know er has any knowledge | ledge and belief, it is true, |
| Sign | CO (11) CO (11) | r | May the IRS discuss this return with |
| Here | Thatet Allac 9 2711 EXECUTI | IVE DIRECTOR | the preparer shown below (see |
| | StemaTure of officer Date Title | | instructions)? X Yes No |
| | Print/Type preparer's name Pepaartesignous Da | ate / Check | If PTIN |
| Paid | BRIAN B. BRIAN B. | self- employed | d |
| Prepa | DIMI POGE ODA DIMI EDGE CDA | 12/17 | P00113761 |
| Use C | PORTNEON CRIMES S COMPANY D C | Firm's EIN | |
| 726 C | P.O. BOX 4299 | | |
| | Firm's address ► COLUMBUS, GA 31914 | Phone no. | 706-324-5435 |
| | | 12. 13.19.1131 | Form 990-T (2016) |
| | | | = : (=510) |

| Schedule A - Cost of Goods | s Sold. Enter | method of inve | ntory val | uation N/A | Ā | | | | | |
|--|-----------------------|---|-------------|--|----------|---|---|----------|--|--|
| 1 inventory at beginning of year | 1 | | \neg | nventory at end of ye | | | 6 | | | |
| 2 Purchases | 2 | | 7 (| Cost of goods sold S | Subtract | line 6 | | | | |
| 3 Cost of labor | 3 | | _ | rom line 5. Enter here | | | | | | |
| 4a Additional section 263A costs | | | ۱ [| ine 2 | | | 7 | | | |
| (attach schedule) | 4a | | 8 (| Oo the rules of section | n 263A (| with respect to | Yes | s No | | |
| Other costs (attach schedule) | 46 | | | property produced or | acquired | d for resale) apply to | j | ξ ×* . | | |
| 5 Total Add lines 1 through 4b | 5 | | | he organization? | | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real I | Property and | d Perso | onal Property I | Lease | d With Real Prop | perty) | <u> </u> | | |
| 1 Description of property | | | | | | | | | | |
| _(1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| | 0 Bester service | | | | | | | | | |
| (-) [| | ed or accrued | | | | 3(a) Deductions directly connected with the income in | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | than | of rent for | personal pr | nd personal property (if the percentage ersonal property exceeds 50% or if this based on profit or income) 3(a) Deductions directly connected with the columns 2(a) and 2(b) (attach schedule) and 2(b) (attach schedule) are columns 2(a) and 2(b) (attach schedule) are columns 2(b) and 2(c) (attach schedule) are columns 2(a) and 2(b) (attach schedule) are columns 2(b) (attach schedule) are columns 2(a) and 2(b) (attach schedule) are columns 2(a) and 2(b) (attach schedule) are columns 2(c) and 2(d) (attach schedule) are columns 2(d) and 2(d) (attach schedule) are columns 2(d) and 2(d) (attach schedule) are columns 2(d) ar | | | | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | | |
| (c) Total income Add totals of columns here 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 | | Income (see | nstruct | ions) | | 1 , | | <u>.</u> | | |
| | 2 | 2 Gross income from | | Deductions directly connected with or allocable to debt-financed property | | | | | | |
| 1 Description of debt-financed property | | | | or allocable to debt- financed property | | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-finar | adjusted basis llocable to nced property i schedule) | 6. | Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deduc (column 6 x total of c 3(a) and 3(b)) | olumns | | |
| (1) | | | | % | | | | | | |
| (2) | | | | % | | | | | | |
| (3) | | | | % | | | | | | |
| (4) | | | | % | | | | | | |
| | | | - | | | inter here and on page 1, Part I, line 7, column (A) | Enter here and on page Part I, line 7, column | | | |
| Totals | | | | . | .} | 0 | | 0. | | |
| Total dividends-received deductions in | ncluded in column | 8 | | | | | | 0. | | |
| | | U | | | | | | _ • | | |

| 1. Name of periodical | | | rect ng 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. | | , , | | 4, | . * * * | | |
| otals, Part II (lines 1-5) | 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 | |
| chedule K - Compensation | of Officers, D | Director | s, and | Trustees (see in | structio | ns) | | | | |
| 1 Name | | | | 2. Title | - | 3 Percentime devote busines | ed to | | ensation attributable elated business | |
| 1) | | | | | | | % | | | |
| 2) | | | | | | | % | | | |
| 3) | | | | | | | % | | | |
| (4) | | | | | | | % | | | |
| otal Enter here and on page 1, Part II, II | ne 14 | | | | | | | | 0 | |

Form 990-T (2016)