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Form 990-T	EXTENDED TO ME Exempt Organization Bus	MAY 15, 2020 Siness Income T	ταx Return	OMB No 1545-0687		
Form 990-	(and proxy tax und	ler section 6033(e))	ux 110tu	0040		
1g.*	For calendar year 2018 or other tax year beginning $\overline{ ext{JUL}}$ $\overline{ ext{1}}$,	N 30, 2019	2018			
Department of the Treasury	► Go to www irs gov/Form990T for ir			Open to Public Inspection for		
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed	Name of organization (L) Check box if name of	changed and see instructions.)	[~(€	mployees' trust, see structions)		
B Exempt under section	Print HOMELESS RESOURCE NETW		F	58-2147861		
X 501(c. (33)	Type D. C. BOY 911	x, see instructions		nrelated business activity code ee instructions)		
408(e) 220(e)	P.O. BOX 611	u forma postal pode				
408A530(a)	City or town, state or province, country, and ZIP of COLUMBUS, GA 31902	or toreign postal code				
C Book value of all assets	F Group exemption number (See instructions)	>				
at end of year	94. G Check organization type ► X 501(c) corp	poration 501(c) trust	401(a) trus	other trust		
	organization's unrelated trades or businesses	 	the only (or first) unrela	ted		
trade or business here			complete Parts I-V If m			
describe the first in the b	lank space at the end of the previous sentence, complete Pa	arts I and II, complete a Schedule	e M for each additional tr	ade or		
business, then complete						
	the corporation a subsidiary in an affiliated group or a pare	nt-subsidiary controlled group?	▶ □	Yes X No		
	and identifying number of the parent corporation	Tolonh	one number ► 706	-571-3300		
	► ELIZABETH DILLARD d Trade or Business Income	(A) Income	(B) Expenses	(C) Net		
1 ac Gross receipts or sale		(1)	g -			
bEless returns and allow		1c	-			
2 Cost of goods sold (S		2		٠ ٠ ٠		
3 Gross profit. Subtract		3	6	,		
4 a Capital gain net incon	ne (attach Schedule D)	4a				
Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	40 KECFI	150			
© Capital loss deduction		4c 0	2 1.			
	partnership or an S corporation (attach statement)	5 CO MAR U 6	2020 18	1		
6/1/Rent income (Schedu		6 N WAR U 6	10			
Unrelated debt-finance	ed income (Scriedule E.) yalties, and rents from a controlled organization (Schedule F)	8 000				
Investment income of	is a section 501(c)(7), (9), or (17) organization (Schedule G)	E WARREN BE THE	1.17			
	vity income (Schedule I)	10	The state of the s			
11 Advertising income (S		11				
12 Other income (See in:	structions, attach schedule)	12	4 ,			
13 Total. Combine lines		13 0.				
	ns Not Taken Elsewhere (See instructions for contributions, deductions must be directly connected					
14 Compensation of off	icers, directors, and trustees (Schedule K)		1.	4		
15 Salaries and wages			1:			
•	Repairs and maintenance					
·						
19 Taxes and licenses	ons (See instructions for limitation rules)		1:			
20 Charitable contributi 21 Depreciation (attach	·	21				
22 Less depreciation cla						
23 Depletion			2			
24 Contributions to defe	. 2	4				
25 Employee benefit pro	2.					
26 Excess exempt expe	2					
27 Excess readership of	2					
28 Other deductions (at	2	T .				
29 Total deductions A	2					
	axable income before net operating loss deduction. Subtrac		3			
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 31 from line 30 O						
32 Unrelated business t	A Parameter Destruction Act Nation and architectural	· · · · · · · · · · · · · · · · · · ·		0.		

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Form 990-	HOMELESS RESOURCE NETWORK, INC.	58-214	7861	Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of ungelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
30	lines 33 and 34	_	36	
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	28	37	1,000.
37	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	JU	7	1,000.
38			38	0.
Dort I	enter the smaller of zero or line 36 V Tax Computation	J	10	
Part I				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from		1	
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax See instructions	▶	<u> </u>	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	/ Tax and Payments		1	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)			
b	Other credits (see instructions)			
_	General business credit. Attach Form 3800		+	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
_	Total credits Add lines 45a through 45d		45e	
e 40	<u> </u>	T t	46	0.
46	Subtract line 45e from line 44 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (a	ttach schedule)	47	
47		(tach schedule)		
48	Total tax Add lines 46 and 47 (see instructions)	}	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	-	49	0.
50 a	Payments A 2017 overpayment credited to 2018			
b	2018 estimated tax payments		1	
С	Tax deposited with Form 8868		٠ .	
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d			
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
	Other credits, adjustments, and payments Form 2439			
3	Form 4136 Other Total > 50g			
51	Total payments Add lines 50a through 50g		\$ 11	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	ľ	52	
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
53			84	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		- Sr	
55		inded 📐	5 5	
Part \			-{	1
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	'	•	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			1.1
	here	· <u></u>		<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		<u> </u>
	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$,,, · ·
	Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of praparer (gither than taxpayer) is based on all information of which preparer has any knowledge.	e best of my know	ledge and belief, it	t is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	1 The secutive direction of the secutive direction	TTOR Mar	y the IRS discuss to preparer shown be	
	Signature of officer Date Title			Yes No
			~	103110
	The state of the s	Check If	PTIN	
Paid	1./~// 27	elf- employed	D0011	2761
Prepa	erer CPA CPA //		P0011	
Use (Only Firm's name ► ROBINSON, GRIMES & COMPANY, P.C.	Firm's EIN 🕨	<u>58-13</u>	74304
•	P.O. BOX 4299			
	Firm's address ► COLUMBUS, GA 31914	Phone no 7	<u>06-324-</u>	
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Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation > N/A				
1 Inventory at beginning of year	1 6 Inventory at end of year		ır	-	6			
2 Purchases	2	7 Cost of goods sold Subtract line 6		line 6	İ			
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,		
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
Other costs (attach schedule)	4b		_	property produced or a	acquired	d for resale) apply to		
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y)
Description of property								
(1)				······································				
(2)								
(3)						<u></u>		
(4)								
		ed or accrued				3(a) Deductions direct		ated with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percent property exceeds 50% or if sed on profit or income)	age	columns 2(a) a	nd 2(b) (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.	<u> </u>		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ictions)	.			
			2	Gross income from		 Deductions directly control debt-finant 		
1 Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			<u> </u>					
(2)		-						
(3)	-							
(4)		-	T					
Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	(Column 4 divided by column 5	reportable (column 6 x		8 Allocable deductions column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				•	L_	0		0.
Total dividends-received deductions in	icluded in column	18					<u> </u>	0.
								Form 990-T (2018)

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0.

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Totals (carry to Part II, line (5))

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Part II Income From Periodicals Reported on a Separate 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.				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.	d Tructors (see			0.

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

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.

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