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. 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

		nue Service	^y ▶ ·	The organization may have to use a copy of	of this return to	satisfy sta	te reporting req	uirements.	Inspection
A	For th	ne 2009 ca	elendar	year, or tax year beginning	, 200	9, and en	ding		, 20
В	Check if	applicable	Please	C Name of organization Ministry Resource	e Network, Ir	nc		D Employ	er identification number
		s change	use IRS label or	Doing Business As				58	2020025
	Name c	hange	pnnt or type.	Number and street (or P O. box if mail is not delivere	ed to street address)	Room	/suite	E Telepho	one number
	nitial re	eturn	See	5185 Peachtree Dunwoody Rd. NE			- <u>-</u> .	(404)	256-1235
	Termina	ated	Specific Instruc-	City or town, state or country, and ZIP + 4					
	Amende	ed return	tions	Atlanta, GA 30342				G Gross re	ceipts \$
	Application	on pending	F Nar	ne and address of principal officer			H(a) is the	s a group return	for affiliates? Yes V No
		_	5185	Peachtree Dunwoody Rd. NE Atlanta	GA 30342	<u>. </u>			ncluded? Tes No
	Tax-ex	empt status	. Z	501(c) () ◀ (insert no.) ☐ 4947(a)(1) or	<u>527</u>		If "N	lo," attach a	list (see instructions)
J	Webs	ite: ►					H(c) Group	exemption nur	nber ▶
		forganization	Z Corp	oration ☐ Trust ☐ Association ☐ Other ▶	L	Year of form	nation 1992	M State of	legal domicile. GA
Pá	art I	Summ							
	1	Briefly de	escribe	the organization's mission or most significant	gnificant activi	ities: MR	NI mobilizes	short and	long term mission-
•		aries to	serve	national churches and church planti	ng movement	ts overse	as. We prom	ote churc	h planting, bible
ž		study, p	reachi	ng, leadership training and relief wo	rk. US churcl	hes, foun	dations and	ndividual	s supply funding
Ē		and pers	sonnel	. Some medical work is being done b	y our staff se	erving in	Africa.		
Activities & Governance	2	Check this	box ►	if the organization discontinued its operation	s or disposed of	more than 2	95% of its net ass	ets.	
رى مع	3	Number (of votir	ng members of the governing body (Pa	art VI, line 1a)			. 3	6
es				pendent voting members of the gover			1b)	. 4	4
Σ	5	Total nun	nber o	f employees (Part V, line 2a)	•			. 5	6
Act	6	Total nun	nber o	f volunteers (estimate if necessary)				. 6	0
_				elated business revenue from Part VIII,	column (C), li	ne 12,		7a	0
	b	Net unrel	ated b	usiness taxable income from Form 990	0-T, line 34		<u> </u>	. 7b	<u> </u>
							Prior Y	ear	Current Year
đ	8	Contribut	tions a	nd grants (Part VIII, line 1h)			.	351,738	297,996
Revenue		, , , , , , , , , , , , , , , , , , , ,							
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							878
-	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 1	1e)			
	12	Total reve	nue-a	add lines 8 through 11 (must equal Part V	/III, column (A),	line 12)		355,423	298,874
	13	Grants ar	nd sim	ilar amounts paid (Part IX, column (A),	lines 1-3) .				
	14	Benefits	paid to	or for members (Part IX, column_(A),					
ses	15	Salaries, d	other co	ompensation, employee benefits (Part IX;	column (A), lin	es 5-10)		181,299	128,403
Expenses	16a	Professio	nal fun	draising fees (Part IX, column (Å), line 1	1e)				
Ä				ງ expenses (Part IX, columa (D), line 25) ▶		<u> </u>			
				(Part IX, column (A), lines 11a-111d, 1		Ŏ,		198,236	226,781
	18	Total exp	enses.	Add lines 13-17 (must equal Part IX,	column (A), li	ńê 25)		379,535	355,184
	19	Revenue	less ex	penses. Subtract line 18 from line 12		 [(24,112)	(56,310)
8 or	i				1V, U!	Ř	Beginning of C	urrent Year	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Pa	urt X, line 16)		•		208,490	149,866
Z P	21			Part X, line 26)				(1,471)	(3,785)
				ind balances. Subtract line 21 from lin	<u>e 20 . </u>			209,961	153,651
Pa	rt II			Block					
		and belief	nalties of	f perjury, I declare that I have examined this return ie, correct, and complete. Declaration of prepare	n, including accom	npanying sch en is based	nedules and state on all information	ments, and to of which ore	the best of my knowledge parer has any knowledge
			7	1	(,	I	A .	110 7 - 0
Sig			Te	- rowly			<u>_</u> _	May	14, 6010
He	re	Signa	ature of		~ · · · · · · · · ·		Da	te (
		1 7	>		E 'DEN	1			
		Typa	or print	name and title		· · · - ₁	Charlest	Ι_	
		Preparer's			Date	e	Check if self-	Preparer's id (see instruct	entifying number ons)
Paic	ı	signature	•				employed ▶ ☐		•
	oarer's	Function :	ma / :					<u> </u>	
	Only	Firm's na	ployed),				EIN	<u> </u>	
-	۔ اند	address,	and ZIP		0.7		Phone n	o > ()
MA	v ine	THO CIRCL	ice this	return with the preparer shown above	ov read inethic	TIONEL			Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUL 1 2 2010

Form **990** (2009)

Pai	Statement of Program Service	ce Accomplishments			
1	Briefly describe the organization's miss See Part 1, Page 1, Number 1 above.				
2	Did the organization undertake any sign the prior Form 990 or 990-EZ? If "Yes," describe these new services of				
3	Did the organization cease conducting,	or make significant changes		cts, any program	☐ Yes ☑ No
4	Describe the exempt purpose achieven Section 501(c)(3) and 501(c)(4) organiza allocations to others, the total expense	nents for each of the organiza ations and section 4947(a)(1) t	rusts are require	d to report the amo	
4a	(Code:) (Expenses \$ Salaries and benefits for US Missiona	aries			
	••••				
	•				
	(Code:) (Expenses \$	56 741 including greats of	¢) (Payanua ¢	52 A15 \
40	Financial Support for National Pastor	s	Φ) (Revenue \$	32,413
4c	(Code:) (Expenses \$	106,974 including grants of	\$) (Revenue \$	53,999)
	Support for National Churches & Spe				
	YWAM Atlanta				
	Bosnia Camp Operations	16,874			*
	Breza Church Door of Hope				
	Siberian Church	9,600 49,830			
	TOTAL	106,974			••
	Other program services. (Describe in So	shedula O)	· · · ·		<u> </u>
→ u	(Expenses \$ 71,707 including	grants of \$	(Revenue \$	33,647)	
4e	Total program service expenses ▶	338,949			

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	✓	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	_	√
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Pa	Checklist of Required Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		_
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		- ✓	

Pai	Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable				
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 6				
h	Statements, filed for the calendar year ending with or within the year covered by this return 6 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			Ť	
	instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>	 		
	and services provided to the payor?	7a	\vdash	✓	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓.	
	If "Yes," indicate the number of Forms 8282 filed during the year				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\longrightarrow	✓	
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	.			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
_	organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	9a			
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	, 1	, 1	ı	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b None		l	ı	
11	Section 501(c)(12) organizations. Enter:	. 1		ı	
а	Gross income from members or shareholders			i	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
122	amounts due or received from them.)	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b n/a				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		نــــــــــــــــــــــــــــــــــــــ	
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	_6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a_		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		\
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
·	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			
	enue Code.)			
			Yes	No
100	Dane the average time have local charters broughts as officials?	10a		1
	Does the organization have local chapters, branches, or affiliates?	100		_
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	./	
	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	120		√
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	405		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	7	
14	Does the organization have a written document retention and destruction policy?	14		1
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			1
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	1	1
a L		15b	7	
D	Other officers or key employees of the organization	.55	-	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			ì
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		-
	with a taxable entity during the year?	10a		
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate]		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	406		
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ds of	the	
	organization: ▶ John Rowell 5185 Peachtree Dunwoody RD NE Atlanta GA 30342 (404) 256-1235			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co		any c	Jurr			cer, c	irec	Т —	(m)	
(A) Name and Title	(B)	Donit	(C) Position (check all that apply)				(D)	(E)	(F)	
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
John Rowell 7980 Innsbruck Dr Atlanta GA 30350	15	1		1	1			19,800	NONE	NONE
Ginger Rowell 7980 Innsbruck Dr Atlanta GA 30350	None	1		1				NONE	NONE	NONE
Ramona Musch 2320 Potomic Way Grayson GA 30017	None	1		1				NONE	NONE	NONE
Martin Wintermantel 1723 North Springs Dr Dunwoody GA 30338	None	√		√				NONE	NONE	NONE
Janet Wintermantel 1723 North Springs Dr Dunwoody GA 30338	None	✓						NONE	NONE	NONE
Orin Kidd 3118 19th Ave. SE Albany OR 97322	None	1						NONE	NONE	NONE
Sasha Jezdimir 5185 Ptree Dunwoody Dr Atlanta GA 30342	40					1		28,410	NONE	NONE
Joseph Womble 15361 Old Damascus Rd Arlington GA 39813	40					1		28,400	NONE	NONE
John Tanksley 5622 E. Eastmore Dr Springfield MO 65809	20					1		12,150	NONE	NONE
Danielle Magazin 5185 Ptree Dunwoody Dr Atlanta GA 30342	20					√		14,813	NONE	NONE
Jayme Hightower 171 Blue Sky Dr Marietta GA 30068	20					\		4,067	NONE	NONE
										<u> </u>
								_		

Pa	rt VII Section A. Officers, Directors, Tra	ustees, Key	/ Emp	loy	ees	, an	d Hig	hest	Compensate	d Employees (co	ntınued)
	(A)	(B)			•	C)			(D)	(E)	(F)
	Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	•••••										
<u>1b</u>	Total							▶	107,640	NONE	
2	Total number of individuals (including but			ose	list	ed a	above) wh	o received mo	ore than \$100,00	00 in
	reportable compensation from the organization	ation > NO	NE								Yee No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of repo	ortabl ın \$15	ес	omp	ens	ation				4 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp	ens S <i>ch</i>	satı edu	on f le J	from a	any <i>uch</i>	unrelated org	anization for	5 ✓
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	ent c	contra	ctor	s that received	d more than \$10	00,000 of
	(A) Name and business add	tress							(B) Description of se	ervices	(C) Compensation
NO	NE										
		<u>. </u>									
2	Total number of independent contractors (i more than \$100,000 in compensation from							liste	ed above) who	received	

Part	VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c	Federated campaigns					
utions, gi ner simila	е	Related organizations					
Contrib and off		and similar amounts not included above 1f. Noncash contributions included in lines 1a-1f. Total. Add lines 1a-1f	297,996	297,996			
anne			Business Code				
Program Service Revenue	2a b c						
n Servi	d						
Prograr	e f g	All other program service revenue . Total. Add lines 2a–2f					
	3	Investment income (including dividend other similar amounts)	s, interest, and	878	878		
	5	Royalties	(ii) Personal				
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)					
	1	Gross amount from sales of assets other than inventory	(ii) Other				
		Less: cost or other basis and sales expenses . Gain or (loss)					
Φ		Net gain or (loss)	<u>. </u>				
Revenue	oa	Gross income from fundraising events (not including \$					
Other I		See Part IV, line 18					
	İ	Gross income from gaming activities. See Part IV, line 19 a		-	-		-
		Less: direct expenses b Net income or (loss) from gaming active					
	10a	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b Net income or (loss) from sales of invent	ory				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	d	All other revenue					
		Total. Add lines 11a-11d		298.874	878	<u> </u>	298.874

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	umn (A) but are no	t required to comp	olete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			·	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
5	Compensation of current officers, directors, trustees, and key employees	19,800	9,900	9,900	
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	87,906	83,144	4,762	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		-		
9	Other employee benefits	14,022	14,022		
10	Payroli taxes	6,675	6,361	314	
11	Fees for services (non-employees):				
	Management	1			
		*			
	Legal				****
	Accounting				 .
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16					
17	Occupancy	31,629	31,279	350	
	Travel	01,023	01,270		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E 402	E 400		
19	Conferences, conventions, and meetings .	5,193	5,193		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	See attached Schedule of other expenses	190.050	190.050		
a		189,959	189,050	909	
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	355,184	338,949	16,235	
26	Joint costs. Check here ▶ ☐ If following			_	
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental campaign and			-	

Part X	Balance Sheet			
	_	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	22,661	1	3,339
2	Savings and temporary cash investments	185,644	2	146,342
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	185	4	185
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	· · · · · · · · · · · · · · · · · · ·	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
Assets 8 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or 10a			
	other basis. Complete Part VI of Schedule D		40-	
			10c	
11	Investments—publicly traded securities		12	
12	Investments—other securities. See Part IV, line 11		13	
13	Investments—program-related. See Part IV, line 11		14	
14 15	Intangible assets		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	208,490	16	149,866
17		(1,471)	17	(3,785)
18	Accounts payable and accrued expenses	(1,41.1)	18	(0,100)
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 21 22	Payables to current and former officers, directors, trustees, key			
id	employees, highest compensated employees, and disqualified			
2	persons. Complete Part II of Schedule L		22	·
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	(1,471)	26	(3,785)
nces	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	152,670	27	123,811
മ് 28	Temporarily restricted net assets	57,291	28	29,840
29	Permanently restricted net assets		29	
Net Assets or Fund Balar 32 33 33 33 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		-	
र्ह्य 30	Capital stock or trust principal, or current funds		30	
စ္တိ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	209,961	33	153,651
34	Total liabilities and net assets/fund balances	208,490	34	149,866

and the second s	- 40
Form 990 (2009)	Page 12

Ра	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗋 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			}
	Schedule O.	ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ļ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ا ۔ ا		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

2020025

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Ministry Resource Network, Inc. 58

Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	orga	anization is n	ot a private four	idation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(/	A)(i).		
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3				nospital service organ				on 170(b)	(1)(A)(iii).			
4				tion operated in conj)(A)(iii). Ent	er the
			ame, city, and st									
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a gov	ernmenta	l unit descri	bed in
6				ernment or governme	ental unit	describe	d in sect	ion 170(b)(1)(A)(v))_		
7		An organizat	ion that normally	receives a substantia	al part of			_			the general	public
8				in section 170(b)(1)		`omplete	Part II \					
9			="			•	•	m contrib	uitions m	embersh	in fees and	arnee
•	An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of its											
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		• •	-	after June 30, 1975.				•			,	
10		=	•					="		(0)(4)		
11	\exists		-	nd operated exclusive	-	-	-					
		_	-	and operated exclusive blicly supported organ	-						-	
				at describes the type								-CHOH
		_		•							_	
_		a ☐ Type		• .			-	ıntegrate			Type III–O	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
		` ,	, , ,									
f		-		a written determinati	on from	the IRS	that it is	a Type	I, Type II	, or Type	III support	ing _
		•	, check this box						•			. Ц
g		Since Augus following per		the organization acce	epted any	gift or c	ontribution	on from a	iny of the			,
		(i) A person	who directly or	indirectly controls, e	either alo	ne or tog	ether wi	th persor	is describ	oed in (ii)	Yes	No
		and (III) b	elow, the gover	ning body of the supp	ported or	ganizatio	n? .				11g(i)	✓
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(iı)	✓
				of a person described		(ii) above	?				11g(iii)	✓
h		Provide the	following informa	ation about the suppo	orted org	anization	(s).					
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amour	
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your	organizati	on in col : zed in the	support	t
				(see instructions))	governing	document		port?	U			
					Yes	No	Yes	No	Yes	No		
_		 -										
							<u> </u>					
			'									
			<u></u>		L		<u></u>					
						-						•
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		<u>-</u>							_			
			!									
				_					-			

Total

F 61	(Complete only if you chec					and 170(b)(1)(A)(Vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Sec	tion B. Total Support				•		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	L	l			ļ	<u> </u>
12	Gross receipts from related activities, etc	(see instruction	ons) , , ,			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Supplies.	re	<i></i>		-		on 501(c)(3) ▶ [
						144	
14	Public support percentage for 2009 (line to	•		. ,,,,		14	<u>%</u>
15 16-	Public support percentage from 2008 Sch	•	•			15	%
162	33½ % support test—2009. If the organization qualifies				ine 14 is 33%	% or more, che	eck this box ▶ [
b	331/3 % support test - 2008. If the organiz		•		and line 15 is:	33% % or more	
-	box and stop here . The organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	09. If the organ	nization did not d mstances" test,	check a box on check this box	line 13, 16a, or and stop here .	16b, and line 1 Explain in Part	4 is 10% or IV how the
b 18	10%-facts-and-circumstances test – 2008. more, and if the organization meets the "fa organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	heck this box a difies as a public	and stop here. Bly supported or	Explain in Part ganization	IV how the▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

	Complete only if you checke	ed the box or	n line 9 of Pa	rt I.)			
	tion A. Public Support						
Cŧ	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	497008	277303	665310	351738	297996	2089355
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			8557	3685	878	13120
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	497008	277303	673867	355423	298874	2102475
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						2102475
Sec	tion B. Total Support					•	
Ca	elendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	497008	277303	665310	351738	297996	2089355
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			8557	3685	878	13120
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b	0	0	8557	3685	878	13120
с 11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	497008	277303	673867	355423	298874	2102475
14	First five years. If the Form 990 is for to organization, check this box and stop to	here		d, third, fourth			n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	pport Percer	ntage				
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by line	e 13, column (f	5))	15	100 %
<u>16</u> Sec	Public support percentage from 2008 Stion D. Computation of Investmen				·	16	100 %
 17	Investment income percentage for 2009			by line 13 co	lumn (fi)	17	.62 %
18	Investment income percentage from 20	08 Schedule A	A, Part III, line 1	17		18	.53 %
19a	33\% % support tests - 2009. If the orga 17 is not more than 33\% %, check this be						
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box on	line 14 or line 1	9a, and line 1	6 is more than 3	31/3 %, and
20	Private foundation If the organization						

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	I by Part II, line 10; See instructions.
		·			
	•••••				
				·····	
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	•••••				

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••					
	•••••••••••••••••••••••••••••••••••••••				
•					

Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Ministry Resource Network, Inc

Inspection Employer identification number

2020025

58

Pai	General Informa "Yes" to Form 990,			e the United States	. Complete if the organiz	ation answered
1	For grantmakers. Does t assistance, the grantees' the grants or assistance?	eligibility for th			tion cnteria used to awa	
2	For grantmakers. Describ United States.	oe in Part IV th	e organization	's procedures for monit	conng the use of grant fu	nds outside the
3_	Activities per Region. (Use	Schedule F-1	(Form 990) If	additional space is nee	ded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Bos	nia Hercegovina	1	2	Program Services	Christian Camp	16,844
				Program Services	Nat'l church Support	15,300
				Program Services	Nat'l Pastor Support	56,741
Nov	osibirsk, Siberia	1	1	Program Services	Nat'l church Support	49,830
			_			
		-				
	•					
			-			
			<u> </u>		-	
_			-			

3

138,715

Page 2

Schedule F (F	Schedule F (Form 990) 2009
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □
	Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, apprasal, other)										
(h) Description of non-cash assistance	NONE	NONE	NONE	NONE						
(g) Amount of non-cash assistance	NONE	NONE	NONE	NONE						
(f) Manner of cash disbursement	bank transfer	bank transfer	bank transfer	bank transfer						
(e) Amount of cash grant	49,830	15,300	16,844	49,830						
(d) Purpose of grant	pastoral supp	church projec	church camp	church bldg						
of organization section and EIN (c) Region (d) Purpos (if applicable)	Bosnia	Bosnia	Bosnia	Siberia						
(b) IRS code section and EIN (if applicable)										
1 (a) Name of organization										

Schedule F (Form 990) 2009

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.1 Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009

Part III Grants ar

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Pastoral Support	Bosnia Hercegovina		Varies	bank transfer	NONE		
Fourteen Christian workers							
serving the Evangelical Church							:
of Bosnia Hercegovina receive							
modest levels of support on a							
monthly basis from Ministry							
Resource Network, Inc. Their							
support levels are approved by							
the National Presbytery and the							
money is provided to members							
of the Presbytery for distribution							
to these 14 individuals. In effect		-					
Ministry Resource Network, Inc							
provides these amounts to the							
denomination and the individuals	10						
are paid by their own national							
church.							

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.
Funds allo	cated to special projects are proposed to the Board of Directors either by US Missionary Staff members
serving abi	oad or by pastors or denominational leaders from the nations Ministry Resource Network, Inc serves.
Proposals	are entertained only if national leaders on the respective field approve of the proposed projects.
When a pro	epject is approved by the Directors, it may be funded from the corporation's general fund or from special
gifts donat	ed for the project by individuals or churches in the US, or by a combination of these three sources.
Accountab	ility for proper use of the funds provided is the joint responsibility of denominational leaders on the field
and our fie	ld staff.
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SÇHEDÙLE O (Form 990)

Supplemental Information to Form 990

200

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization		{ E	mployer idei	ntification number
Ministry Resource Network, In	<u>c</u>		58	2020025
Part III Line 4d Explanation of	"Other Program Services":			
This total of \$71,707 is compri	sed of the following items:			
Automobile Mileage	625			
Ministry Projects	3,720			
Books & Literature	540			
Field Administration	1,800			
Entertainment	1,308	•••••		
Internet Service	1,054			
Bank Service Charges	724			
Supplies	7,701			•••••
Telephone	4,770			
Equipment	600			
Printing	286			
Postage	2,207			
50% Presidents Salary	9,900			
Travel	31,279			
Conferences	5,193			
Total	\$71,707			
Part VI Line 15b:				
The salaries of all missionary	staff are set within established policy (guidelines and approved	by the P	esident.
The President's salary and hou	using allowance are approved by the B	loard of Directors.		

Ministry Resource Network

58-2020025

Statement I 2009 Form 990, Part IX, Line 24a

Other Expenses

	(A)	(B)	(C)
	Total	Program	Management
		Services	& General
Special Projects"			
Bosnia Camp Support	16,844	16,844	
YWAM Atlanta	25,000	25,000	
Siberian Church Project	49,830	49,830	
African Ministry Expenses	2,920	2,920	
Other Projects	800	800	
Breza Church	5,700	5,700	
Door of Hope	9,600	9,600	
Books and Subscriptions	540	540	
Mileage Reimbursement	625	625	
Supplies	7,701	7,701	
Telephone	4,770	4,770	
Equipment	600	600	
Printing	286	286	
Postage	2,207	2,207	
Bank Service Charges	724	724	
Field Administration	1,800	1,800	
National Missionary Support	56,741	56,741	
Internet Services	1,054	1,054	
Entertainment	1,308	1,308	
Miscellaneous	909		<u>909</u>
	189,959	189,050	909