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Form **990** 

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Dep	artment of	the Treasury ue Service  Information about Form 990 and its instructions is at ww	-			Inspec	tion		
A		2016 calendar year, or tax year beginning , 2016, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 20			
В		applicable C Name of organization Ministry Resource Network, Inc	D	D Employer identification number					
	Address					58-2020025			
	Name ch		E	Telephor	ne number				
	Initial ret	D O D - 004040	1	404-256-123					
	Final retu	Tri/terminated City or town, state or province, country, and ZIP or foreign postal code			<del>, , , , , , , , , , , , , , , , , , , </del>				
	Amende	d return Norcross, GA 30010	G	Gross re	ceipts \$	407,580			
	Applicat	on pending F Name and address of principal officer	Į,	H(a) Is this a grou	p return for s	subordinates? Yes	₩ No		
			,			s included? 🔲 Yes	_		
	Tax-exe	mpt status	527	If "No,"	attach a	list (see instruction	ons)		
<u>J_</u>	Website			H(c) Group ex					
		<u> </u>	f formation	1992	M State	of legal domicile	GA_		
P	art I	Summary		· · · · · · · · · · · · · · · · · · ·					
	1					term missionari	es to		
Activities & Governance	1	serve national churches and church planting movements overseas and within the US			pianting	g, bible studies,			
Ë	1_	preaching, leadership training, and relief work US churches and individuals supply f							
ove	2	Check this box ▶☐ if the organization discontinued its operations or dispositions of the organization discontinued its operations or disposition of the organization discontinued its operation of the organization discontinued its operation of the organization discontinued its operation of the organization of the organization discontinued its operation of the organization of the organization discontinued its operation of the organization of the organ	osed of m	nore than 2					
Ğ	3	Number of voting members of the governing body (Part VI, line 1a) .			3	<del></del> _	<u>6</u>		
SS	4	Number of independent voting members of the governing body (Part VI, Im-	•		4		6		
Ϋ́	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a	1)		5		<del></del>		
Ç	6 7a	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C) III (12)				<del>- 0</del>			
•	b	Net unrelated business taxable income from Figrm 990-T, line 34	7a 7b						
	<del>                                     </del>	100 11 0000	Prior Year		Current Y				
Revenue	8	Contributions and grants (Part VIII, line 1h).		53,022		342,417			
	9	Program service revenue (Part VIII, line 2g)	ፈ/   <del></del>						
	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d)			50		48		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11eV.	~ <i> </i>		15,731		45,000		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	4	68,803		387,465		
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			33,219		30,000		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				<del></del>			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)	2	33,624		211,044		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
ž	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· _		34,336 01,179		115,685 356,729		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3-17 (must equal Part IX, column (A), line 25) .						
		Revenue less expenses. Subtract line 18 from line 12							
sets or alances			Begin	nning of Curr		End of Ye	ar 		
Saset	20	Total assets (Part X, line 16)	·		35,186				
Net As Fund B	21	Total liabilities (Part X, line 26)	·		1,914	<del></del> _			
		Net assets or fund balances. Subtract line 21 from line 20		·	33,272				
_	irt II	Signature Block				<del></del>			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and, , and complete Declaration of preparer (other than officer) is based on all information of which pi				ny knowledge and	belief, it is		
	<del></del>	1 1000		<del></del>	che	1,7			
Sig	ın	Signature of officer		Date	3/13	<del></del>			
He		JOHN ROWELL PRESIDENT							
	-	Type or print name and title							
D-		Print/Type preparer's name   Preparer's signature	Date		<u></u>	PTIN			
Pa			}		Check L self-emp				
	epare			Firm's	EIN ▶				
US	e Onl	Firm's address ▶		Phone					
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions) .	<del></del>		• • •	[] Yes	No		
For	Paperw	ork Reduction Act Notice, see the separate instructions.	Cat No 11	1282Y			90 (2016)		

	0 (2016) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: See answer to page 1, Part I, number 1 above
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Salaries, benefits and ministry expenses for US staff serving in the US and overseas
	Salaries 103,776
	Benefits         30,658           PR Taxes         7,963
	PR Taxes 7,963 Ministry Expenses 65,356
	Travel 30,958
	Conferences 8,661
	Total Expenses 247,372
	*
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Support of National Churches and National Pastors Outside the US
	National Pastor Support 22,000
	National Church Support 8,000
•-	Total National Support 30,000
	***************************************
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	US Administration of the Mission
	Staff Salaries 32,575
	Admin Expenses 4,333 Insurance 1,700
	Insurance 1,700
	Total Expenses 38,608
Aci	Other program ponices (Describe in Schedule O.)
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expanses \$ 315.980

rant	Checklist of Required Schedules			,
4	Is the organization departed in section E01/a)(2) or 4047/a)(1) (ather then a project foundation)? If "Voc."		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	•	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	-
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		
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		~
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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		•
	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	11b		~
С	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	11c		~
ď	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	11d		~
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>1</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a	4	ļ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	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 (see instructions)	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		*
		Forr	n <b>99</b> 0	(2016)

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		4
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	]		ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		4
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		~
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		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			}
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>•</b>
27		20	-	<del>-</del> -
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	١ .		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>V</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<del>                                     </del>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		4
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		-	<del></del> -
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<del>                                     </del>
	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	90		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		1
•.	or IV, and Part V, line 1	34		•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		4
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	_		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ļ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		4
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	( !		ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI			<b>.</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	<del> </del>	<del>  -</del>
~	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	10	}
			n 990	(2016)
				,

Part	V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>				
			Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a N/A			1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			į i			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?						
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		1			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a  5						
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1			
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		•			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
50							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		×-			
	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 as charitable contributions?	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).		1	1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
<b>L</b> .	and services provided to the payor?	7a 7b		1			
D C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D					
·	required to file Form 8282?	7c	İ	ļ			
d	If "Yes," indicate the number of Forms 8282 filed during the year			$\vdash$			
ě	Did the organization 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		1			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8		ļ,			
9	Sponsoring organizations maintaining donor advised funds.			الــــا			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>			
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1					
11	Section 501(c)(12) organizations. Enter:	}		1 1			
а	Gross income from members or shareholders			1			
b	Gross income from other sources (Do not net amounts due or paid to other sources			1 1			
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ,			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del> -			
b	Enter the amount of reserves the organization is required to maintain by the states in which			( (			
~	the organization is licensed to issue qualified health plans						
c	Enter the amount of reserves on hand	1		( )			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b					
		Forn	990	(2016)			

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No"					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.					
Sacti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>					
Seci	on A. Governing Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   6								
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
p	Enter the number of voting members included in line 1a, above, who are independent . 1b 4	]							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2_	<b>1</b>						
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_		1					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .								
6 7a	Did the organization have members or stockholders?	6_		/					
	one or more members of the governing body?	7a		•					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	4						
b	Each committee with authority to act on behalf of the governing body?	8b_	~						
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	9_		•					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		1					
10-	Did the avacantation have local shorters because a setfleter	100	Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>/</b>					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		4					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
40	describe in Schedule O how this was done	12c	ļ	_					
13 14	Did the organization have a written whistleblower policy?	13		4					
15	Did the organization have a written document retention and destruction policy?	14		~					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ							
а	The organization's CEO, Executive Director, or top management official	15a		1					
b	Other officers or key employees of the organization	15b		4					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		_					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		-					
Secti	on C. Disclosure	1,00	—	I					
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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)					
	☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re John Rowell. 540 Ridgecrest Dr. Norcross GA 30071 (770)310-5738	cords	: <b>&gt;</b>						

Earm 990 /2016	١.

_	_	•	•

Form **990** (2016)

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- 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, if any. 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: individu compensated employees; and former such pers		s or	dire	ecto	rs;	ınstı	tutio	onal trustees;	officers; key	employees; highest
☐ Check this box if neither the organization no	r any related	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, i	ot ch	Pos neck is pe d a d	tion more	than on the thick the thic	one n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Rowell		}				l I	-			
540 Ridgecrest Dr Norcross GA 30071	40	•		•	•	<b>•</b>		65,150	0	0
(2) Ginger Rowell	0									
540 Ridgecrest Dr Norcross GA 30071		1						0	0	0
(3) Ramona Musch	0									
2320 Potomac View Ct Grayson GA 30017		1		~			L	0	0	0
(4) Greg Musch	0									
2320 Potomac View Ct Grayson GA 30017		4						0	0	0
(5) Martin Wintermantel	0									
1723 North Springs Dr. Dunwoody GA 30038		1		1		ļ <u></u>	_	0	0	0
(6) Janet Wintermantel	0								_	_
1723 North Springs Dr. Dunwoody GA 30038		4			L		<u> </u>	0	0	0
(7) Aaron Wheaton	40		1				l			
2574 Bermuda Rd Stone Mountain GA 30087			<u> </u>	L.	~		<u> </u>	31,275	0	0
(8) Joey Womble	40									
917 Kendall Park Dr Winder GA 30680				_	~	ļ		48,200	0	0
(9) Sasha Jezdimir	40						ĺ			
125 Lawrenceville St Norcross GA 30071		ļ	_		~	<u> </u>	<u> </u>	24,300	0	0
(10)	<del> </del>	}	1			1	l			
(11)	<del> </del>		├		-		├	-		
117	<b></b>	ł								
(12)										
(13)										
(14)	<del> </del>									
<del></del>					_	ــــــــــــــــــــــــــــــــــــــ			<del></del>	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	rage box, unless person is b					an	(D)  Reportable compensation	(E) Reportable compensation fi	om	Estu	(F) mated	
		week (list any hours for related organizations below dotted line)	-		d Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	,	other compensation		
(15)														
(16)							-							
(17)				i										
(18)		<del>                                     </del>	-											
(19)		<del> </del>						i	<u> </u>					
(20)														
(21)														_
(22)														
(23)														
(24)						-								
(25)														
1b c	Sub-total		 on A	•	•			<b>▶</b>	168,925		0		_	0
<u>d</u>	Total (add lines 1b and 1c)	<u> </u>			<u>.</u>			<b>&gt;</b>	168,925		0			0
2	Total number of individuals (including bu reportable compensation from the organ		d to th	nose	e lis	ted	above	e) w	vho received m 0	ore than \$10	0,000	of 	r	
3	Did the organization list any <b>former</b> or employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compen	sated	3	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations	greater th	an \$	150	,000	)? [	f "Ye	s, "	and other comp complete Scl	pensation fro hedule J for	m the such			
5	Did any person listed on line 1a receive		ompe	nsa	tion	fro	m any	ur ur				4		<b>V</b>
Section	for services rendered to the organization on B. Independent Contractors	ir ir res,	comp	iete	SCI	ieu	ne J	ioi s	such person	<u> </u>	<u> </u>	5	<u> </u>	<b>*</b>
1	Complete this table for your five highest compensation from the organization. Re year.	compensation compe	ted in ensati	dep on f	end or t	lent he c	contr	act lar	ors that receiv year ending wi	ed more than th or within th	\$100, e orga	000 of	on's t	ax
	(A) Name and business add	dress							(B) (C) Description of services Compen			(C) compens	ation	
								$\vdash$						
								F						
2	Total number of independent contract received more than \$100,000 of compens							o th	hose listed ab	ove) who				
												For	m <b>99</b> 0	(2016)

Pari	VIII	Statement of Revenue					_
		Check if Schedule O contains a respons	e or note to	any line in this (A)  Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns 1a				- <del></del>	<del> </del>
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
î, E	e	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants,					
ž ž	•	and similar amounts not included above	407,532				
₹ ŏ	g	Noncash contributions included in lines 1a-1f \$					
S E	h	Total. Add lines 1a–1f		342,417			
			iness Code				
e e	2a	<del></del>					
ě	b						<del>                                     </del>
-8	C			<del> </del>			<del> </del>
ΘĞ	ď						
S L	e						<del>                                     </del>
gra	f	All other program service revenue .					
Program Service Revenue	g	Total. Add lines 2a–2f	•			L	<del></del>
	3	Investment income (including dividends	. interest.				
	-	and other similar amounts)		48			
	4	Income from investment of tax-exempt bond p					<del>                                     </del>
	5	Royalties					<del> </del>
			) Personal		<del></del>		<del> </del>
	6a	Gross rents					
	b	Less: rental expenses		ľ			
	С	Rental income or (loss)				ļ	
	d	Net rental income or (loss)	▶				
i	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	>				1
		, , ,					
Revenue	8a	Gross income from fundraising					
Æ		events (not including \$		ļ		j	
æ		of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
Other	ь	Less: direct expenses b					
	С	Net income or (loss) from fundraising ever	ts . ►				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b		]		l	
	С	Net income or (loss) from gaming activities	i ►				
	10a	Gross sales of inventory, less					
		returns and allowances a		]		1	
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventor	y ¯►				
		Miscellaneous Revenue Bu	siness Code				
	11a	Consulting Fees	541610	45,000			
	ь						
	С						
1	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	45,000			
	12	Total revenue. See instructions	▶	387,465			

Part IX	Statement of Functional Expenses	
Continu FO	1(0)(0) == 1 501(0)(1) ===================================	11 - 11

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon		ne in this Part IX .		
	nt include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	30,000	30,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	65,150	32,575	32,575	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	106,768	103,776	2,992	
9	Other employee benefits	30,958	30,658	300	
10	Payroll taxes	8,168	7,963	205	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				<del></del>
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	380		380	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	30,958	30,958		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			 	
19	Conferences, conventions, and meetings .	8,661	8,661		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1,700	1,700		<del></del> _
23	Insurance	1,700	1,700		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
а	(A) amount, list line 24e expenses on Schedule O.)				
b					
C				<del></del>	
d	***************************************	<del></del>			<del></del>
e	All other expenses	73,986	69,689	4,297	
25	Total functional expenses. Add lines 1 through 24e	356,729	315,980	40,749	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	103,308	1	134,703
	2	Savings and temporary cash investments	31,878	2	31,835
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	l	Complete Part II of Schedule L		5	<del></del>
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			}
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	] _	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	_	·		10c	
	11	Less: accumulated depreciation		11	
	12	Investments—publicly traded securities	<del></del>	12	<del></del>
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	135,186	16	166,538
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified 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 (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,914	05	2,530
	26		1,914		2.530
_	20	Total liabilities. Add lines 17 through 25		20	
ės		complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	55,746	27	88,819
3al	28	Temporarily restricted net assets	75,526	28	75,189
<u>5</u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds	<del></del>	30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net	33	Total net assets or fund balances	133,272	33	164,008
	34	Total liabilities and net assets/fund balances	135,186	34	166,538
					Form <b>990</b> (2016)

Page	1	-
5-	-	

Form 9	90 (2016)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38	7,465
2	Total expenses (must equal Part IX, column (A), line 25)	2		35	6,729
3	Revenue less expenses. Subtract line 2 from line 1	3		3	0,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses ,	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		16	4,008
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				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," exp	lain ı	<u>n</u>		
	Schedule O.				[ ]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp				
	reviewed on a separate basis, consolidated basis, or both:		- 1		1 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Į.		
b	Were the organization's financial statements audited by an independent accountant?		. 2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a		
	separate basis, consolidated basis, or both:			1	[
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent accour	ntant?	2c	1	1
	If the organization changed either its oversight process or selection process during the tax year, exp	olain ı	n -		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth I	n	1	
	the Single Audit Act and OMB Circular A-133?				1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go th	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		}
	<del>,</del>		Foi	m <b>990</b>	(2016)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Minis	finistry Resource Network, Inc 58-2020025							
Pa	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.	
The	organization is not a private founda	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)		
1	A church, convention of church							
2	A school described in <b>section</b>							
3	A hospital or a cooperative ho							
4	A medical research organization hospital's name, city, and state		onjunction with a nosi	oital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the	
5	An organization operated for		college or unworeity	owned o	r operate	d by a government	al unit described in	
J	section 170(b)(1)(A)(iv). (Com		college of university	Owned	Operate	ed by a government	ai unit described in	
6	☐ A federal, state, or local gover	•	mental unit described	l in sectio	on 170(h)	/1)/Δ)/ν).		
7	An organization that normally						the general public	
	described in section 170(b)(1)			F	- J		ут р	
8	☐ A community trust described	n section 170(b)	(1)(A)(vi). (Complete i	Part II.)				
9	An agricultural research organ				erated in	conjunction with a l	and-grant college	
	or university or a non-land-grauniversity:	int college of agr	culture (see instruction	ons). Énte	r the nan	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment	to its exempt fut income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its	
	acquired by the organization a		<u>-</u>		-	•		
11	An organization organized and	•	•	-				
12	An organization organized and of one or more publicly support							
	Check the box in lines 12a thro	•		•				
а		_	• • • • • • • • • • • • • • • • • • • •		•	•	=	
	the supported organization	•		•		• ,,,		
	supporting organization. Y							
b	☐ <b>Type II.</b> A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	upported organizati	on(s), by having	
	control or management of		•		persons	that control or man	age the supported	
	organization(s). You must	=						
С	<del></del>	• • •	• • •				ally integrated with,	
	its supported organization		•		-			
d								
	that is not functionally inte requirement (see instruction						d an attentiveness	
е		•	-		-		all Type III	
Ŭ	functionally integrated, or						e ii, Type iii	
f	Enter the number of supported	•					[	
g	Provide the following informatio		orted organization(s).				· · · <b>L</b>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of	
		ļ	(described on lines 1–10 above (see instructions))		r governing ment?	support (see instructions)	other support (see instructions)	
			(3 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<u> </u>		,	,	
				Yes	No			
(A)				1				
			<del></del>	<del> </del>		<del></del>		
(B)				1		i	!	
(C)							<del></del>	
	<del></del>							
(D)								
(E)	<del>*************************************</del>			ļ		,		

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 511.373 513.321 487.365 453.022 342.417 2.307.498 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 511 373 513.321 487.365 453.022 342,417 2.307.498 Total. Add lines 1 through 3. . . . The portion of total contributions by than each person (other governmental unıt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 2.307.498 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2012 (c) 2014 (f) Total (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) (b) 2013 511 373 487,365 2,307,498 Amounts from line 4 . . . . . . 513,321 453,022 342.417 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar . . . . . . . . . . . 150 90 63 50 48 401 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 45,000 0 60,731 2.368.630 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . 14 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 15 16a 331/3% support test -2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/2% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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Schedu	ile A (Form 990 or 990-EZ) 2016						Page 3
Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	<u>  .)</u>	
Secti	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
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		Ì		}		
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			<u> </u>	L		
8	Public support. (Subtract line 7c from			ļ		ļ	
	line 6.)	<u> </u>	L	L	<u> </u>		L
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	 			L		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for thorganization, check this box and stop he	_		d, third, fourth	-		
Secti	on C. Computation of Public Suppor			<del></del>	<del></del>		
15				2 column (f)		145	0/
16	Public support percentage for 2016 (line 8 Public support percentage from 2015 Sch					15	<u>%</u> %
	on D. Computation of Investment In			<del>· · · · ·</del>	<del>· · · · · · · · · · · · · · · · · · · </del>	10	
				u line 10 police	(6)	1471	
17	Investment income percentage for 2016 (						<u>%</u>
18	Investment income percentage from 2015 331/s% support tests—2016. If the organ						% and line
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organiz	ation did not c	heck a box on	line 14 or line 1	19a, and line 16	s s more than 3	331/3%, and
	line 18 is not more than 331/3%, check this i	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 🔲

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	ion A. All Supporting Organizations	art v	•/	
Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	8		
b	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
С	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
iva	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	 	
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva	-	
_	determine whether the organization had excess business holdings.)	10b	ļ	

Part	IV Supporting Organizations (continued)			age C
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b		$\vdash$
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	:	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.	ļ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del></del>
b 	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ani	zatione	1 age C
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying			un in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		· <del>  · · · · · · · · · · · · · · · · · ·</del>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	[		
instructions for short tax year or assets held for part of year):	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	<del></del>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		T
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	<del></del>	<del></del>
7 Check here if the current year is the organization's first as a non-functionall instructions!	y int	egrated Type III supportir	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)			
Secti	ection D - Distributions					
1_	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	rted	_			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.					
7_	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
_1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
а						
b						
С	From 2013					
<u>d</u>	From 2014					
<u>e</u>	From 2015					
f_	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2016 distributable amount					
<u>i</u>	Carryover from 2011 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D, line 7:					
	Applied to underdistributions of prior years	·				
	Applied to 2016 distributable amount			,		
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h			<del> </del>		
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c.					
8	Breakdown of line 7:					
a_						
b	Excess from 2013					
	Excess from 2014					
	Excess from 2015					
<u>e</u>	Excess from 2016					

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ministry Resource Network, Inc.

Employer identification number 58-2020025

	.,				(	LOCOLO
Pa	General Information Form 990, Part IV, line		ies Outside	the United States. Com	olete if the organization ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	organization				
2	For grantmakers. Describe	e in Part V	the organizati	on's procedures for month	toring the use of its grant	
	assistance outside the Unit	ed States.				
3_	Activities per Region. (The for	ollowing Part	I, line 3 table (	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Novosibirsk Siberia	0	1	Program Services	Pastoral Training	1,000
(2)	Bosnia Hecegovina	0	1	Program Services	Church Planting	7,500
(3)	Bosnia Hecregovina	0	1	Grants to Recipients	Pastoral Support	22,000
(4)	Burkina Faso	0	1	Program Services	Orphans / Pastors Support	18,245
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)			_			
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	[				48,745
	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					48,745

Page 2 Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	raπıv,	line 15, tor a	ny recipient who re	scelved more than \$	5,000. Part II car	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	ditional space is I	needed.	
- {	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
€			Novosibirsk	National Church Suppo	1,000	1,000 ATM Transfer	0		
ହ			Bosnia Hercegovina	National Church Suppo	7,500	7,500 ATM Transfer	0		
ତ			Burkına Faso	National Church Suppo	18,245	18,245 ATM and Wire Transfer	0		
<b>(4)</b>									
(2)									
(9)									
E									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)		 							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

(a) Type of grant or assistance	of grant or assistance (b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1) National Pastors Support	Bosnia Hercegovina	4	22,000	22,000 ATM Transfer	0		
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)					:		
(14)							
(15)							
(16)							
(17)							
87							

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		<b>₽</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	)	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	,	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes, the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		☑ No

Schedule F (Form 990) 2016

Part V
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Supplemental Info	rmation

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and
Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
information. See instructions.

Part I line 3 (1) This is cash support for Reconciliation Church in Novosibirsk. The cash was designated to this officially recognized
and registered Russian church
Part I line 3 (2) This amount was granted to the Evangelical Church of Bosnia Hercegovina to support building and children's ministry
in the Breza congregation
Part I line 3 (3) This amount was granted to the national church to subsidize pastors' salaries at levels approved by the
denominational leadership in advance
Part 1 line 3(4) This amount was provided to the regional bishop to start an orphan care ministry and to subsidize church planting pastors' salaries
and transportation needs approved by the denominational leadership in advance
Part II lines 1-3 repeat the reporting grants made to registered denominational ministries in the three regions where we do ministry with
established church structures
Part III line 1 These grants were made as funds were voluntarily provided by donors familiar with our overseas ministry partners
and designated for the benefit of specific church leaders. No fund raising efforts are made to secure such contributions
All funds reported here are accounted for on a cash basis Before pastors may receive grants, their denominational or regional leaders must
approve of the amounts in advance and a request must be made for the support to be granted. The MRN Board of Directors has
variance power for such designated funds but we try in all cases to comply with donor intentions. Only 4 national pastors received grants in 2016

### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ministry Resource Network, Inc	58-2020025
Part III Question 3 Effective January 2016 accounting for and reporting on the operational revenues and exp	penses for Generations Norcross Church
became independent of Ministry Resource Network, Inc and our board's oversight responsibilities concerning	g the church ended as well The
operational affairs, accounting responsibilities and federal tax compliance procedures were assumed by the	church as of teh end of 2015
Part Vi Question 2 The board of directors is comprised of three married couples. Two are independent of te	h corporation's operational affairs and
John Rowell is an employee and president	
Part VI Question 11(b) The organization distributes an electronic copy of teh annual 990 with all schedules a	nd attachments so that each director can
review the return. Any requests for clarification or explanation are addressed by the staff. A hard copy of the	
for review when the directors gather for their annual meeting in the fall	
Part Vi Questions 15 (a) and (b) Though the compensation levels for all officers and key employees are set	by teh president and aproved
in consultation with the board, there were no major changes in 2016 and this issue was not addressed formal	ly by the directors The president's salary
is governed by the directors and they act annually to approve housing allowances requested by staff membe	rs who qualify for the parsonage allowance
granted by law to licensed or ordained clergy	
Data V Constant O. The second of the second	
Part Vi Question 19 The organization makes its policies, financial statements and the annual Form 990 with	all schedules and attachments
available to the public upon request No such request was presented to the corporation during 2016	
***************************************	