Form <b>99</b>	0-т	Ex	empt Organi	zation	Bus	siness Inde	come	Tak Retu	A34	1 0 0 6 OMB NO	1545-0687	
		For cale	ndar year 2018 or other to						20 <u>18</u> .	20	18	
Department of the	Treasury		► Go to www.irs.go	ov/Form990	T for i	nstructions and	d the latest	information.			<i>,</i> 10	
Internal Revenue S	Sei/vice	<b>▶</b> Do	not enter SSN numbers	on this form a	as it ma	y be made public	c If your org	anization is a 501	(c)(3).	Open to Pub 501(c)(3) Or	lic Inspection for ganizations Only	
A X Check addres	s box if s changed		Name of organization (	Check be	ox if nai	me changed and s	ee instruction	ns)		yer identifica yees' trust, see (		
B Exempt unde	r section		THE RESURREC	TION PR	OJEC	T						
X 501( C	<u>)(O</u> 3 )	Print Number, street, and room or suite no If a P O box, see instructions								36-3576073		
408(e)	220(e)	or Type								ated business structions )	activity code	
408A	530(a)	•	1805 SOUTH P	AULINA						structions ;		
529(a)			City or town, state or pre		y, and Z	IP or foreign posta	al code					
C Book value of at end of year	r ⊢		CHICAGO, IL									
	L		up exemption number (			-			T			
44,940			ck organization type				501(0	c) trust	401(a)		Other trust	
	isiness here	-	nization's unrelated trad	les or busine	sses		f only one	complete Parts		(or first) unr		
			end of the previous se	entance co	mnlete		•	•			escribe the	
	•		ete Parts III-V	Sitterioe, coi	ripicto	rants randin, c	ompiete a c	ochedale W for ea	ich addition	iai		
			corporation a subsidiar	v in an affili	ated a	roup or a parent-	subsidiary i	controlled aroup?		<b>•</b>	Yes X No	
			dentifying number of t				,					
			JANETTE BROWN	<u></u>			Telephor	ne number ▶ 31	2-374-	8095		
Part I Un	related T	rade o	or Business Incom	e		(A) Inco	ome	(B) Expe	nses	(0	C) Net	
1a Gross re	eceipts or sa	ales										
<b>b</b> Less retur	ns and allowan	ces		c Balance	1c	<u> </u>						
	-	-	ule A, line 7)		2							
			2 from line 1c		3							
			ttach Schedule D)		4a							
			Part II, line 17) (attach Fo		4b							
			rusts		4c						<del></del> -	
			an S corporation (attach states		5			<del> </del>		<u> </u>		
			nome (Schodule E)		7						<del></del> -	
_			come (Schedule E)  nts from a controlled organizati									
_	•		(c)(7), (9), or (17) organizatio		9				<u>.</u>			
			ncome (Schedule I)		10			-				
			ule J)		11			-				
	-	•	tions, attach schedule)		12		.,					
13 Total. C	ombine line	es 3 thro	ough 12		13		0.			1		
Part II D	eduction	s Not	Taken Elsewhere	(See insti	ructio	ns for limitat	ions on c	deductions.) (	Except for	or contribu	itions,	
			be directly connec									
			directors, and trustees (									
15 Salaries	s and wages	• • • •					·REC	EIVED	. 15		<del></del>	
16 Repairs	and mainte	enance					• • • • •	١٤٠٠٠٠	<u>ယ္က 16</u>			
17 Bad det	ots		see instructions)				· · NiOV	25. 2019 . 1	ଠା ⊢			
<ul><li>18 Interest</li><li>19 Taxes a</li></ul>	(attach scr	neaule) (	see instructions)	• • • • • •		· · · · ·  ଧ	١٩٠٠	٠٠٠٠ . ١	~11			
20 Charital	hle contribu	itions (S	ee instructions for limit	ation rules)					7-1 19			
21 Depreci	ation (āttac	h Form	4562)	allon rules)	• • •	[ ]	21 OCL	MEN; OF	<u></u>			
			on Schedule A and else						22b			
											<del></del>	
24 Contribi	utions∈to de	eferred o	ompensation plans						24			
26 Excess	exempt exp	enses (S	ichedule I)						26			
27 Excess	readership o	costs (So	chedule J)						27			
28 Other d	eductions (	attach s	chedule)						28			
29 Total de	eductions. A	Add lines	s 14 through 28						29			
			e income before net								<del></del>	
			loss arising in tax yea									
			income Subtract line otice, see instructions.		30 .	<u> </u>		<u> </u>	32		990-T (2018)	
8X2740 1,000 54 94	KA N26K	( 10/	30/2019 10:06	:00 AM	<b>V</b> 1	8-7.1F		1150800		Q Form	<b>∌∌U-I</b> (2018)	
		/		·	_					•		

_	990-T (20				Page 2
Par	t III	Total Unrelated Business Taxable Income			
33	Total c	f unrelated business taxable income computed from all unrelated trades or businesses (see			
	instruct	ons)	33		
34	Amount	s paid for disallowed fringes	34		2,019.
35	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructi	ons),	35		
36	Total o	f unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
••		33 and 34	36		2,019.
37		deduction (Generally \$1,000, but see line 37 instructions for exceptions)			1,000.
38	-•	business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	<del></del>		
30	_	e smaller of zero or line 36	38		1,019.
D <sub>2</sub>		Tax Computation			1,015.
			1 20		214.
39		ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		
40	-	Taxable at Trust Rates. See instructions for tax computation Income tax on	<del></del>		
		unt on line 38 from Tax rate schedule or Schedule D (Form 1041)			
41		xx. See instructions			
42		ve minimum tax (trusts only)			
43		Noncompliant Facility Income. See instructions			
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44		214.
Par	t V	Tax and Payments			
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	_		
b	Other c	redits (see instructions)	_		
С	General	business credit Attach Form 3800 (see instructions)			
		or prior year minimum tax (attach Form 8801 or 8827)	اا		
		edits. Add lines 45a through 45d	45e		
46		t line 45e from line 44			214.
47		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .			
48		x. Add lines 46 and 47 (see instructions)			214.
49		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			
		ts A 2017 overpayment credited to 2018	\ <del>\ \ \</del>		
50 a		timated tax payments	┨		
			<b>-</b>   i		
		osited with Form 8868	-		
		organizations Tax paid or withheld at source (see instructions)	+		
		withholding (see instructions)	┨ .		
		or small employer health insurance premiums (attach Form 8941)	-		
g	_	edits, adjustments, and payments Form 2439			
		orm 4136 Other Total ▶ 50g	<b></b> -		
51		yments. Add lines 50a through 50g	51		
52		ed tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due	. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		214.
54	Overpa	rment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
<u>55</u>		amount of line 54 you want			
Par	t VI	Statements Regarding Certain Activities and Other Information (see instruction	ns)		<del>, ,</del>
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature o	r other	authority	Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	nay ha	ve to file	
	FINCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreig	n country	
	here ▶				Х
57	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trus	t?	X
	If "Yes,"	see instructions for other forms the organization may have to file	-		
58	Enter th	e amount of tax-exempt interest received or accrued during the tax year > \$			
	Ur	der penalties of penury, I declare that Thave examined this return including accompanying schedules and statements, and to the	best of r	ny knowledge	and belief, it is
Sigi	1	e-correct, and complete Deparation of propagat torter than taxpayer) is based on all information of which preparer has any knowledge	au 4	IDC 4:	Ab.a .
Hef	_	111/15/2019 1///11 1/////	-	IRS discuss preparer sh	
			ee instruct	ions)? X Y	B No
		Print/Type preparer's name Preparer's signature a 4 Date		PTIN	
Paid		() he held	ck ∟ ı employed	f	75845
Prep	arer			44-016	
Use	Only			30-282-	
		Phor	ie no o	JU 2027	<del>-</del>

Form **990-T** (2018)

Total dividends-received deductions included in column 8.

Schedule F—Interest, Anni	uities, Royaltie.			trolled Org			Lati	3113 (356	, mstructio	(6110	
Name of controlled organization	2. Employer identification number	Dei		ed income structions)	4. Total of speci payments mad			5. Part of column 4 to included in the control organization's gross in		olling	6. Deductions directly connected with incom in column 5
(1)											
(2)											
(3)											
(4)	<del></del>										
Nonexempt Controlled Organiz	zations						_				<del>-</del>
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income			ntrolling	11. Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals	ncome of a Sec		 ;)(7), (			Pá	art I,	ere and on line 8, colui	mn (A)		iter here and on page 1, art I, line 8, column (B)
1. Description of income	2. Amount o	f income	<u> </u>	3. Deduc directly con (attach sch	nected				t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)				,							
(2)			-								
(3)			<del> </del>		•						
(4)	Enter here and	1	ļ								Enter here and on page
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c	come, Oth		n Adverti		com	e (s	ee instru	ctions)		Part I, line 9, column (B
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	with n of	from unrelated or business of 2 minus collected in a gain, collected in 5 through the collected in the colle	ed tradé (column umn 3) ompute	<b>5.</b> Gross from active		tivity that attributat		ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>	_							
(2)						-			_		
(3)		_									
(4)				<u> </u>	-						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rtl,					Enter here and on page 1, Part II, line 26			
Totals	icome (see instr	uctions)									
Part I Income From Per	iodicals Report	ted on a Co	onsolio	lated Bas	is						
1. Name of periodical	2. Gross advertising income	3. Direct advertising c	1	4 Adverting an or (loss 2 minus con a gain, cor cols 5 thro	ss) (col bl 3) If mpute		i. Circulation 6. Read income cos		•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								_			
(2)	1									_	┪
(3)											
(4)		· · · ·							_		_
-											
Totals (carry to Part II, line (5))											Form <b>990-T</b> (2018

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

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	- "					
(2)						
(3)						
(4)						
Totals from Part I ▶			·			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶		· · · · · · · · · · · · · · · · · · ·				

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

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

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