

990

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

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

Do not enter social security numbers on this form as it may be made public.

2017 Open to Public

		ule freasury	► Go to www.irs.gov/Form990 for instructions and the latest inform	ation.	Inspection
A I	For the	e 2017 calend	ar year, or tax year beginning , 2017, and end		, 20
В	Check if	D Employer identification no.			
	Address	change	55-0799053		
	Name ch	ange	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telephone number
	nitial reti	urn	891 BOXELDER PLACE	,	(480) 615-2799
	inal retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	• • • • •	G Gross receipts
	Amended	d return	CHANDLER, AZ 85225-1852		\$ 3,1 <b>4</b> 9,539
	Application	on pending	F Name and address of principal officer WILLIAM E BERRY	H(a) is this a group return for	or subordinates? Yes X No
			891 W BOXELDER PLACE, Chandler, AZ 85225-1852	H(b) Are all subordinate	as included? Yes No
1 .	ax-exem	npt status 🛚 🗓	501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 ( ) 🦪	If "No," attach	a list (see instructions)
J 1	/ebsite:	· NWW	I.RSMAZ.ORG	H(c) Group exemption	number
K	orm of c	organization 🐰	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation 200	02 M State of legs	al domicile AZ
Pa	rt I	Summar	у		
	1	Bnefly descri	be the organization's mission or most significant activities: PROVIDING NUTRITI	ONAL FOOD BO	XES FOR LOW
æ		INCOME V	ETERANS, SENIOR CITIZENS, HOMELESS FAMILIES AND GROUP HO	ME RESIDENTS	AND PROVIDING
a	1	TRANSPOR	TATION FOR VETERANS, CLOTHING FOR NEEDY INDIVIDUALS AND	CONGREGATE F	EEDING PROGRAMS
Governance		RELATED	TO PERISHABLE FOODS		
Š	2	Check this b	ox $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25% of it	s net assets	
	3	Number of ve	oting members of the governing body (Part VI, line 1a)	3	7
ş	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	4	6
ŧ	5	Total number	r of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
Activities &	6	Total number	of volunteers (estimate if necessary)	6	
⋖	7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated	d business taxable income from Form 990-T, line 34	7b	0
				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	6,748,689	2, 937, 108
Ē	9	Program sen	vice revenue (Part VIII, line 2g)	238,972	
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)		0
æ	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6, 987, 661	3, 149, 539
	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)	6,622,818	2,875,214
	14	Benefits paid	to or for members (Part IX, column (A), line 4),		0
v.	15	Salaries, other	er compensation, employee benefits (Part IX, column (A)) lines 5-10)	37,294	0
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)	5,736	5,000
Per	b	Total fundrais	sing expenses (Part IX, column (D), line 25)		
ŭ	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 111-24e) . SEP-2 3-2016 .	321,119	254,157
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,986,96	3, 134, 371
	19	Revenue less	s expenses Subtract line 18 from line 12	694	15,168
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sets	20	Total assets	(Part X, line 16)	357,942	395,538
A P	21	Total liabilities	s (Part X, line 26)	87,938	86,102
			fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·	270,004	309,436
Pa			re Block		
Unde true	r penalticorrect.	es of perjury, I dec and complete Dec	lare that I have examined this return, including accompanying schedules and statements, and to the best of my kno daration of preparer (other than officer) is based on all information of which preparer has any knowledge	wledge and belief, it is	_
			2060 and since it as many property of an investment of an		AACH-ALIC
C:	_		IAM BERRY DELLOCATION		22 SEP 2018
Sigi	TI	Signatur	e of officer	Date	

Date

Here

Preparer

**Use Only** 

EEA

Preparer's signature

WILLIAM BERRY, EXECUTIVE DIRECTOR Type or print name and title

Print/Type preparer's name Paid

Pat Hammons Pat Hammons Firm's name AZ Tax Advisors Firm's address 2824 N Power Rd PMB 113 278

Mesa AZ 85215 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no 602-809-3212

Check I If

self-employed

Firm's EIN

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**⊠** No

P00018243

	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVIDING NUTRITIONAL FOOD BOXES FOR LOW INCOME VETERANS, SENIOR CITIZENS, HOMELESS FAMILIES
	AND GROUP HOME RESIDENTS AND PROVIDING TRANSPORTATION FOR VETERANS, CLOTHING FOR NEEDY
	INDIVIDUALS AND CONGREGATE FEEDING PROGRAMS RELATED TO PERISHABLE FOODS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O.
3	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.
<b>4a</b>	(Code:) (Expenses \$1,148,832 including grants of \$9,500 ) (Revenue \$1,145,503 )
	NUTRITIONAL FOOD BOX PROGRAM SERVING OVER 200,000 PEOPLE IN EXCESS OF 3,800,000 POUNDS OF
	FOOD & NON-FOOD ITEMS. PROGRAMS INCLUDE SERVICES TO VETERANS, SENIOR CITIZENS, GROUP HOME
	RESIDENTS, HOMELESS, CONGREGATE FEEDING AND FAMILIES AND PROVIDING IN EXCESS OF 100,000
	PIECES OF CLOTHING AND 1,000+ HOUSEHOLD ITEMS TO HOMELESS, VETERANS AND OTHER INDIVIDUALS IN
	NEED PROVIDING NON EMERGENCY TRANSPORTATION SERVICES TO VETERANS, SPECIAL ASSISTANCE TO SENIOR CITIZENS AND PROVIDING SPECIAL PROGRAMS TO HOMEBOUND VETERANS AND SENIORS. MORE THAN
	3,400 FAMILY UNITS (7,875 INDIVIDUALS) SERVED.
	5,400 PARTER ONLIG (7,075 INDIVIDUALS) SERVED.
4b	(Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,148,832
EEA	Total program service expenses ► 1,148,832  Form 990 (2017)
	1 OIII 330 (2011)



Form 990 (2017)
Part IV C 7) RESURRECTION STREET MINISTRY, INC.
Checklist of Required Schedules

	CIV Ollegalist of Hogalist Collegalist		Yes	No
!	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
,	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		х
	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		
	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	6		
	"Yes," complete Schedule D, Part I	0		_}
	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		2
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		>
	·			ť
	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		
	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		
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI · · · · · · · · · · · · · · · · · ·	11a	Х	
,	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	112		T
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		:
2	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			Ħ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
j	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		<del></del>	Г
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		L
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	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	11f		L
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		
	Schedule D, Parts XI and XII	12a		╁
,	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		L
		13		1
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			╁
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		+
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	toreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		L
	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		
	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		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			Ī
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		+
	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		
	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	990	_

Part IV Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ...... Х 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II ...... 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 258 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? X 25b 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 26 X 27 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 27 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ......... 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ....... 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . . . . . . . . Х Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ 35a 35a 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 ...... 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 X 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, 37 Χ\_\_ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note, All Form 990 filers are required to complete Schedule O.

Form 990 (20		55-0799053	Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
	Chack if Schodula O contains a response or note to any line in this Bart V		🗇

			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		ļ	
	reportable gaming (gambling) winnings to prize winners?	1c		
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 28	1	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ì	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а	-	Х
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		Х
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	<u> </u>	1	
	(FBAR).			
5 <b>a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
c	If "Yes" to fine 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	į	ı
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u>X</u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
0	Section 501(c)(7) organizations. Enter:			
a	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 • • • • • • • • • • • • • • • • • • •			
1	Section 501(c)(12) organizations. Enter:	İ		
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
Δ_	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
ь	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			}
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EA			990 (	2017)

Form 990 (2017) 55~0799053 Page 6 RESURRECTION STREET MINISTRY, INC. 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 Check if Schedule O contains a response or note to any line in this Part VI Section.A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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. b Enter the number of voting members included in line 1a, above, who are independent 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? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? .......... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  $\overline{\mathbf{x}}$ Each committee with authority to act on behalf of the governing body? 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 .......... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Х 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 16a Х with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Arizona Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Own website \_\_\_ Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

WILLIAM BERRY (480) 615-2799, 891 BOXELDER PLACE, CHANDLER, AZ 85225

20

Form 990 (201	7) RESURRECTION STREET MINISTRY, INC.	55-0799053	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		$\cdots \square$
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 individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

EEA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unle: er an	Pos eck m es per dada	son I	han one a han both a han both a employee	in )	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated arrivated arrivated of other compensation from the organization and related organizations
(1) WILLIAM E BERRY	40.00	v		Х	ζ					•
EXECUTIVE DIRECTOR (2) DALE BENNETT	40.00	X			X		-	0	0	0
MEMBER AT LARGE	20.00	х						o	0	0
(3) MICHELLE BONDURA	40.00	1					Н	<u>_</u>	<u> </u>	
MEMBER AT LARGE	12222	х						o	o	00
(4) CHRISTINE JOHNSON	10.00									
MEMBER AT LARGE		Х						0	0	0
(5) CHARLES BOYLE	10.00									
PRESIDENT	<b></b>	Х		Х		-		0	0	0
(e) JODY KONOB	20.00	,,		v						
SECRETARY (7) STATE WAYNESS OF THE SECRETARY		X_		Х			$\vdash$	0	0	0
(7) GENE_VANDENBOSCH	20.00	х						o	0	o
(8) BECKY RODDY	<del> </del>	_^_			_				<u> </u>	
TREASURER		Х		Х				٥	o	o
(9)										
(10)										
(11)		٥								
(12)										
(13)										
(14)										(00.47)

Form 990 (2017)

Form 9	90 (2017) RESURRECTION STREE									55-0799	053	Р	age 8
ran	VII   Section A. Officers, Directors, Trustees,  (A)  Name and title	(B) Average hours per week (list any	(do n box, i office	ot che	Posi ck me pers a din	tion ore the on is ector/	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) stimated mount of other	•
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	on	rpensation from the ganization nd related ganization	on d
(15)													
(16)													
(17)_													
<u>(18)</u>													
(19)											<del> </del>		
(20)							a						
(21)													
(22)								-					
(23)													
(24)													
(25)													
1b c	Sub-total	nΔ			•	• •		•					
d	Total (add lines 1b and 1c)					• •		<b>&gt;</b>	0	0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization	to those liste	ed abov	e) w	no r	ecei	ived m	ore	than \$100,000 of	0			
3	Did the organization list any former officer, director,	or trustee.	kev em	plav	ee.	or h	ohest	con	npensated			Yes	No
4	employee on line 1a? If "Yes," complete Schedule uffor any individual listed on line 1a, is the sum of repo	for such inc	dividua		•						3		X
•	organization and related organizations greater than	\$150,000?	If "Yes	," co	mpl	ete S	Sched	ule .	l for such		4		x
5	Did any person listed on line 1a receive or accrue co	mpensation	from a	ny ur	nrela	ated	organ	ızatı	on or individual			-	
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sc	hedule	J to	r su	ch p	erson				5	<u></u>	X
1	Complete this table for your five highest compensate compensation from the organization Report compen year												
	(A)						-	<del></del>	(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	nc
2	Total number of independent contractors (including b				stec	abo	ove) w	ho					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded from tax under sections 512-514 Related or exempt function Unrelated business revenue Total revenue Federated campaigns . . . . . . . 1a Contributions, Gifts, Grants and Other Similar Amounts 1b 1c 7,145 d Related organizations . . . . . . . 1d 1e e Government grants (contributions) - -67,437 f All other contributions, gifts, grants, **1**f and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total, Add lines 1a-1f 2,937,108 Business Code 2a STUFF THRIFT STORE 453310 212,431 212,431 Service Program f All other program service revenue · · · · · · g Total. Add lines 2a-2f 212,431 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds ... (i) Real (ii) Personal b Less: rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · ▶ (i) Securities (n) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ 7,145 of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . a b Less direct expenses ....b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 · · · · · · a **b** Less direct expenses .... **b** c Net income or (loss) from gaming activities · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . . . a **b** Less. cost of goods sold · · · · · · b c Net income or (loss) from sales of inventory . . . . . . . . Miscellaneous Revenue **Business Code** 11a ь d All other revenue e Total. Add lines 11a-11d . . . . . . . . . . . . . . . . . ▶ 0 3,149,539 212,431 Form 990 (2017)

following SOP 98-2 (ASC 958-720)

EEA

Form 990 (2017)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) Total expenses Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 12,688 12,688 Grants and other assistance to domestic individuals. See Part IV. line 22 .... 2,862,526 2,862,526 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members · · · · · · 5 Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 Fees for services (non-employees): 57,812 18,000 39,812 Legal 675 675 Lobbying Professional fundraising services. See Part IV, line 17 . 5,000 5,000 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 1,838 1,838 12 13 16,524 7,436 9,088 14 3,403 1,531 1,872 15 16 122,876 55, 294 67,582 17 34,821 31,409 3,412 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 20 5,599 5,599 21 22 Depreciation, depletion, and amortization ..... 23 Insurance .......... 10,609 10,056 553 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) þ All other expenses Total functional expenses. Add lines 1 through 24e 3,000,778 128,593 5,000 3,134,371 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and n 📙 ◀ fundraising solicitation Check here

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash - non-interest-bearing 1 15,942 35,538 2 2 Savings and temporary cash investments ....... 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 Notes and loans receivable, net 7 Inventories for sale or use ............. 80,000 8 82,500 Prepaid expenses and deferred charges 9 3,000 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D · · · · 10a Less: accumulated depreciation • • • • • • • • 10b 10c 262,000 274,500 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 357,942 395,538 17 Accounts payable and accrued expenses ........ 17 305 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. lab!!!ties trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 86,102 87,633 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 26 87,938 26 86,102 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 309,436 270,004 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 

I and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 33 309,436 270,004 Total liabilities and net assets/fund balances 34 395,538 357,942

	990 (2017) RESURRECTION STREET MINISTRY, INC.	5 <u>-07</u>	9905	3	Pa	age 12
Pa	rt 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		3,:	149,	539
2	Total expenses (must equal Part IX, column (A), line 25)	2			134,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			15,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			270,0	
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				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2	285,1	172
Pa	rt XII Financial Statements and Reporting	<del></del>				
	Check if Schedule O contains a response or note to any line in this Part XII					$\cdot \Box$
					Yes	No
1	Accounting method used to prepare the Form 990.		ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		i			
	Schedule O.		j		ĺ	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			28	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Ì			<b> </b>
	reviewed on a separate basis, consolidated basis, or both.		į			
	Separate basis Consolidated basis Both consolidated and separate basis		ĺ			
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ľ			
	separate basis, consolidated basis, or both:		1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
C	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	Х	l
	If the organization changed either its oversight process or selection process during the tax year, explain in		İ			
	Schedule O.					
3a	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		t			- <del></del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
EEA	go obo. dualo				990 (	2017)
						. ,

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

Department of the Treasury

## **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.

▶ Go to www.irs.gov/Form990 for Instructions and the latest information.

OMB No 1545-0047 2017

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number RESURRECTION STREET MINISTRY, INC 55-0799053 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university of a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations ..... Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (III) Type of organization (lv) is the organization (v) Amount of monetary (vt) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) document? instructions) Instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017 RESURRECTION STREET MINISTRY, INC. 55-0799053

[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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,322,180	5,618,671	6,987,661	6,347,415	3,099,939	31,375,866
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 · · · · · ·	9,322,180	5,618,671	6,987,661	6,347,415	3,099,939	31,375,866
5	The portion of total contributions by						
	each person (other than a			1			
	governmental unit or publicly			İ			
	supported organization) included on	ļ		į	ļ		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						399,895
6	Public support. Subtract line 5 from line 4 · ·						30,975,971
Sec	tion B. Total Support		·/ ···································	<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	9,322,180	5,618,671	6,987,661	6,347,415	3,099,939	31,375,866
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 carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .						31,375,866
12	Gross receipts from related activities, etc. (s	ee instructions) -				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>		h, or fifth tax year a	us a section 501(c)	(3)	▶□
	tion C. Computation of Public Su	<del></del>	<del> </del>				
14	Public support percentage for 2017 (line 6, c	•		))			98.73 %
15	Public support percentage from 2016 Sched	· · · · · · · · · · · · · · · · · · ·					00.00 %
16a	33 1/3% support test - 2017. If the organiz			•	· ·	CK INIS	▶ ⊠
<b>h</b>	box and stop here. The organization qualifiting 33 1/3% support test - 2016. If the organization						Р М
U	this box and <b>stop here</b> . The organization qu					, check	🕞 🗍
17a	10%-facts-and-circumstances test - 2017						
.,,	10% or more, and if the organization meets	•			· ·		
	Part VI how the organization meets the "fact						
	organization · · · · · · · · · · · · · · · · · · ·		•	•			▶ □
ь	10%-facts-and-circumstances test - 2016						ب
	15 is 10% or more, and if the organization r	•					
	Explain in Part VI how the organization meet				-	v	
	supported organization			-		=	▶ □
18	Private foundation. If the organization did						
-	instructions			•			· · · · • 🕒
		<del></del>		<del> </del>			

Schedule A (Form 990 or 990-EZ) 2017 RESURRECTION STREET MINISTRY, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	· · · · · · · · · · · · · · · · · · ·	/
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under P	'ari	11
	٠,٠	•••
If the organization fails to qualify under the tests listed below please complete Part II )	11	

Se	ction A. Public Support						*
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013 \	(b) 2014	(c) 2015	(d) 2016	(e) 2017 .	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					, r	
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 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)		, ,	\	<b>1</b>		
Sec	ction B. Total Support		11				
	endar year (or fiscal year beginning in) 🕨	(a) 2013	" <b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10a	Amounts from line 6	1					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					`\	
C	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	<b>Total support.</b> (Add lines 9 10c, 11, and 12)						``
14	First five years. If the Form 990 is for the organization, check this box and stop here			n, or fifth tax year a	as a section 501(c)	(3)	▶ □
	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co				• • • • • • • • •	15	<u> </u>
16 Sec	Public support percentage from 2016 Schedul ction D. Computation of Investmen					16	<u> </u>
<u>3e(</u> 17	Investment income percentage for 2017 (line			olumn (f)\		17	<u> </u>
18	Investment income percentage for 2017 (line	, ,	•			18	
	33 1/3% support tests - 2017. If the organization of more than 33 1/3%, check this box as	ation did not checl	k the box on line 14	4, and line 15 is ma	ore than 33 1/3%,	and line	
	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this t	ation did not checl box and <b>stop her</b> e	k a box on line 14 o . The organization	or line 19a, and lin qualifies as a pub	e 16 is more than a	33 1/3%, and janization	• • □
20_	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box a	ind see instruction	s	▶ ∐

#### 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.)

n	1		Supporting	^	1
	IIAN	A 711	CHANAMINA	I IFASH	ITSTIANE
ucu		A. AII	Juppul ullu	Ciuali	IZALIVI IS

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a 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 Part VI, 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 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).
- 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).
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
-	+-	
3a		
3ь		
3c	<u> </u>	
4a	l	
4b		
13	<b>†</b>	
İ		
4c		
1		
5a		
-		
5b 5c	<del> </del>	
6		
7		
-	†	<del>                                     </del>
8	<u> </u>	L
9a		
OL.		
9b	<del> </del>	
9с	1	
10a		
(Form 99		

	tile A (Form 990 or 990-EZ) 2017 RESURRECTION STREET MINISTRY, INC. 55-0799053  **Tile Supporting Organizations (continued)		<u>P</u>	age 5
	Coupporting or garnization o (common of		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)	1		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	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		
•	Did the average tion analysis for the honefit of any asymptotic action of the standard	}		
2	Did the organization operate for the benefit of any supported organization other than the supported	i		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion c. Type if 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	<u></u>	.03	-110
•	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		
Sec	tion D. All Type III Supporting Organizations		L	
			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	ł		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 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	Ì		:
	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 Part VI the role the organization's		ļ ļ	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see In	nstru	ctions	s).
-	The organization satisfied the Activities Test. Complete line 2 below.			
b	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		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain 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		
D	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 Part VI the			•
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	•
2	activities but for the organization's involvement.	2b	ļ	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			ļ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
<b>.</b>	trustees of each of the supported organizations? Provide details in Part VI.	3a	<b> </b>	-
J	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "You " describe in Best M the color of the companization in this constant	25		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

RESURRECTION STREET MINISTRY, INC 55-0799053 Schedule A (Form 990 or 990-EZ) 2017 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section'A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1**d** d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3.

::::E	gency temporary reduction (see instructions).	0	
, [	Check here if the current year is the organization's first as a non	-functionally-integrated Type III s	upporting organization (see
	instructions).		

5

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

chedu	le A (Form 990 or 990-EZ) 2017 RESURRECTION STREET MINIS	TRY, INC.	55-079	9053 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued)	
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	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 the	organization is respons	sive	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
	Lind of amount divisor by	45	(li)	(iii)
5	ection E - Distribution Allocations (see Instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017			· · · · · · · · · · · · · · · · · · ·
_	(reasonable cause required - explain in Part VI). See		ļ	
	instructions.		1	
3	Excess distributions carryover, if any, to 2017			
-	Excess distributions carryover, it arry, to 2017			
a	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	<u> </u>		<del></del>
<u>h</u>	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$		<u> </u>	
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		<b></b>	· · · · · · · · · · · · · · · · · · ·
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			<del></del>
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			· · · · · · · · · · · · · · · · · · ·
	and 4c. $^{\circ}$			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
C	Excess from 2015			

**d** Excess from 2016 . . . . **e** Excess from 2017 . . . .

01 44 47	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<del></del>	lines 2, 5, and 6. Also complete this part for any additional miorination. (See mistrationary

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

2017

Department of the Treasury

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public inspection

Name	of the organization		Employer identification number		
	SURRECTION STREET MINISTRY, INC.		55-0799053		
	Part   Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.				
	Complete if the organization answered "Yes" on				
	Odmpioto II trio organization di	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year · · · · · · · ·				
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised			
•	funds are the organization's property, subject to the organization				
6	Did the organization inform all grantees, donors, and donor advi		ed		
U	only for charitable purposes and not for the benefit of the donor				
	conferring impermissible private benefit?				
Pa	t II Conservation Easements.				
	Complete if the organization answered "Yes" on	Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held by the organization				
•	Preservation of land for public use (e.g., recreation or education)		rically important land area		
	Protection of natural habitat	Preservation of a certific	• •		
	Preservation of open space	reservation of a certain	ed matoric atroctore		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	a conservation		
-	easement on the last day of the tax year.	CONSCIVATION CONTRIBUTION IN THE TORM OF C	Held at the End of the Tax Year		
2	Total number of conservation easements		2a		
ь			2b		
	Number of conservation easements on a certified historic struct		2c		
d	Number of conservation easements included in (c) acquired after	* *			
u	* * * *		2d		
2			L, T		
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the of	rganization during the		
_	tax year	and a landed			
4	Number of states where property subject to conservation easen				
5	Does the organization have a written policy regarding the period		Yes   No		
e	violations, and enforcement of the conservation easements it has		_ ··		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	iding of violations, and emorcing conserv	valion easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling	and enforcing concentrations	a appearante during the year		
•	**Mount of expenses incured in monitoring, inspecting, nanding	g of violations, and emorcing conservation	reasements outing the year		
8	Does each conservation easement reported on line 2(d) above	entich, the requirements of section 170(h)	\/4\/P\/\;\		
0	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(f)	······································		
9		accompate in its revenue and evaces a	L 144 C		
3	In Part XIII, describe how the organization reports conservation	·	-		
	balance sheet, and include, if applicable, the text of the footnote	to the organizations imancial statements	s that describes the		
Do	organization's accounting for conservation easements.  It III Organizations Maintaining Collections	of Art Historical Transuras or	Other Similar Assets		
	Complete if the organization answered "Yes" o	-	Other Shillar Assets.		
18		·			
10	If the organization elected, as permitted under SFAS 116 (ASC				
	works of art, historical treasures, or other similar assets held for				
	public service, provide, in Part XIII, the text of the footnote to its				
b	If the organization elected, as permitted under SFAS 116 (ASC	· · · · · · · · · · · · · · · · · · ·			
	works of art, historical treasures, or other similar assets held for public service, provide the following amounts relating to these it		III IUI IUI IUI IUI III III III III III		
	(I) Revenue included on Form 990, Part VIII, line 1				
	(II) Assets included in Form 990, Part X		·		
2			·		
~	If the organization received or held works of art, historical treasi following amounts required to be reported under SFAS 116 (AS		дан, рголіде ше		
а	Revenue included on Form 990, Part VIII, line 1		<b>.</b>		
b	Assets included in Form 990, Part X		*		
	1990/9 INCIDIO IN TOTAL 990, 1 ALLA	<u> </u>	· · · · · · · • • \$		

Sched	le D (Form 990) 2017 RESURRECTION STI	REET MINISTRY	, INC.			55-07990	53	Page 2
Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historic	al Treasures, or	Othe	r Similar Asse	ets (cont	inued)
3	Using the organization's acquisition, accession, ar	nd other records, che	ck any of the	following that are a si	gnifican	t use of its		
•	collection items (check all that apply):	,	•	_	-			
а	Rublic exhibition	d 🗍 Loan	or exchange	programs				
-	三	e Other		programo				
ь	Scholarly research	e 🗀 Ottei						
C	Preservation for future generations		st fromthoau é	erennization's over		ana in Oam		
4	Provide a description of the organization's collection	ions and explain now	tney turtner t	ne organization's exer	ubr barb	ose in Pari		
	XIII.							
5	During the year, did the organization solicit or rece				Г		О.,	s □ No
_	assets to be sold to raise funds rather than to be		the organiza	tion's collection?	••••	<u> </u>	· _ Yes	I NO
Pal	t IV Escrow and Custodial Arrange	ements.		D-+ 11/1 15 0 -				_
	Complete if the organization ans	swered "Yes" on	Form 990	, Part IV, line 9, 0	r repo	rted an amoun	t on For	l II
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian or							<b>—</b>
	included on Form 990, Part X?	• • • • • • • • • •					. U Yes	s U No
b	If "Yes," explain the arrangement in Part XIII and o	complete the followin	g table <sup>.</sup>					
						Amou	unt	
C	Beginning balance				1c			
d	Additions during the year				1d	· · · · · · · · · · · · · · · · · · ·		
e	Distributions during the year				1e			
f	Ending balance				. 11		····	
2a	Did the organization include an amount on Form 9	000 Dart V line 31 6	or occrow or	oustadial account liab			Vos	s No
	_				-		_	
Pai	If "Yes," explain the arrangement in Part XIII. Che	ck nere if the explana	tion has bee	n provided on Part XII	<u> </u>			<u></u>
rai		average "Vaa" an	Farm 000	Part IV line 10				
	Complete if the organization and							
4.	<u> </u>	(a) Current year	(b) Prior ye	ar (c) Two years b	ack (	d) Three years back	(e) Foury	ears back
1a	Beginning of year balance							
þ	Contributions							
C	Net investment earnings, gains, and	1			,			
	losses					· · · · · · · · · · · · · · · · · · ·		
d	Grants or scholarships							
e	Other expenditures for facilities and				ŀ			
	programs	i			-			
f	Administrative expenses							
g	End of year balance					····		····
2	Provide the estimated percentage of the current y	ear end balance (line	1a column	(a)) held as:			l.,	
a	Board designated or quasi-endowment	%	, , <del>g</del> , 55.2	(4),				
b	Permanent endowment ▶ %							
c	Temporarily restricted endowment	%						
•								
3a	The percentages on lines 2a, 2b, and 2c should e Are there endowment funds not in the possession	•	hat are beld	and administered for t	ha			
<b></b>		n or the organization t	indi die field	anu auministereu 10f t	i iC		r	Yes No
	organization by:							Yes No
	(i) unrelated organizations	• • • • • • • • •		• • • • • • • • • •			3a(i)	
L	(II) related organizations						3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations list						3b	
4	Describe in Part XIII the intended uses of the orga	anization's endowme	nt funds.			<del></del>		
Pai	t VI Land, Buildings, and Equipme				_			
	Complete if the organization and	swered "Yes" on	Form 990	, Part IV, line 11a	ı. See	Form 990, Par	t X, line	10.
	Description of property	(a) Cost or other	basis (t	) Cost or other basis	(c) A	ocumulated	(d) Book	value
		(investmen	nt)	(other)	dep	reciation		
1a	Land	91	3,634					98,634
b	Buildings		366					26,366
c	Leasehold improvements							
đ	Equipment	149	,500				1 4	49,500
e	Other							
Tota	Add lines 1a through 1e. (Column (d) must equ	al Form 990 Part Y	column (P)	line 10c)				74 500

Page 2

55-0799053

Schedule D (Form	1990) 2017 RESURRECTION : Investments - Other Securities.	STREET MINISTRY, INC	. 55-079	99053 Page 3
Part VII	Complete if the organization answer	red "Yes" on Form 990. P	Part IV. line 11b. See Form 990.	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market	on.
(1) Financial	derivatives · · · · · · · · · · · · · · · · · · ·			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
_(G)				<del> </del>
(H)				
	b) must equal Form 990, Part X, col (B) line 12 )	<u></u>	<u> </u>	
Part VIII	Investments - Program Related. Complete if the organization answer	red "Yes" on Form 990, F	art IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuable Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
<u>(6)</u>				
(7)		<del> </del>		<del></del>
(8)		<del></del>		
	b) must equal Form 990, Part X, col (B) line 13 )			
Part IX	Other Assets.			, <u></u>
<u> </u>	Complete if the organization answer	red "Yes" on Form 990, F	Part IV, line 11d. See Form 990,	Part X, line 15.
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
_(5)				
(6)				
		<del></del>		
(8)	<del></del>			
(9)	- /h)			
Part X	on (b) must equal Form 990, Part X, col (B) line to Other Liabilities.	15.)		
Tare X	Complete if the organization answer line 25.	red "Yes" on Form 990, F	Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	(a) poor value	<del></del>	
(2)			<del>-</del>	
(3)		<del> </del>		
(4)				
(5)			7	
(6)			$\neg$	
(7)				
(8)				
(9)				

	the b (rollings) con	55-0799053	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments	1 1	
a	Donated services and use of facilities	-	
þ		-	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
a		-	
Ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
8		-	
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	- 1	
C	Other losses · · · · · · · · · · · · · · · · · ·	_	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
-			
a		-	
р	Other (Describe in Part XIII.)	-}	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIII Supplemental Information.		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Pa	rt X, line	
2; Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
		(1)	
		<del></del>	
			· · · · · · · · · · · · · · · · · · ·
-			

Schedule ( Form 990) (2017) <u>₽</u> (h) Purpose of grant **Open to Public** or assistance OMB No 1545-0047 Inspection 2017 X Yes F000 F00D 9 Employer identification number 55-0799053 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form NON-FOOD ION-FOOD ION-FOOD ON-FOOD ION-FOOD ION-FOOD NON-FOOD ION-FOOD NON-FOOD VON-FOOD 3000 g 3000 3 00 00 300D & 300D 80 300D 3000 3000 3000 3 000 6 **3** 000. (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and FIS EMC FRO FR 35 EK S FMS 2 3 Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Œ (e) Amount of noncash assistance ► Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN RESURRECTION STREET MINISTRY, (5) REDEEMED OUTREACH CENTER (a) Name and address of organization (1) CHURCH ON THE STREET (3) JACOBS JOURNEY HOUSE (9) VA VETERANS CENTERS (6) FEED MY BABIES USA (7) CHRISTO ES LA ROCA (2) STREETS OF JOY CDM or government (4) VICTORY OUTREACH (10GRACE CHURCH (8)DAV CHAPTER Department of the Treasury Name of the organization Internal Revenue Service SCHEDULE (Form 990) Part Part ~

° □ (h) Purpose of grant Open to Public or assistance OMB No. 1545-0047 Inspection 2017 □ Yes Employer identification number 3,044,579 LBS 55-0799053 NON-EMERGENCY (g) Description of noncash assistance 190,786 LBS OF NON-FOOD Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form OF FOOD @ ION-FOOD NON-FOOD \$1.70/LB TEMS 0 700D & 300D 411 (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

\*\*Attach to Form 990. **₽** FR FMC FEC FX (e) Amount of noncash assistance ■ Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (B) EIN RESURRECTION STREET MINISTRY, INC (3) VETERANS, SENIORS & HOMELES (4) VETERANS, SENIORS & HOMELES (2) MISSION CHRISTIAN CHURCH (a) Name and address of organization (5) VETERANS TRANSPORTATION or government (1) TRINITY CHURCH Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part II Part (10) 9  $\epsilon$ € 9

Ī

Schedule I (Form 990) (2017)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017) Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2017)
Part III Grants an Part IV ~ က 9 EEA

55-0799053

RESURRECTION STREET MINISTRY, INC.

### **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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

**Open to Public** Inspection

Employer identification number

RESURRECTION STREET MINISTRY, INC.	55-0799053					
01. Form 990 governing body review (Part VI, line 11)						
EACH BOD MEMBER WAS PRESENTED AN ELECTRONIC COPY OF THE 990 AND A PHYSICAL (	COPY OF THE 990					
AT A REGULARLY SCHEDULED BOD MEETING. IN ADDITION TO THE 990 EACH BOD MEMB	T A REGULARLY SCHEDULED BOD MEETING. IN ADDITION TO THE 990 EACH BOD MEMBER WAS					
PRESENTED A COPY OF THE ORGANIZATION'S FINANCIAL REPORTS FOR 2017.						
02. Conflict of interest policy compliance (Part VI, line 12c)						
COMPLIANCE COMMITTEE MEETS MONTHLY AND REPORTS TO THE BOARD ANY INFORMATION	AND/OR					
RECOMMENDATIONS THAT THE BOARD SHOULD TAKE ACTION ON.						
03. Governing documents, etc, available to public (Part VI, line 19)						
ALL REQUIRED DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.						