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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE RESURRECTION PROJECT		D Employer identification number 36-3576073
	Doing Business As		E Telephone number (312) 666-1323
	Number and street (or P O box if mail is not delivered to street address) 1818 SOUTH PAULINA	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60608		G Gross receipts \$ 6,167,004
F Name and address of principal officer RAUL RAYMUNDO 1818 SOUTH PAULINA CHICAGO, IL 60608		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.RESURRECTIONPROJECT.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1990	M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities CREATE HEALTHY COMMUNITIES THROUGH EDUCATION, ORGANIZATION, AND COMMUNITY DEVELOPMENT IMPROVE QUALITY OF LIFE FOR LOW AND MODERATE INCOME FAMILIES THROUGH AFFORDABLE HOUSING, FINANCIAL SERVICES, CIVIC ENGAGEMENT OPPORTUNITIES, AND HEALTH, SAFETY, AND NEIGHBORHOOD REVITALIZATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	65
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,735,532	4,137,955
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,062,872	2,027,853
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,594	1,196
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	607,509	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,407,507	6,167,004
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,863,077	3,786,405
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 395,113	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,561,047	4,996,377
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,424,124	8,782,782
19 Revenue less expenses Subtract line 18 from line 12	983,383	-2,615,778	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		31,617,149	26,917,679
		13,482,970	11,318,664
		18,134,179	15,599,015

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2014-08-14 Date			
	RAUL RAYMUNDO CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID R SIEHOFF	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00175845
	Firm's name <input checked="" type="checkbox"/> WOLF & COMPANY LLP			Firm's EIN <input checked="" type="checkbox"/> 36-2985665	
	Firm's address <input checked="" type="checkbox"/> 1901 S MEYERS RD SUITE 500 OAKBROOK TERRACE, IL 601815209			Phone no (630) 545-4500	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part 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
 CREATE HEALTHY COMMUNITIES THROUGH EDUCATION, ORGANIZATION, AND COMMUNITY DEVELOPMENT IMPROVE QUALITY OF LIFE FOR LOW AND MODERATE INCOME FAMILIES THROUGH AFFORDABLE HOUSING, FINANCIAL SERVICES, CIVIC ENGAGEMENT OPPORTUNITIES, AND HEALTH, SAFETY, AND NEIGHBORHOOD REVITALIZATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 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? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,842,169 including grants of \$ 0) (Revenue \$ 249,585)
 THE PROPERTY MANAGEMENT TEAM MANAGES THE LEASING AND OCCUPANCY OF TRP'S COMMERCIAL AND RESIDENTIAL PROPERTIES, INCLUDING BUILDING MAINTENANCE, EVERYDAY OPERATIONS, TENANT SUPPORT SERVICES, SECURITY, COMMUNITY INVOLVEMENT, AND FINANCIAL MANAGEMENT AND STRATEGIC PLANNING FOR THE DIVISION PROPERTY MANAGEMENT INCREASES THE VALUE AND PERFORMANCE OF ALL TRP RESIDENTIAL AND COMMERCIAL PROPERTIES BY COMBINING HIGH QUALITY PROPERTY MANAGEMENT WITH SUCCESSFUL TENANT RELATIONSHIPS IN ADDITION TO OVERSEEING THE PHYSICAL, FINANCIAL, AND TENANT MANAGEMENT OF ALL ITS PROPERTIES (342 UNITS OF AFFORDABLE RENTAL HOUSING AND 9 COMMERCIAL/OFFICE SPACES IN 33 DIFFERENT BUILDINGS)), TRP STRIVES TO SUSTAIN AFFORDABILITY WHILE ENHANCING THE RESIDENCES' SOCIAL ATMOSPHERES TO SUPPORT A HEALTHY LIVING ENVIRONMENT FOR ALL TENANTS

4b (Code) (Expenses \$ 881,631 including grants of \$ 0) (Revenue \$ 595,201)
 THE REAL ESTATE DEVELOPMENT PROGRAM ENCOMPASSES BRICKS AND MORTAR DEVELOPMENT, WEALTH CREATION, AND ASSET BUILDING THROUGH THIS WORK, TRP DEVELOPS AFFORDABLE, HIGH-QUALITY, ENERGY-EFFICIENT CONSTRUCTION AND LONG-TERM HOMEOWNERSHIP AND RENTAL OPPORTUNITIES, COMMUNITY FACILITIES, AND COMMERCIAL PROPERTIES REAL ESTATE DEVELOPMENT HAS DEVELOPED 167 SINGLE FAMILY AND 2-UNIT HOMES AND 33 APARTMENT BUILDINGS WITH A TOTAL OF 342 AFFORDABLE UNITS, AND CONTINUES TO BE A LOCAL AND REGIONAL LEADER IN AFFORDABLE HOUSING DEVELOPMENT TRP SUCCESSFULLY ADMINISTERED ITS GRANT OF \$13.8 MILLION FROM HUD'S NEIGHBORHOOD STABILIZATION PROGRAM BY ACQUIRING 40 PROPERTIES IN BACK OF THE YARDS, 10 OF WHICH WERE LAND BANKED THE REMAINING 30 PROPERTIES WERE REHABILITATED AND DEVELOPED INTO 75 UNITS OF AFFORDABLE FOR-SALE OR RENTAL HOUSING TO DATE, 85% OF THE RENTAL UNITS HAVE BEEN LEASED AND 100% OF THE FOR-SALE UNITS ARE SOLD PRE-DEVELOPMENT EFFORTS STEADILY CONTINUE ON AFFORDABLE RENTAL HOUSING COMPLEXES CASA NAYARIT AND CASA QUERETARO CASA NAYARIT WILL BE 40 UNITS OF AFFORDABLE RENTAL HOUSING LOCATED IN CHICAGO'S BACK OF THE YARDS COMMUNITY CASA NAYARIT WILL INCORPORATE GREEN BUILDING STRATEGIES AND INCLUDE AMENITIES SUCH AS A COMMUNITY ROOM CASA QUERETARO WILL BE 45 UNITS OF AFFORDABLE RENTAL HOUSING LOCATED IN CHICAGO'S PILSEN COMMUNITY THIS WILL CONSIST OF ONE 52,000 SQUARE-FOOT BUILDING IN TIERS THAT VARY FROM TWO TO FOUR STORIES THE PROJECT WILL INCLUDE A LANDSCAPED COURTYARD, TOT LOT, COMMUNITY GARDEN, AND ON-SITE PARKING WITH 45 SPACES DESIGN AND CONSTRUCTION WILL INCORPORATE GREEN BUILDING STRATEGIES

4c (Code) (Expenses \$ 1,124,160 including grants of \$ 0) (Revenue \$ 955,394)
 FINANCIAL SERVICES EDUCATION INCLUDES INITIATIVES TO PROMOTE SUCCESSFUL, SUSTAINABLE HOMEOWNERSHIP THROUGH BILINGUAL FINANCIAL LITERACY COUNSELING AND EDUCATION TRP OFFERS WORKSHOPS AND ONE-ON-ONE FINANCIAL COUNSELING THAT HELP RESIDENTS BUY AND SELL THEIR HOME, IMPROVE THEIR CREDIT, CREATE A BUDGET, AND LEARN OTHER TOOLS THAT CREATE SMART AND SAVVY HOMEBUYERS AND HOMEOWNERS TRP WORKS IN COLLABORATION WITH NATIONAL COUNCIL OF LA RAZA'S NATIONAL HOMEOWNERSHIP NETWORK AND A VARIETY OF OTHER COLLABORATORS AND COMMUNITY ORGANIZATIONS TO PROVIDE THESE SERVICES TO OUR CONSTITUENCY FREE OF COST TRP SERVED OVER 1,201 FAMILIES IN 2013, INCLUDING 668 NEW INTAKES THROUGH THIS ASPECT OF OUR MISSION, TRP HELPED SAVE 126 HOMES FROM FORECLOSURE, THUS PRESERVING \$20.6 MILLION IN EQUITY ALSO IN 2013, THROUGH OUR HOME PURCHASE PROGRAM, TRP HELPED CREATE 162 MORTGAGE-READY BUYERS AND 81 NEW HOMEOWNERS, GENERATING A COMMUNITY INVESTMENT OF \$9.2 MILLION OUR NEW TRP REALTY SERVICE HAS BEEN AN INSTRUMENTAL CONTRIBUTOR TO THIS IMPACT TRP REALTY HELPS READY HOMEBUYERS AVOID PREDATORY LENDING PRACTICES AND FIND THE RIGHT HOME FOR THEM BY OPERATING BY ONE MOTTO MISSION, NOT COMMISSION FAMILIES SEEKING HOMEOWNERSHIP NOW HAVE A RELIABLE REALTY SERVICE THAT WILL ACT IN THEIR BEST INTEREST AS THEY NAVIGATE THE HOME PURCHASE PROCESS COMPLETING ITS FIRST FULL YEAR OF OPERATION IN 2013, TRP REALTY ASSISTED MORE THAN 39 FAMILIES IN GAINING AFFORDABLE, SUSTAINABLE HOMEOWNERSHIP

(Code) (Expenses \$ 1,326,656 including grants of \$ 0) (Revenue \$ 227,673)
 COMMUNITY ENGAGEMENT INCLUDES OUR COMMUNITY ORGANIZING AND PROGRAMS EFFORTS TRP DEVELOPS COMMUNITY LEADERSHIP, AND ACTIVE CIVIC ENGAGEMENT INCLUDES A COMMITMENT TO PROVIDE OPPORTUNITIES FOR LEADERSHIP ROLES IN THE COMMUNITY THROUGH CHURCHES, BLOCK CLUBS, SCHOOLS, AND OTHER VENUES TRP ALSO CONDUCTS A VARIETY OF WORKSHOPS, SERVICES, PREVENTION AND AWARENESS WORK INTO THE COMMUNITY, MANY OF THESE PROGRAMMATIC OFFERINGS STEM FROM THE ORGANIZATION'S ROLE AS LEAD AGENCY FOR PILSEN IN THE NEW COMMUNITIES PROGRAM, A FIVE-YEAR COMMUNITY REVITALIZATION EFFORT FOLLOWING A QUALITY-OF-LIFE PLAN ROADMAP THAT FOCUSES OUTCOMES AND GOALS ON HOUSING, LOCAL ECONOMIC DEVELOPMENT, FAMILY SERVICES, COMMUNITY IMAGE, AND EDUCATION OTHER PROGRAMMATIC EFFORTS INCLUDE ELEVB, AN INITIATIVE WORKING TO TURN LOCAL MIDDLE SCHOOL OROZCO COMMUNITY ACADEMY INTO A MODEL EDUCATIONAL ENVIRONMENT FOR STUDENTS AND PARENTS THROUGH FAMILY SOCIAL SERVICES, AND SMART COMMUNITIES, AND OTHER SAFETY AND EDUCATION EFFORTS IN 2013, THROUGH COMMUNITY ENGAGEMENT AND PROGRAMS AND SERVICES, TRP WAS ABLE TO ACHIEVE SEVERAL OUTCOMES AND SERVE MORE THAN 2,000 INDIVIDUALS TRP BEGAN ITS PARENT MENTOR PROGRAM IN BACK OF THE YARDS SCHOOLS TRP ALSO SERVED MORE THAN 500 COLLEGE-BOUND AND COLLEGE-ENROLLED YOUTH (AND THEIR PARENTS) THROUGH ITS LA CASA STUDENT HOUSING RESOURCE CENTER TRP EXPANDED ADDITIONAL EDUCATION PROGRAMS INTO TWO PILSEN SCHOOLS TRP DEVELOPED HUNDREDS OF COMMUNITY LEADERS WHO ASSISTED IN ADVOCATING FOR THE RIGHTS OF IMMIGRANTS THROUGH DIRECT EDUCATION AND ACTION AS WELL AS OVERALL COMMUNITY IMPROVEMENT

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,326,656 including grants of \$) (Revenue \$ 227,673)

4e Total program service expenses 7,174,616

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f 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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	No
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	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	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 37		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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. 2a 65		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	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. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

Table with columns for question number and description. Includes questions 17, 18, 19, and 20.

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FR CHARLES DAHM INTERIM CHAIR	1 00	X		X				0	0	0
(2) STEVE PORRAS VICE CHAIR	1 00	X		X				0	0	0
(3) ANTONIO ORTIZ SECRETARY	1 00	X		X				0	0	0
(4) VICKY ARROYO TREASURER	1 00	X		X				0	0	0
(5) JACK CRANE DIRECTOR	1 00	X						0	0	0
(6) RAUL HERNANDEZ DIRECTOR	1 00	X						0	0	0
(7) MARIA PRADO DIRECTOR	1 00	X						0	0	0
(8) DOROTHY M ZUKOSKI DIRECTOR	1 00	X						0	0	0
(9) JUAN ARAIZA DIRECTOR	1 00	X						0	0	0
(10) FR DON NEVINS DIRECTOR	1 00	X						0	0	0
(11) RAUL RAYMUNDO CEO	40 00			X				145,384	0	0
(12) PATRICIA DEANDA VP OF OPERATIONS & FINANCE	40 00					X		106,000	0	0
(13) GUACOLDA REYES VP OF REAL ESTATE DEVELOPMENT	40 00					X		103,713	0	0
(14) MARIA SALDENA COO	40 00					X		130,000	0	0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	2,031,682				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,106,273				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	4,137,955				
Program Service Revenue	2a	PROGRAM RENTAL REVENUE					
		Business Code					
		531120	955,394	955,394			
	b	PROPERTY MANAGEMENT FE					
		531310	595,201	595,201			
	c	DEVELOPER FEES					
		531390	249,585	249,585			
d	OTHER PROGRAM REVENUE						
	531390	227,673	227,673				
e							
f	All other program service revenue						
g	Total. Add lines 2a-2f	2,027,853					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,196			1,196	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ _____ 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							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions	6,167,004	2,027,853	0	1,196		

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, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	485,097	103,713	381,384	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	2,700,194	2,393,222	32,022	274,950
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	315,662	242,217	48,069	25,376
10	Payroll taxes.	285,452	235,120	25,553	24,779
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	202,106	202,106		
12	Advertising and promotion.	31,550	17,958	8,110	5,482
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	1,049,395	1,049,395		
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	251,879	247,564	3,168	1,147
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	969,776	959,409	7,643	2,724
23	Insurance.				
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.)				
a	RESIDENTIAL PROPERTY EX	1,320,532	1,203,894	84,306	32,332
b	IMPAIRMENT LOSS	271,289	159,934	93,387	17,968
c	TRAINING	69,648	52,104	15,053	2,491
d					
e	All other expenses	830,202	307,980	514,358	7,864
25	Total functional expenses. Add lines 1 through 24e.	8,782,782	7,174,616	1,213,053	395,113
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,349,764	1	856,261
	2 Savings and temporary cash investments	1,201,696	2	1,246,432
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	807,236	4	896,809
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,140,000	8	207,969
	9 Prepaid expenses and deferred charges	1,625,757	9	637,146
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 25,679,965		
	b Less accumulated depreciation	10b 5,857,668	20,997,850	10c 19,822,297
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	2,708,687	13	2,626,488
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	786,159	15	624,277
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,617,149	16	26,917,679	
Liabilities	17 Accounts payable and accrued expenses	2,870,285	17	935,930
	18 Grants payable		18	
	19 Deferred revenue	385,044	19	282,011
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, 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	7,468,095	23	6,948,893
	24 Unsecured notes and loans payable to unrelated third parties	2,709,411	24	3,069,289
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	50,135	25	82,541
	26 Total liabilities. Add lines 17 through 25	13,482,970	26	11,318,664
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,139,322	27	15,599,015
	28 Temporarily restricted net assets	1,994,857	28	0
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,134,179	33	15,599,015	
34 Total liabilities and net assets/fund balances	31,617,149	34	26,917,679	

Part 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	6,167,004
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,782,782
3	Revenue less expenses Subtract line 2 from line 1	3	-2,615,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,134,179
5	Net unrealized gains (losses) on investments	5	80,614
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	15,599,015

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RESURRECTION PROJECT

Employer identification number
36-3576073

Part I 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 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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)
- 6 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,866,096	10,009,625	4,969,794	13,735,532	4,137,955	34,719,002
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	1,866,096	10,009,625	4,969,794	13,735,532	4,137,955	34,719,002
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						34,719,002

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,866,096	10,009,625	4,969,794	13,735,532	4,137,955	34,719,002
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,415	1,989	23,662	1,594	1,196	61,856
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		8,972		607,509		616,481
11 Total support (Add lines 7 through 10)						35,397,339
12 Gross receipts from related activities, etc. (see instructions)					12	10,684,085

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.080%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	97.870%

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE RESURRECTION PROJECT

Employer identification number

36-3576073

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes, questions about conservation easement details, and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for reporting revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		645,141		645,141
b Buildings		24,205,724	5,432,840	18,772,884
c Leasehold improvements				
d Equipment		829,100	424,828	404,272
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,822,297

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to 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			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	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			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
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	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to 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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
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	

Part XIII Supplemental Information

Provide 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, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE RESURRECTION PROJECT

Employer identification number

36-3576073

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE OFFICERS OF TRP SHALL CONSTITUTE AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EXCEPT TO THE EXTENT OTHERWISE PROVIDED IN RESOLUTIONS OF THE BOARD OF DIRECTORS FROM TIME TO TIME AND BY THE GENERAL NOT FOR PROFIT CORPORATION ACT OF ILLINOIS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE AFFAIRS OF THE ORGANIZATION BETWEEN BOARD MEETINGS IN ADDITION, THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR ONGOING REVIEW AND RECOMMENDATIONS TO ENHANCE THE QUALITY AND FUTURE VIABILITY OF THE BOARD OF DIRECTORS THE COMMITTEES RESPONSIBILITIES INCLUDE (1) REGULARLY REVIEWING AND UPDATING THE BOARD ROLES AND RESPONSIBILITIES AND HELPING TO SHAPE THE BOARDS AGENDA BASED ON THE BOARD ADOPTED STRATEGIC PLAN (2) DEVELOP A PROFILE OF THE BOARD, LEAD IN ASSESSING CURRENT AND ANTICIPATED NEEDS RELATED TO BOARD COMPOSITION, IDENTIFY AND CULTIVATE POTENTIAL BOARD MEMBERS AND NOMINATE AT-LARGE MEMBERS TO BE ELECTED TO THE BOARD (3) DESIGN AND EXECUTE BOARD ORIENTATION PROCESS AND ONGOING BOARD EDUCATION (4) REGULARLY REVIEW BOARDS PRACTICES AND ASSESS BOARD PERFORMANCE AND RECOMMEND APPROPRIATE CHANGES NO LESS THAN ONCE A YEAR AT THE ANNUAL BOARD MEETING (5) NOMINATE A SLATE OF BOARD OFFICERS IN ANTICIPATION OF BI-ANNUAL ELECTIONS
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S SENIOR MANAGEMENT AND GOVERNING BODY REVIEW AND APPROVE FORM 990 BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES BOARD MEMBERS AND EMPLOYEES TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM EVERY YEAR
FORM 990, PART VI, SECTION B, LINE 15A	LINE 15A THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO THE COMMITTEE USES COMPARABLE COMPENSATION DATA FROM SIMILAR ORGANIZATIONS AS A BASIS FOR EVALUATING COMPENSATION THE REVIEW PROCESS INCLUDES CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THIS PROCESS WAS LAST UNDERTAKEN IN 2013 LINE 15B THE ORGANIZATION DID NOT COMPENSATE ANY OF ITS OTHER OFFICERS OR KEY EMPLOYEES DURING THE TAX YEAR
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS CHICAGO OFFICES

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RESURRECTION PROJECT

Employer identification number

36-3576073

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CASA MARAVILLA LP 1818 S PAULINA CHICAGO, IL 60608 26-2221515	REAL ESTATE DEVELOPMENT	IL	THE RESURRECTION PROJECT	RELATED	-40	1,810		No		Yes		0 010 %
(2) CASA MORELOS LP 1818 S PAULINA CHICAGO, IL 60608 26-0663953	REAL ESTATE DEVELOPMENT	IL	THE RESURRECTION PROJECT	RELATED	-47	1,196		No		Yes		0 010 %
(3) CASA PUEBLA LIMITED PARTNERSHIP 1818 S PAULINA CHICAGO, IL 60608 36-4329024	REAL ESTATE DEVELOPMENT	IL	THE RESURRECTION PROJECT	RELATED	-51	1,021		No		Yes		0 010 %
(4) CULLERTON LIMITED PARTNERSHIP 1818 S PAULINA CHICAGO, IL 60608 36-4052274	REAL ESTATE DEVELOPMENT	IL	THE RESURRECTION PROJECT	RELATED	-139,894	1,581,290		No		Yes		100 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CASA MARAVILLA APARTMENTS CORP 1818 S PAULINA ST CHICAGO, IL 60608 26-2221409	REAL ESTATE DEVELOPMENT	IL	THE RESURRECTION PROJECT	C	-40	1,810	100 000 %		No
(2) CASA MORELOS APARTMENTS CORP 1818 S PAULINA ST CHICAGO, IL 60608 26-1200731	REAL ESTATE DEVELOPMENT	IL	THE RESURRECTION PROJECT	C	-47	1,196	100 000 %		No
(3) CASA PUEBLA APARTMENT CORPORATION 1818 S PAULINA ST CHICAGO, IL 60608 36-4439427	REAL ESTATE DEVELOPMENT	IL	THE RESURRECTION PROJECT	C	-51	1,021	100 000 %		No
(4) CULLERTON APARTMENTS CORPORATION 1818 S PAULINA ST CHICAGO, IL 60608 36-4022992	REAL ESTATE DEVELOPMENT	IL	THE RESURRECTION PROJECT	C	-139,894	1,581,290	100 000 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CASA MORELOS LP	D	210,540	CONTRACTUAL
(2) CASA MARAVILLA LP	D	228,612	CONTRACTUAL
(3) CASA PUEBLA LP	D	185,103	CONTRACTUAL
(4) CASA MORELOS LP	L	88,573	CONTRACTUAL
(5) CASA MARAVILLA LP	L	77,586	CONTRACTUAL
(6) CASA PUEBLA LP	L	160,619	CONTRACTUAL

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 36-3576073
Name: THE RESURRECTION PROJECT

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) 18TH STREET AND PAULINA DORM LLC 1818 S PAULINA CHICAGO, IL 60608	DEVELOPMENT OF RESIDENTIAL HOUSING FOR UNIVERSITY STUDENTS	IL	369,178	10,752,453	THE RESURRECTION PROJECT
(1) MELROSE PARK NSP I LLC 1818 S PAULINA CHICAGO, IL 60608	REAL ESTATE DEVELOPMENT AND SALE	IL	0	188,353	THE RESURRECTION PROJECT
(2) NEW CITY NSP2 LLC 1818 S PAULINA CHICAGO, IL 60608	REAL ESTATE DEVELOPMENT AND SALE	IL	793,392	3,285,015	THE RESURRECTION PROJECT
(3) DESAROLLO LLC 1818 S PAULINA CHICAGO, IL 60608	REAL ESTATE DEVELOPMENT AND SALE	IL	44,554	979,911	THE RESURRECTION PROJECT
(4) NEW CITY NSP2 LB LLC 1818 S PAULINA CHICAGO, IL 60608	REAL ESTATE DEVELOPMENT AND SALE	IL	0	20,000	THE RESURRECTION PROJECT
(5) CASA GUERRERO LLC 1818 S PAULINA CHICAGO, IL 60608	REAL ESTATE DEVELOPMENT AND SALE	IL	199,282	1,565,477	THE RESURRECTION PROJECT
(6) TRP REALTY LLC 1818 S PAULINA CHICAGO, IL 60608	REAL ESTATE DEVELOPMENT AND SALE	IL	82,610	62,648	THE RESURRECTION PROJECT

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CASA MORELOS LP	D	210,540	CONTRACTUAL
CASA MARAVILLA LP	D	228,612	CONTRACTUAL
CASA PUEBLA LP	D	185,103	CONTRACTUAL
CASA MORELOS LP	L	88,573	CONTRACTUAL
CASA MARAVILLA LP	L	77,586	CONTRACTUAL
CASA PUEBLA LP	L	160,619	CONTRACTUAL