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## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

		e 2014 calendar year, or tax year beginning	and en	ang		_	
B	Check if applicab	C Name of organization			D Emp	loyer id	dentification number
느	Addr	ress change			١.		
Ļ	Name	e change RESTORATION INTERNATIONAL	45-2702832				
Ļ	Initial	Number and street (or P.O. box, if mail is not delivered to	e E Telephone number				
L	termi	inated 18509 E. 24TH ST. SOUTH	8167959534				
L	Amer	onded return City or town, state or province, country, and ZIP or foreign		F Gro	up Exen	nption	
$\perp$	Applic	cation pending INDEPENDENCE, MO 64057			Nun	nber ►	
G /	Accour	nting Method: X Cash Accrual Other (specify)	•		H Che	ck 🖊	If the organization is
1 1	Websit	te: ► <u>N/A</u>			not	require	d to attach Schedule B
<u>1</u>	Гах-ех	xempt status (check only one) — X 501(c)(3) 501(c) (	) <b>◄</b> (insert no.) 4947(a)(1	) or 527	(For	m 990,	990-EZ, or 990-PF).
K F	orm o	of organization: X Corporation Trust Asso	ociation Dther				
L	Add lin	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receip	ots are \$200,000 or more, or if tot	al assets (Part	11,		
(	column	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990	)-EZ			▶ \$	76,372.
Pa	art I	Revenue, Expenses, and Changes in Net As	sets or Fund Balances	(see the instri	uctions	for Part	t I)
		Check if the organization used Schedule O to respond to any ques	tion in this Part I				X
	1	Contributions, gifts, grants, and similar amounts received				1	76,371.
	2	Program service revenue including government fees and contracts			ĺ	2	
	3	Membership dues and assessments			- 1	3	
	4	Investment income	SEE SCHEI	OULE O		4	1.
	5a	Gross amount from sale of assets other than inventory	5a		Ì		
	Ь	Less: cost or other basis and sales expenses	5b				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line				5c	
	6	Gaming and fundraising events			İ		
4.	a	Gross income from gaming (attach Schedule G if greater than					
Ž	-	\$15,000)	6a				
Revenue	h	Gross income from fundraising events (not including \$	of contributio	ns		ĺ	
č		from fundraising events reported on line 1) (attach Schedule G if the				i	
		gross income and contributions exceeds \$15,000)	6b			1	
	_ ا	Less: direct expenses from gaming and fundraising events	6c			1	
	ď	Net income or (loss) from gaming and fundraising events (add/lines	<u> </u>			6d	
	7a		7a			-00	
	, b	Less: cost of goods sold	7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from				7c	
	8	Other revenue (describe in Schedule 0)			Ì	8	
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	76,372.
_	10	Grants and similar amounts paid (list ig Schedule 0)	SEE SCHEI	O FILE		10	22,519.
	11	Benefits paid to or for members				11	22,313.
æ	12	Salaries, other compensation, and employee benefits			1	12	
Se	13	Professional fees and other payments to independent contractors				13	
Expenses	14	Occupancy, rent, utilities, and maintenance				14	
Μ	15	Printing, publications, postage, and shipping			ŀ	15	1,876.
	16	Other expenses (describe in Schedule 0)	SEE SCHEI	OULE O	1	16	49,781.
	17	Total expenses. Add lines 10 through 16	DEE DCHE	OLL U		17	74,176.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	2,196.
sts		Net assets or fund balances at beginning of year (from line 27, column	nn (A))		}	10	4,130.
Net Assets	19		IIII (A))			10	2 (22
žΑ	00	(must agree with end-of-year figure reported on prior year's return)	Λ.		}	19	2,623.
ž	20	Other changes in net assets or fund balances (explain in Schedule O				20	<u> </u>
	21	Net assets or fund balances at end of year. Combine lines 18 throug	11 20			21	4,819.

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Form **990-EZ** (2014)

<u>Forn</u>	1990-EZ (2014) RESTORATION INTERNATIONAL MINISTRIES 45-2702			Page 3
Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in t	he	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s Par	t V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		_X_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u>N/</u>	<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9  39a N/A			
þ	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
_	section 4911 ▶ 0 • ; section 4912 ▶ ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			3,7
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
_	by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е	transaction? If "Yes," complete Form 8886-T	40e		x
44	List the states with which a copy of this return is filed NONE	406		<u> </u>
41	The organization's books are in care of ► FRANK VAN FLEET  Telephone no. ► 816795	953	4	<del></del>
424	Located at ► 18509 E. 24TH ST S, INDEPENDENCE, MO ZIP+4 ► 6			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<del>103</del>	<del>'</del>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	,,,,,		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>•</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		L
4321		Form 9	90-EZ	(2014)

orm 990-EZ (	(2014)	RESTORATI	LON INT	ERNATIONA	L MINIST					Yes	No
Did the c	organization e	enoage, directly or in	ndirectiv, in pol	litical campaign activ	uties on behalf of or	ın oppositie	on to candidates for	public office?		162	140
		nedule C, Part I	ionoony, iii poi	mour ourripaign don't	-	орроски		pasiio 011100	46		X
art VI		501(c)(3) orga	anizations	only							
	All section	501(c)(3) organiza	ations must a	answer questions	47-49b and 52, ar	nd comple	te the tables for lir	nes 50 and 51.			
	Check if th	ie organization us	ed Schedule	O to respond to a	iny question in thi	s Part VI	<u> </u>		i	<b>V</b> T	_
D. J. 46		labba.						-to Cab C Dowll		Yes	No
				ve a section 501(h) e D(b)(1)(A)(ii)? If "Yes			year / II Yes, compi	ete Sch. C, Part II	47 48	+	X X
				ion-charitable related					49a		X
	_	ed organization a se							49b		
Complet	te this table fo	or the organization's	five highest co	ompensated employe	ees (other than offic	ers, directo	rs, trustees and key	employees) who e	ach rec	eived m	оге
than \$10				If there is none, ente			1				
	(a)	Name and title of e	ach employee		(b) Average per week de		(C) Reportable compensation (Form	s (d) Health benefi contributions to employee benef	1 000	Estima ount of (	
			NON	JR.	positi		W-2/1099-MISC)	plans, and deferre		mpensa	
<u> </u>	_		11011		<del> </del>			Compensation	-		
									İ		
				-	_						
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					$\dashv$						
		<del>·</del>							+		_
Complet organiza	te this table fo ation. If there	r employees paid ov or the organization's is none, enter "None usiness address of e	s five highest co e." <b>NON</b>		ndent contractors wi		eived more than \$10			om the	
Complet organiza	te this table fo ation. If there	or the organization's is none, enter "None	s five highest co e." <b>NON</b>	1E	ndent contractors wh						
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#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

RESTORATION INTERNATIONAL MINISTRIES 45-2702832

Public Charity Status (All organizations must complete this part.) See instructions

r a		Neason for Fublic V	onanty Status	Ali organizations must ce	nublete tu	is part.) Se	e instructions	
he (	organ	ization is not a private found	ation because it is	(For lines 1 through 11, o	check only	one box)		
1		A church, convention of ch	urches, or association	on of churches describe	d ın sectio	n 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	$\Box$	A medical research organiz					•	the hospital's name,
•		city, and state	·	,			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	•
5	$\Box$	An organization operated for	or the benefit of a co	ollege or university owner	d or operat	ted by a go	overnmental unit describ	ed in
•		section 170(b)(1)(A)(iv). (C				,		
6		A federal, state, or local gov		mental unit described in	section 17	70/h\/ 4\/ A\	(v)	
7	H	An organization that norma	_				• •	nublic described in
•		-	•	antial part of its support	iioiii a gov	emmema	unit of nom the general	public described in
_		section 170(b)(1)(A)(vi). (C		(4)(A)(-i) (Complete Dor	4 II V			
8	뭄	A community trust describe						
9	X	An organization that norma	•	•	•		•	-
		activities related to its exen	-	•			• •	_
		income and unrelated busin		e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	atter June 30, 1975
	$\overline{}$	See section 509(a)(2). (Co	•					
10	님	An organization organized	•	•	-			_
11	ш	An organization organized a	•	=			-	
		more publicly supported or	ganizations describi	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> C	Check the box in
	_	lines 11a through 11d that				•	<del>-</del>	
а		☐ Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	janization(s), typically by	giving
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the direc	ctors or trustees of the s	upporting
	_	organization. You must o	omplete Part IV, S	ections A and B.				
b	L	Type II. A supporting org	anızatıon supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supportin	ig organization operated	ın connec	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instruction:	s) You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	porting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	veness
		requirement (see instruct	ions). <b>You must coi</b>	mplete Part IV, Section	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g	Pro	vide the following information	about the support	ed organization(s).				
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o			(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	listed i governing (		support (see	other support (see
				(see instructions))	Yes	No	Instructions)	Instructions)
				}				
	·							
					T		_	
					<u> </u>			<del> </del>
Γota	, i							
ULC			L	1	4-			L

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

#### 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				-		
ale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	• •					
	membership fees received (Do not						
	include any "unusual grants.")					i	
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ť	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						<del></del>
	The portion of total contributions	<del></del>			· ·		
,	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)						
_	''						1
	Public support. Subtract line 5 from line 4		l	<u></u>	1	<u> </u>	
		(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(0) 2011	(6) 2012	(4) 2013	(e) 2014	(i) rotai
-		·			<del> </del>		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources	_			<del> </del>		
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 VI.)						
	Total support. Add lines 7 through 10			<u> </u>		121	
	Gross receipts from related activities,	-	-			12	
13	First five years. If the Form 990 is for	=	s tirst, secona, thii	α, τουπη, or τιπη τ	ax year as a section	on 501(c)(3)	. □
Sac	organization, check this box and store ction C. Computation of Publ	nere ic Support Pe	rcentage	<del></del>		·	
				naluma (fl)		14	
	Public support percentage for 2014 (I			column (i))		15	%
	Public support percentage from 2013 33 1/3% support test - 2014. If the control of		n line 12 and line	14 10 22 1/20/ 07			
16a	stop here. The organization qualifies	=			14 15 33 1/376 01 1	noie, check this be	N and ►
			-		d line 15 io 22 1/20	f or more shock th	nie box
10	33 1/3% support test - 2013. If the c				1 lifte 15 is 33 1/37	o of more, check to	IIS DOX
<b>4</b>	and stop here. The organization qual	•	-		0 12 160 or 16b	and line 14 is 10%	or more
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					ırt vi now the orgai	lization
	meets the "facts-and-circumstances"	•	•		•	47	100/ -
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						•
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2014

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 (c) 2012 (e) 2014 Calendar year (or fiscal year beginning in) (a) 2010 (d) 2013 (b) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 88,521 76,371. 285,652. include any "unusual grants.") 36,077 84,683 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 36,077. 84,683 88,521 76,371 285,652. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 20,000 9,580 10,800 40,380. 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 20,000 9,580 10,800 380 c Add lines 7a and 7b 245,272 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 36,077 76.371 84,683 88.521 285,652. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 8 2 1. 11. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 8 2. 1 11. 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.) 88,523. 36,077. 84,691. 76.372 285,663. 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 section 501(c)(3) organization, ightharpoonscheck this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2013 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f) % 18 18 Investment income percentage from 2013 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2014. 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 - 2013.** If the organization did not check a box on line 19 a, 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

432023 09-17-14

#### Schedule A (Form 990 or 990-EZ) 2014 RESTORATION INTERNATIONAL MINISTRIES

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D, and complete Part V.)

	and B. If you checked 11b of Part 1, complete Sections A and C. If you checked 11c of Part 1, complete
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)
Sec	ction A. All Supporting Organizations
4	Are all of the organization's supported organizations listed by name in the organization's governing

- 1 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b 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).
- b Type i or Type ii only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b 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		
3b		
3c	<u> </u>	
4a		
4b		
4c		
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5a		
5b 5c		
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9a	-	
9b	ļ	
9c_		
10a		
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10b	ь	<b></b>

Sche Par	dule A (Form 990 or 990-EZ) 2014 RESTORATION INTERNATION			<u>45-2702832</u> Page €
	Type in troit t dilottenany integrated ecota/(e) cappertir			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	ompiete Se	ections A through E.	T (5) 6
Secti	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recovenes of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly-integrat	ed Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

	dule A (Form 990 or 990-EZ) 2014 RESTORATION I			5-2702832 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	<del></del>
Sect	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes	<u> </u>	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity	<del>-</del> .		
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C4	En E Distribution Allegation (one implementations)	Excess Distributions	Underdistributions	Distributable
Sect	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
e	From 2013			
	Total of lines 3a through e	_		
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)	<del></del>		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
-	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3;			
•	and 4c.			
8	Breakdown of line 7			
a				
b				
<u>_</u>				
	Excess from 2013			
	Excess from 2014		-	

Schedule A (Form 990 or 990-EZ) 2014

<u>Schedule A</u>	(Form 990 or 990-EZ) 20	<u> 14 RESTORATION</u>	INTERNATIONAL	MINISTRIES	<u>45-2702832</u>	Page 8
Part VI	Supplemental Info	ormation. Provide the ex	planations required by Parl	II, line 10, Part II, line 17a or	17b, and Part III, line 1	12
	Also complete this port	for any additional informati	on (See instructions)	,		-
	Also complete this part	ior any additional informati	ion (See instructions).			
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#### 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 990-EZ 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.lrs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection **Employer identification number** 

Name of the organization 45-2702832 RESTORATION INTERNATIONAL MINISTRIES FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: BENEVOLENCE ASSISTANCE - INDIVIDUALS GRANTEE NAME: NUMEROUS INDIVIDUALS 1,327. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: RENT AND FACILITY ASSISTANCE - FOREIGN MISSIONS GRANTEE NAME: SEVERAL TAIWANESE AND PHILIPPINE CHURCHES 9.268. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: TUITION ASSISTANCE - INDIVIDUALS GRANTEE NAME: NUMEROUS INDIVIDUALS 10,605. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CHURCH BUILDING EXPENSES - FOREIGN MISSIONS GRANTEE NAME: SEVERAL TAIWANESE AND PHILIPPINE CHURCHES 1,319. AMOUNT GIVEN: TOTAL INCLUDED ON FORM 990-EZ, LINE 10 22,519. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: MISSIONARY TRAVEL - AIRFARE/HOTEL 25,189. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

RESTORATION INTERNATIONAL MINISTRIES

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number 45-2702832

MISSIONARY TRIPS IN-COUNTRY TRAVEL AND LODGING	<u>19,964.</u>
CONFERENCE AND MEETING EXPENSES	4,628.
TOTAL TO FORM 990-EZ, LINE 16	49,781.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO BRING THE FULLNES	S OF
THE GOSPEL TO THE PEOPLE OF SOUTH EAST ASIA, TO MINISTER TO THEIR	<u>-</u>
NEEDS, TO BAPTIZE THEM INTO THE CHURCH OF JESUS CHRIST, TO ORDAIN AN	D
TRAIN THEIR PRIESTHOOD, TO BLESS THEIR BABIES, TO CONDUCT YOUTH CAMP	<u>s</u> _
AND RETREATS, TO VISIT THE PEOPLE IN THEIR HOMES AND ENCOURAGE AND	
EXHORT THEM TO PRAY AND TO ATTEND TO ALL FAMILY DUTIES AND TO ASSIST	
THEM IN ANY WAY WE HAVE THE MEANS AND THE OPPORTUNITY, AND ANY OTHER	
ACTION TO PROMOTE CHRIST'S WORK ON EARTH.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:	
ORGANIZED AND CARRIED OUT THREE MISSIONARY TRIPS TO THE	
PHILIPPINES AND ONE MISSIONARY TRIP TO TAIWAN. MINISTERED	
IN NUMEROUS LOCAL CHURCHES, BAPTIZED 113 INDIVIDUALS,	
PERFORMED MANY BABY BLESSINGS, ONE ORDINATION, AND CONDUCTED 6 YOUTH	
DAY CAMPS ATTENDED BY ABOUT 400 INDIVIDUALS. CONDUCTED THE PHILIPPI	NES
NATIONAL CONFERENCE. PROVIDED SANDALS TO 240 CHILDREN.	
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS	:
BENEVOLENCE ASSISTANCE - INDIVIDUALS	
GRANTS \$ 1,327. EXPENSES \$ 1,327.	

MATERIALS AND PUBLICATIONS, NEWSLETTER

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

#### **SCHEDULE 0** (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.

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RESTORATION INTERNATIONAL MINISTRIES	45-2702832
GRANTS \$ 0. EXPENSES \$ 1,876.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
<del> </del>	