# Form **990**

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

Inten	nal Revenu		122-050/		
A	For the	2017 calendar year, or tax year beginning , and en	D Employer	dontifica	tion number
В	Check if a	pplicable: C Name of organization RECIPROCAL MINISTRIES INTERNATIONAL, INC.	—— D Employer	luelillillica	don namber
Address change		hange Doing business as	05 0000450		
=		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	65-0062156		
	Name cha	5475 LEE STREET	E Telephone	numper	
	Initial retu	rn City or town State ZIP code	(239) 438-43	350	
=		LEHIGH ACRES FL 33971			
	Final return/	terminated Foreign country name Foreign province/state/county Foreign postal of	10 Page 1 1 1 1	10 HeG-200	0.450.050
$\Box$	Amended	return	G Gross rece	ipts \$	3,159,352
=		pending F Name and address of principal officer:	H(a) Is this a group return for	or subordin	ates? Yes X No
	Application		H(b) Are all subordinate		
		DANIEL SHOEMAKER 5475 LEE STREET, LEHIGH ACRES, FL 33971	If "No," attach a lis		
1 7	Tax-exemp	ot status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	ir No, attach a iis	i (see iiis	ard Citoris)
_		: www.rminet.org	H(c) Group exemption r	umber 🕨	
					te of legal domicile: FL
K	orm of or	ganization: X Corporation Trust Association Other ► L Year	of formation: 1987	111 010	to or rogal definions.
E	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: The of	organization links cl	nurches	in the US
ě		and in Haiti; financial and volunteer resources are provided to Haitian churches an	d		
au	4	include training helps, medical teams, child education scholarships, agronomy ass	istance,		
ř		Check this box  if the organization discontinued its operations or disposed	of more than 25%	of its ne	t assets:
ŏ	2	Check this box  If the organization discontinued its operations of disposed	of filore than 2070	3	7
Ø	3	Number of voting members of the governing body (Part VI, line 1a)	8 M S S S S S S S S S S S S S S S S S S	4	5
တ	4	Number of independent voting members of the governing body (Part VI, line 1b) .	3 8 3 8 78 7		16
fie	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) .	9 3 (0) 8 3 2 °	5	
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	250
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0
-	۱Ť	THOU SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,664	1,496	3,158,762
Revenue	l °	Program service revenue (Part VIII, line 2g)		0	0
ē	9	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		445	590
è	10	Investment income (Part VIII, Column (A), lines 5, 4, and 74/9 and 11e)		0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2 66	4,941	3,159,352
_	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,00	0	0
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3).		ol	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.43		671,696
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	04	7,652	07 1,030
ıse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
Expenses	.   ь	Total fundraising expenses (Part IX, column (D), line 25) ► 89,244			201241782
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0,501	2,311,403
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,23	8,153	2,983,099
	19	Revenue less expenses. Subtract line 18 from line 12	42	6,788	176,253
<u> </u>		Novolido logo en pariote de la companya de la compa	Beginning of Current	Year	End of Year
Net Assets or	20	Total assets (Part X, line 16).	1,12	1,359	1,303,630
1886	20	Total liabilities (Part X, line 26)	1	3,212	19,230
let /	21	Net assets or fund balances. Subtract line 21 from line 20	1,10	8,147	1,284,400
P	art II	Signature Block	and to the best of my k	nowledne	
Un	art ii		and to the best of this k		
1000	day nonolé	ies of perjury, I declare that I have examined this return, including accompanying schedules and statements	, and to the pest of my k h preparer has any know	ledge.	
and	day nonolé	ies of perjury, I declare that I have examined this return, including accompanying schedules and statements is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer has any know	ledge.	18
and	der penalt belief, it i	is true, correct, and complete. Declaration of preparer (other than officer) is based on alternormation of write	n preparer has any know	ledge.	18
Si	der penalt d belief, it i	is true, correct, and complete. Declaration of preparer (other than officer) is based on air information of write  Signature of officer	Date	ledge. /-/3	18
Si	der penalt belief, it i	Signature of officer  KIM ROSE  VICE	n preparer has any know	/-/3	.18
Si	der penalt d belief, it i	Signature of officer   VICE	Date PRESIDENT	/-/3	.78
Si	der penalt d belief, it i	is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which signature of officer  KIM ROSE  Type or print name and title	Date PRESIDENT	1-/3	7/8
Si	der penalt d belief, it gn ere	Signature of officer  KIM ROSE  Type or print name and title  Print/Type preparer's name  Preparer's signature	Date  Date	7-/3	of PTIN
Si He	der penalt d belief, it i gn ere	Signature of officer  KIM ROSE  Type or print name and title  Print/Type preparer's name  LLOYD W CHASE  LLOYD W CHASE  VICE  LLOYD W CHASE	Date  Date  11/15/2018	Check self-emplo	PTIN P00967026
Si He	der penalt d belief, it gn ere aid repare	Signature of officer  KIM ROSE  Type or print name and title  Print/Type preparer's name  LLOYD W CHASE  Firm's name  LLOYD CHASE, CPA	Date  Date  Date	Check self-emplo	PTIN pyed P00967026 04814
Si He Pa	der penalt d belief, it i gn ere	Signature of officer  KIM ROSE  Type or print name and title  Print/Type preparer's name  LLOYD W CHASE  TYPE THOUSE CRASE CRA	Date  Date  11/15/2018	Check self-emplo	PTIN P00967026

Form 99	00 (2017) RECIPROCAL MINISTRIES INTERNATIONAL, INC.	65-0062156	Page 2
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	E (E 00) 0 0 0 0 0 0 0 0	X
1	Briefly describe the organization's mission: The organization links churches in the US and in Haiti; financial and volunteer resources are provided to Haitian churches and include training helps, medical teams, child education scholarships, agronomy assistance, hunger relief, and construction projects. The organization has also been able to provide permanent housing for Haitians.		
2	Did the organization undertake any significant program services during the year which were not little prior Form 990 or 990-EZ?	sted on Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any progressivities?  If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program.	m services, as measured by	X No
<b>4</b>	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grathe total expenses, and revenue, if any, for each program service reported.	nts and allocations to others,	
4a	(Code: ) (Expenses \$ 921,868 including grants of \$ Food for Haiti program; food given to people in need, packages of non-perishable food product the contains rice, soy, dehydrated vegetables, chicken flavoring and vitamins and minerals. Package given by donor and shipped in large containers; given also school to children in a hot lunch program; distributes over 2 million meals.	rat S	
4b	(Code: ) (Expenses \$ 959,665 including grants of \$ Hope for Kidz Program. Scholarships are given for children to obtain schools in Haiti; children are matched with US donors and funds go mainly to the schools for the childrens education		913 )
4c	the Hadder Grand Provided	) (Revenue \$ 376,s with	970 )

Total program service expenses **>** 4e

4d

(Expenses \$

Other program services. (Describe in Schedule O.)

174,604 including grants of \$ 2,705,610 0)(Revenue \$

0)

alt	Officialist of required consumes		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
J	candidates for public office? If "Yes," complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D. Part VI	11a	X	_
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
Ч	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 162 If "Yes," complete Schedule D. Part IX.	11d	_	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
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)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete			
	Schodule D. Parts XI and XII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	I		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-	1	_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	+	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40	1	\ \
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		_
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		\ \
	Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		X
	If "Yes," complete Schedule G, Part III	19		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		Х
	24b through 24d and complete Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	امدا		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b		28b		X
	Schedule L, Part IV			
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
	was an officer, director, trustee, or direct of indirect owner? If res, complete Schedule L, rain v	29	Х	<u>``</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		X
	Part I	31		<del>  ^</del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	22		<sub>v</sub>
	If "Yes," complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<sub>v</sub>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	١		l
	III, or IV, and Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
<b>4</b> 4	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
JI	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Ιx	
	137 Note: All Louin 330 lilei3 are required to complete 331 and 15 are required to complete 331		Nation .	-11-

RECIPROCAL MINISTRIES INTERNATIONAL, INC.

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V		75	
	3 16 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 2 2 1 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes " has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	_X_	_
b	If "Yes," enter the name of the foreign country:   Haiti			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	_		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>  ^</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	gifts were not tax deductible?	- OLD		_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		X
_	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Spansoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	₩
10	Section 501(c)(7) organizations, Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	4		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)	12a		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
b	If Yes, enter the amount of tax-exempt interest received of adolated damage and years	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1.00		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is liceused to issue qualified richard plants.	1		
С	Enter the amount of reserves on hand	14a	ı I	X
14a	If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14t		
h	If the mas it med a fulfil / ZO to report these payments: If the, provide on experience			

65-0062156

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management		, I	
	7	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		- 1	
	If there are material differences in voting rights among members of the governing body, or			
	are the number of voting members of the governing body at the end of the tax year are material differences in voting rights among members of the governing body, or a governing body delegated broad authority to an executive committee or similar mittee, explain in Schedule O.  In the number of voting members included in line 1a, above, who are independent.  In the state of the control of the con			
	er the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		, l	
	any other officer, director, trustee, or key employee?		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			.,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_	-	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a	_	<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v.	
а	The governing body?		X	_
b	Each committee with authority to act on behalf of the governing body?	as	Χ	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ا ہ ا		v
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	-	v	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.	Yes	No
			162	X
10a	Did the organization have local chapters, branches, or affiliates?	IVa		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		Х	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before iming the form?	IIa		_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	122	Х	
12a	Did the organization have a written conflict of interest policy? If "NO," go to liftle 13.		X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose allifically interests that could give his to common.			_
С	Did the organization regularly and consistently monitor and emolee compliance with the policy in 1999	12c	Х	
	describe in Schedule U now this was done	13	X	
13	Did the organization have a written whistieblower policy?		X	
14	Did the organization have a written document retention and destruction policy:			
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporarieous substantiation of the deliberation and desistant	15a	×	
a	The organization's GEO, Executive Director, of top management official.	15b	Х	
b	Other officers or key employees of the organization.			
40	If "Yes" to line 15a or 15b, describe the process in ochedule o (see mandation).			
16a	Did the organization invest in, contribute assets to, or participate in a joint vortice of contribute assets to, or participate in a joint vortice of contribute assets to, or participate in a joint vortice of contribute assets to, or participate in a joint vortice of contribute assets to, or participate in a joint vortice of contribute assets to, or participate in a joint vortice of contribute assets to, or participate in a joint vortice of contribute assets to a joint vortice of c	16a		X
	With a taxable entity during the year?			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect				
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))	)s onl	y)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy, aı	nd	
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KIM ROSE (239) 368-839	)		
	5475 LEE STREET, LEHIGH ACRES, FL 33971			

65-0062156	Page

Form	990	(2017)	١

DECIDENCAL	MINISTRIES	INTERNATIONAL	INC

1,111,00	1120111100110	
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	_

		- 4 17	C-velarione	and Himboot	Componented	Employees
Section A	Officers, Directors,	Trustees, Key	Employees,	and nignest	compensateu	Lilipioyees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (E) (F) (D) (B) (do not check more than one Reportable Estimated box, unless person is both an Reportable Average Name and Title amount of compensation compensation officer and a director/trustee) hours per from related other from week (list any Officer Individual trustee Key employee employee Highest compensated or director Institutional trustee organizations compensation the hours for organization (W-2/1099-MISC) from the related organization (W-2/1099-MISC) organizations and related below dotted organizations line) 10.00 (1) HERBERT SHOEMAKER 13,895 0.00 Χ DIR (2) DANIEL SHOEMAKER 40.00 87,048 0.00 Х PRESIDENT, SEC, DIR 2.00 (3) TIM OSBORNE 0.00 Х DIR, BD CHAIRMAN (4) BARTOW MCDONALD 2.00 0.00 Χ DIR 2.00 (5) JOHN GARNER 0.00 X Х DIR. TREASURER (6) RAY BLUSIEWICZ 2.00 0.00 Х DIR 2.00 (7) JOHN PETERSON 0.00 Х DIR 40.00 (8) KIM ROSE 68,232 0.00 Χ VICE PRESIDENT (10) (11) (13)

Pa	art VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,			ghes	t Co	mpensated Em	ployees (continu	ued)		_
	(A) Name and title	(B) Average hours per week (list any	box, office	unle: er an	ss pe d a d	ition more rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	Est am	(F) mated ount of ther	:
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	ensation the nization related	n d
(15)													
(16)	37.0												
(17)													
(18)													
(19)													
(20)											c.		
(21)			-										
(22)			=										
(23)													
(24)			-										
(25)			-										
1b	Sub-total  Total from continuation sheets to Part VII, S	ection A	2 N	25	1 18	9 8		<b>&gt;</b>	169,175		_		(
c d 2	Total (add lines 1b and 1c).  Total number of individuals (including but not li reportable compensation from the organization	mited to those li						ive	169,175 d more than \$10				(
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? If "Yes," complete Sched	ector, or trustee,	key ndivia	emp	oloy	ee,	or hig	hes	et compensated		3	Yes	X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable co ater than \$150,0	mper 000?	nsat If "Y	ion a 'es, '	and " co	othei mplet	r co e S	mpensation fron chedule J for su	n chi . ∍ w ows w w	4		Х
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	crue compensati /es," complete S	on fro	om a dule	any <i>J fo</i>	unre r su	elated och pe	org erso	ganization or ind <i>n</i>	ividual	5		x
	tion B. Independent Contractors  Complete this table for your five highest comp	enested indone	ndent	CO	ntrad	ctor	s that	rec	eived more than	\$100.000 of			
1	complete this table for your five highest comp compensation from the organization. Report c year.	ompensation for	the o	cale	nda	r ye	ar en	ding	g with or within t	ne organization's			
-	(A) Name and business ad	dress							(B) Description of s	ervices	(C Comper		_
100	NE .							+					
-			-			_							
-	*												
									Violes as a Const				
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	uding but not lim e organization	ited t	to th	ose	ist	ed ab	0V6 1	e) wno received			000	_

•	01111	 120		
			-	_
	<b>n</b>			

Statement of Revenue

		Check if Schedule O contains a response or note to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
es es	1a	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
S, G	С	Fundraising events 0				
Gift Par	d	Related organizations				
ns, (IIII	е	Government grants (contributions) 1e 0				
utlo er S	f	All other contributions, gifts, grants, and				
를 됨		similar amounts not included above 1f 3,158,762				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$ 658,627	3,158,762			
	<u>h</u>	Total. Add lines 1a–1f	3,156,762			<del>                                     </del>
en l			0			
Program Service Revenue	2a		0			
	b		0			
2	C		0			
Se .	d		0			
Гап	e	All other program service revenue	0			
õ		Total. Add lines 2a–2f.	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	590			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	-	(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss) 0 0				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory , 0 0				
	b	Less: cost or other basis			54	
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	-			
je i	b	Less: direct expenses			K	
ŏ	C	Net income or (loss) from fundraising events	0			
		Gross income from gaming activities.  See Part IV, line 19				
	Ь	Less: direct expenses b 0				
		Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less		-		
	.54	returns and allowances a0				
	b	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	0			
	-	Miscellaneous Revenue Business Code				
	11a		0			
	b		0			
	C		0			
	d	All other revenue	0			
	T	Total. Add lines 11a–11d	0			
	1	Total revenue See instructions	3,159,352	0		0 0

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other org	ganizations must co	mplete column (A).	
	Check if Schedule O contains a response or note to	o any line in this Par	t IX	9 140 9 K 9 K 9	0 (8 (80 (80)
Do 1	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		447.000	60.403	20 426
	trustees, and key employees	206,615	117,086	60,103	29,426
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	222.242	40 440	15.007
7	Other salaries and wages	296,828	238,613	43,118	15,097
8	Pension plan accruals and contributions (include		10.074	E 053	2 115
	section 401(k) and 403(b) employer contributions)	21,042	12,074	5,853	3,115
9	Other employee benefits	112,735	83,525	19,651	9,559
10	Payroll taxes	34,476	24,789	6,691	2,996
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0		0.110	4.050
С	Accounting	8,152	4,659	2,440	1,053
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column		2 - 10	4 470	4 004
_	(A) amount, list line 11g expenses on Schedule O.)	14,943	8,540	4,472	1,931
12	Advertising and promotion	1,485	849	444	192
13	Office expenses	82,486	49,540	19,305	13,641
14	Information technology	0			
15	Royalties	0		0.074	0.004
16	Occupancy	33,449	23,894	6,674	2,881
17	Travel	32,225	29,381	1,332	1,512
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		0.070	0.700
20	Interest	20,974	11,987	6,278	2,709
21	Payments to affiliates	0		0.000	4 0 4 2
22	Depreciation, depletion, and amortization	9,623	5,500	2,880	1,243
23	Insurance	0			
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.)				
а	DIRECT PROGRAM COSTS PER ATTACHED	1,973,113			
b	HAITI EQUIPMENT/VVEHICLE PURCHASES	97,244			0.400
С	TRANSPORTATION COSTS	20,320		4,868	2,102
d	EDUCATION	6,606		1,036	448
е	All other expenses	10,783		3,100	1,339
25	Total functional expenses. Add lines 1 through 24e	2,983,099	2,705,610	188,245	89,244
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				000

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
		On the second baseling	748,738	1	780,040
	1	Cash—non-interest-bearing	342,295	2	479,184
	2	Savings and temporary cash investments	0 72,200	3	0
	3	Pledges and grants receivable, net	0	4	0
	4	Accounts receivable, net			
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	10,100	5	5,900
		Complete Part II of Schedule L	10,100		0,000
	6	Loans and other receivables from other disqualified persons (as defined under section			
Assets		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	0	7	0
SS	7	Notes and loans receivable, net	0		U
⋖	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 111,113			
	b	Less: accumulated depreciation 73,807	19,026		37,306
	11	Investments—publicly traded securities	0	11_	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	1,200	15	1,200
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,121,359	16	1,303,630
	17	Accounts payable and accrued expenses	11,258	17	18,480
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
		Tax-exempt bond liabilities	0	20	
	20	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	21	Loans and other payables to current and former officers, directors,			
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ĕ		trustees, key employees, highest compensated employees, and	0	22	
jab		disqualified persons. Complete Part II of Schedule L	1,954	23	750
_	23	Secured mortgages and notes payable to unrelated third parties	0	24	0
	24	Unsecured notes and loans payable to unrelated third parties .		27	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete	0	25	0
		Part X of Schedule D	13,212		19,230
	26	Total liabilities. Add lines 17 through 25	10,212	20	10,200
	1	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es	1	complete lines 27 through 29, and lines 33 and 34.			
S	27	Unrestricted net assets .	573,484	27	624,089
<u>a</u>	28	Temporarily restricted net assets .	533,763	28	659,411
a	29	Permanently restricted net assets	900	29	900
Ĕ	23				
Ē		Organizations that do not follow of AO 117 (Accessor), shock here			
Net Assets or Fund Balances		complete lines 30 through 34.	0	30	
ets	30	Capital stock or trust principal, or current funds	0		
155	31	Paid-in or capital surplus, or land, building, or equipment fund	0	_	
ĭέΔ	32	Retained earnings, endowment, accumulated income, or other funds			1,284,400
ž	33	Total net assets or fund balances	1,108,147		
_	34	Total liabilities and net assets/fund balances	1,121,359	34	1,303,630

Form 990 (2017)

Form 990 (2017) RECIPROCAL MINISTRIES INTERNATIONAL, INC. Reconciliation of Net Assets Part XI Check if Schedule O contains a response or note to any line in this Part XI. Total revenue (must equal Part VIII, column (A), line 12) 1 2 Revenue less expenses. Subtract line 2 from line 1 3 4 5 6 7 Prior period adjustments 8 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 **Financial Statements and Reporting** Part XII Check if Schedule O contains a response or note to any line in this Part XII X Accrual Other Cash Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: Both consolidated and separate basis Consolidated basis X Separate basis Were the organization's financial statements audited by an independent accountant? Χ 2b 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: Both consolidated and separate basis Consolidated basis Separate basis 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? . Χ 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a 3a X 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.

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service

 Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Identifying number

Name(s) shown on return 65-0062156 RECIPROCAL MINISTRIES INTERNATIONAL, 990 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 510,000 Maximum amount (see instructions) 2 27,903 3 2,030,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 510,000 separately, see instructions . (b) Cost (business use only) (c) Elected cost (a) Description of property 6 Listed property. Enter the amount from line 29 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 0 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 Property subject to section 168(f)(1) election 462 16 16 Other depreciation (including ACRS) . . . MACRS Depreciation (Don't include listed property.) (See instructions.) Part III Section A 4,275 17 MACRS deductions for assets placed in service in tax years beginning before 2017 . . . . . . . 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here and a second as a second a Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (g) Depreciation deduction (e) Convention (f) Method (a) Classification of property year placed (business/investment use period only-see instructions) in service 19 a 3-year property 702 HY S/L 7,021 b 5-year property HY 1,966 c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property S/L MM 27.5 yrs. h Residential rental S/L 27.5 yrs. MM property S/L MM 39 yrs. i Nonresidential real S/L MM property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 vrs. b 12-year MM S/L 40 yrs. c 40-year Summary (See instructions.) Part IV 4.044 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. 9,623 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

RECIPROCAL MINISTRIES INTERNATIONAL, INC. Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property Part V used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24b If "Yes," is the evidence written? Yes No 24a Do you have evidence to support the business/investment use claimed? Yes No (i) (f) (a) (h) (d) (b) Basis for depreciation Business/ Method/ Depreciation Flected section 179 Recovery Date placed Cost or other basis (business/ investment Type of property investment use use only) period Convention deduction cost percentage in service (list vehicles first) Special depreciation allowance for qualified listed property placed in service during 25 the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: % 4.044 % See statement 27 Property used 50% or less in a qualified business use: S/L-S/L-S/L-% 4.044 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 0 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . . Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (d) (c) (a) (b) Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 3 Vehicle 2 Vehicle 1 30 Total business/investment miles driven during See Stmnt the year (don't include commuting miles) . . . Total commuting miles driven during the year Total other personal (noncommuting) 32 miles driven Total miles driven during the year. Add 33 lines 30 through 32 No Yes Yes No No Yes Yes No Yes 34 Was the vehicle available for personal use during off-duty hours? . . . . . . . . . . . Was the vehicle used primarily by a more than 5% owner or related person? . . . . . . . . . Is another vehicle available for personal use? . Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Amortization Part VI (f) (d) (e) Amortization (c) (a) Code section Amortization for this year Amortizable amount period or Date amortization Description of costs percentage Amortization of costs that begins during your 2017 tax year (see instructions): 43 Amortization of costs that began before your 2017 tax year 43 44 0

Total. Add amounts in column (f). See the instructions for where to report

#### 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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

		ne organization				'	employer identification in 65-006	
REC	PR	OCAL MINISTRIES INTERNATION	NAL, INC.	t ti was seen a new	alata thi	nort \ S		2 100
Par		Reason for Public Charit	y Status (All orga	anizations must corr	ipiete tris	one hov	ee mstructions.	-
	orga	anization is not a private foundation  A church, convention of churche	n because it is: (FO	r lines i through 12, ci churches described in	section 1	70(b)(1)(A	۸)(i).	
1	Н	A church, convention of churche	S, Or association or	ch Schedule E (Form 9	90 or 990	-FZ).)	,,,	
2	닏	A school described in section 17	(U(D)(1)(A)(II). (Alla	direction in cost	on 170/h)	(4)(Δ)(iii)		
3	느	A hospital or a cooperative hosp	ital service organiza	ition described in <b>secu</b>	acribad in	opetion 1	170/6\/4\/A\/iii\ Entr	er the
4		A medical research organization	operated in conjunc	ction with a nospital de	iscribed in	Section	170(D)(1)(A)(III). EII	5) (1)0
5		hospital's name, city, and state:  An organization operated for the	benefit of a college	or university owned o	r operated	by a gov	ernmental unit descr	ibed in
	_	section 170(b)(1)(A)(iv). (Comp	iete Part II.)	al wait described in <b>co</b> r	stion 170(	h)(1)(Δ)(v	1	
6	느	A federal, state, or local governm	nent or government	ar unit described in sec	o a govern	mentalu	<i>).</i> oit or from the genera	al public
7	L	An organization that normally redescribed in section 170(b)(1)(/	(Complete Pa	बर्ग ॥.)		illieritai ui	int of from the genera	
8		A community trust described in s	section 170(b)(1)(A	)(vi). (Complete Part II	.)			
9		An agricultural research organiz or university or a non-land-grant university:	college of agricultu	re (see instructions).	inter the n	arrie, city,	and state of the oon	
10	X	An organization that normally re receipts from activities related to support from gross investment in acquired by the organization after	o its exempt function ncome and unrelate er June 30, 1975. S	ns—subject to certain end business taxable included ee section 509(a)(2).	come (less (Complete	section 5 Part III.)	11 tax) from busines	70 OI II.
11		An organization organized and o	perated exclusively	to test for public safe	ty. See <b>se</b>	ction 509	(a)(4).	
12		An organization organized and of one or more publicly supports Check the box in lines 12a through	perated exclusively ed organizations des ugh 12d that describ	for the benefit of, to p scribed in <b>section 509</b> ses the type of support	erform the (a)(1) or s ing organi	e functions ection 50 zation and	s of, or to carry out tr <b>9(a)(2).</b> See <b>section</b> d complete lines 12e	, 12f, and 12g.
а		Type I. A supporting organization (see supported organization (see organization You must come organization).	ation operated, super the power to regulate to the power to regulate the part IV. Section	ervised, or controlled b arly appoint or elect a ions A and B.	y its suppo majority o	orted orga f the direc	nization(s), typically stors or trustees of th	by giving e supporting
b	)	Type II. A supporting organiz control or management of the organization(s). You must control or management of the organization organiza	e supporting organia	zation vested in the sa	me persor	is that cor	nitor or manage the s	supported
C		Type III functionally integral its supported organization(s)	ted. A supporting o	rganization operated in	n connecti	on with, a	nd functionally integr	aleu witti,
c	l	Type III non-functionally in	tegrated. A support	ing organization opera on generally must sati	ited in con sfy a distri	nection w bution red	uirement and an att	anization(s) entiveness
		requirement (see instructions Check this box if the organiz	s). You must comp	tten determination from	n the IRS	that it is a	Type I, Type II, Type	e III
e		functionally integrated, or Ty	pe III non-functiona	lly integrated supportir	g organiz	ation.		
f		Enter the number of supported of	organizations	(8) = 5)   B   R   B   B   B   B   B   B   B	8 8 8 8 8		and be no so	0
	ı	Provide the following information	about the supporte	ed organization(s).			(v) Amount of monetary	(vi) Amount of
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur	r governing	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al						0	0

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you sheeked the box on line 5. 7, or 8 of Part Lor if the organization failed to qualify under

	(Complete only if you checke Part III. If the organization fai	is to qualify und	der the tests lis	ted below, plea	se complete P	art III.)	
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			12			0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	
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			= =	1 = 4		
1920	shown on line 11, column (f)						0
6_	Public support. Subtract line 5 from line 4						
_	etion B. Total Support	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	ildar year (or needs year wegg)		0	0	0	0	0
7	Amounts from line 4	0	- 0	0			
8	Gross income from interest, dividends,						
	payments received on securities loans,			1			
	rents, royalties, and income from						0
	similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
44	Total support. Add lines 7 through 10						0
11 12	Gross receipts from related activities, etc. (se	e instructions)	1 10 10 10 10 10 10 10 10 10 10 10 10 10	24 200 M A A A A A M A		12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here.	ganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)		
Sec	ction C. Computation of Public Sup				_		0.000/
14	Public support percentage for 2017 (line 6, co	olumn (f) divided b	y line 11, column (	f))	E 8 9 10 10	14	0.00%
15	Public support percentage from 2016 Schedu	ıle A, Part II, line 1	4		e e e e e e e		0.00%
	33 1/3% support test—2017. If the organization qualifies as	a publicly support	ed organization .			20 W 190	******
	33 1/3% support test—2016. If the organization and stop here. The organization qualifies	s as a publicly sup	ported organizatio	n		2.35	a 000 to a of •
	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization	s the "facts-and-cir s-and-circumstance	cumstances" test, es" test. The organ	check this box and ization qualifies as	i stop here. Expla	iin in ted িছিত আলক কে ক	
	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and s the "facts-and-cir	-circumstances" test -cumstances" test	est, check this box The organization of	and stop nere. qualifies as a publi	cly	
18	Private foundation. If the organization did r	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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### Schedule A (Form 990 or 990-EZ) 2017 RECIPROCAL MINISTRIES INTERNATIONAL, INC. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					4 ) 0047	/f) Tatal
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,697,609	1,867,961	2,188,919	2,664,496	3,158,76	11,577,747
	Gross receipts from admissions, merchandise	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	sold or services performed, or facilities		1				
	furnished in any activity that is related to the						0
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
	Tax revenues levied for the organization's						
4							
	benefit and either paid to or expended on						0
_	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						0
_	organization without charge	1,697,609	1,867,961	2,188,919	2,664,496	3,158,76	11,577,747
6	Total. Add lines 1 through 5	1,007,160,1	1,007,001	2,100,010			
7a	Amounts included on lines 1, 2, and 3						0
	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		.57				0
	or 1% of the amount on line 13 for the year		0	0	0		0 0
С	Add lines 7a and 7b	0	U				
8	Public support (Subtract line 7c from						11,577,747
	line 6.)						1
	tion B. Total Support		41.0044	(a) 2015	(d) 2016	(e) 2017	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015		3,158,7	
9	Amounts from line 6	1,697,609	1,867,961	2,188,919	2,604,490	3, 130, 7	02 11,077,7:41
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				115	5	90 1,085
	royalties, and income from similar sources	41	9	0	445		90 1,000
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
	acquired after June 30, 1975				445		
С	Add lines 10a and 10b	41	9	0	445	5	90 1,085
11	Net income from unrelated business						
	activities not included in line 10b, whether						0
	or not the business is regularly carried on.						<u> </u>
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,					0.450.0	44 570 000
	and 12)	1,697,650	1,867,970				11,578,832
14	First five years. If the Form 990 is for the o	organization's first,	second, third, four	h, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here		CHIPPERS E	5) % et % % (4) %		*** * * * * *	
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, column	(f))	*****	15	99.99%
16	Public support percentage from 2016 Scheo	dule A, Part III, line	15		1. 1. 1. 1. 1. 1. 1.	16	100.00%
Se	ction D. Computation of Investme	nt Income Per	centage				Cart In Cart Cart Cart Cart Cart Cart Cart Cart
17	Investment income percentage for 2017 (lin	e 10c, column (f) o	livided by line 13, o	column (f))	7 4 12 2 2 1 1 K W	17	0.01%
40	Investment income percentage from 2016 S	Schedule A. Part III	. line 17	8 8	8 8 W N R R	18	0.00%
10	23 1/3% support tests—2017. If the organ	nization did not che	ck the box on line	14, and line 15 is r	nore than 33 1/3%,	and line 17 is	
	not more than 33 1/3% check this box and	stop here. The or	ganization qualifies	s as a publicly supp	oned organization		x x x x x x x x X
h	22 4 /20/ aumnort toots 2016. If the order	nization did not che	ck a box on line 14	l or line 19a, and II	ne 16 is more trian	33 1/370, and	_
	line 18 is not more than 33 1/3%, check this	s box and <b>stop he</b> i	e. The organizatio	n qualifies as a pu	bliciy supported org	janization	
20	Private foundation. If the organization did	not check a box of	n line 14, 19a, or 1	9b, check this box	and see instruction	ıs	

**Supporting Organizations** Part IV

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5а		
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6		
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line /?  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		_
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	and the state of t	101		

determine whether the organization had excess business holdings.)

10b

_	REOF (FORTING SOCIETY)			
Part	IV Supporting Organizations (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?			
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
L	A family member of a person described in (a) above?	11b		
b	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sect	ion B. Type I Supporting Organizations			
0000	ion b. 17po r supposang signament		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1.5		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No." describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	-
2	Did the organization operate for the benefit of any supported organization other than the supported			_
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.			
Sect	tion C. Type II Supporting Organizations		Yes	No
100	the directors			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		1	
	or trustees of each of the organization's supported organization(s)? If No, describe in the supporting organization was vested in the same persons that controlled or managed		100	
		1		
Cant	the supported organization(s). tion D. All Type III Supporting Organizations			-11
Seci	tion D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
'	organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI now	١.		1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictioi	15).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	uction	IS).
•	Activities Test. Answer (a) and (b) below.		Yes	s No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	4-	-
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	+-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3t		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	Ations	n Dort \/I\ Saa		
Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	n Nov. 20, 1970 (explain i	n Part VI). <b>See</b>		
instructions. All other Type III non-functionally integrated supporting organ	nizations	s must complete Sections	(B) Current Year		
Section A - Adjusted Net Income	1	(A) Prior Year	(b) Current Year (optional)		
	14		(optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
Other gross income (see instructions)	3	0	0		
4 Add lines 1 through 3.	4	- 0	0		
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or	1 1				
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	0	(D) O		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
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	0	0		
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3	0	0		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4	0	0		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by .035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0		
2 Enter 85% of line 1	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0		
4 Enter greater of line 2 or line 3.	4		0		
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
amorganicy tomporary reduction (see instructions)	6		C		
- Carla Carl	ally inte	grated Type III supporting	organization (see		
7 Check here if the current year is the organization's first as a non-functional					
0.050100.00.0051					

Excess from 2017.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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. 0 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 0 9 Distributable amount for 2017 from Section C, line 6 0.000 10 Line 8 amount divided by line 9 amount (iii) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) Excess Distributions Amount for 2017 Pre-2017 0 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See 2 instructions. Excess distributions carryover, if any, to 2017 0 From 2013. 0 c From 2014. . . . 0 d From 2015 . . . . . . . . . . 0 e From 2016 Total of lines 3a through e g Applied to underdistributions of prior years 0 h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) 0 Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from 0 Section D, line 7: 0 Applied to underdistributions of prior years 0 b Applied to 2017 distributable amount 0 Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: 0 a Excess from 2013. . . 0 b Excess from 2014. 0 c Excess from 2015. . . 0 d Excess from 2016 . . . 0

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

RECIPROCAL MINISTRIES INTERNATIONAL, INC.

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

65-0062156

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is co Note: Only a section 501(c)(7), instructions.	vered by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
For an organization filir or more (in money or p contributor's total contr	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a ibutions.							
Special Rules								
regulations under secti	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) e amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contributor, during the contributions totaled m during the year for an	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
60	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,							

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	ection 501(c)(4), (5), or (6) or	ganizations: Complete Part III.				11. Met
Nam	e of organization			E	mployer	identification number
REC	IPROCAL MINISTRIES IN	TERNATIONAL, INC.				65-0062156
Pai	rt I-A Complete if th	ne organization is exempt unde	er section 501(	c) or is a section	n 527 or	ganization.
1	Provide a description of th	e organization's direct and indirect po	olitical campaign a	ctivities in Part IV.	(see instri	uctions for
	definition of "political camp	paign activities")			• •	
2	Political campaign activity	expenditures (see instructions).	### 8 ## # 10 # # ± ± =##	* 00 ( * 150 # 5 8	9 July 200	***********
3	Volunteer hours for political	al campaign activities (see instruction	is).	0)/3)	F	
Pa	t I-B Complete if the	ne organization is exempt und xcise tax incurred by the organization	er section 50 I(	55	<b>\$</b>	
1	Enter the amount of any e	xcise tax incurred by the organization	nunuer section 49	tion 4955	\$	
2	Enter the amount of any e	xcise tax incurred by organization ma	anagers under sec	LION 4933	Ψ	☐ Yes ☐ No
3	If the organization incurred	d a section 4955 tax, did it file Form 4	1/20 for this year?	200 90 40 39	# (# # E	Yes No
4a					1 71 2 1	
_	If "Yes," describe in Part I'	V	/: F04/	-) -weent poeti	on E01/	2)(3)
Pa	rt I-C Complete if the	he organization is exempt und	er section 501	c), except section	011 30 1(0	5)(5).
1	Enter the amount directly	expended by the filing organization for	or section 527 exe	mpt function	\$	
	activities	Copported by the timing engant enterties		one for section	. • •	
2	Enter the amount of the fil	ling organization's funds contributed tities	to other organizati	OHS TO SECTION	<b>&gt;</b> \$	
	527 exempt function activ	ities	ore and on Form 1	120-POI	33	
3	Total exempt function exp	enditures. Add lines 1 and 2. Enter h	ere and on Form	120-1 OL,	. • \$	0
	line 1/b	file Form 1120-POL for this year?	34 B	5 1244 W TW TP VS 02 02	in F Tas	Yes No
4	Did the filing organization	ses and employer identification numb	or (EIN) of all sect	ion 527 political or	nanization	ns to which the filing
5	the Communication of the commu	who For cook organization listed onl	rer the amount bar	a non me mina or	aai iiZalivii	13 141140. 7 1100 01101
		-t-ib. tions resolved that word prompt	iv and directly deli	veren io a sebarau	e bullucai	Ul gallization, such
	as a separate segregated	fund or a political action committee (	(PAC). If additiona	I space is needed,	provide ir	nformation in Part IV.
-		(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
	(a) Name	(b) Address	(0) =	filing organization funds. If none, ent	on's	contributions received and promptly and directly
		li li		funds. Il none, ene	ei -0	delivered to a separate
		-				political organization. If none, enter -0-
-						
(1)						
(2)					1	
(2)						
(3)			1			
-						
(4)						
-						4
(5)						
(6)						

_	edule C (Form 990 or 990-EZ) 2017			04/a\/2\ and files	Form 5769 /alast	ion
Р	art II-A Complete if the organization	is exempt	under section 50	DT(C)(3) and filed	i Form 5/66 (eleci	lion
	under section 501(h)).				L CCIII a ka al anacon	
Α	Check ▶ if the filing organization belo	ongs to an a	affiliated group (a	nd list in Part IV e	each aπiliated group	o members
	name, address, EIN, expen	ses, and sh	are of excess lob	bying expenditur	es).	
В	Check ▶ if the filing organization che	cked box A	and "limited cont	rol" provisions ap	ply.	
	Limits on Lobby	ing Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ans amounts	paid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	c opinion (gra	ass roots lobbying) .	9 8 30 8 35 35 35 35		0
b	Total lobbying expenditures to influence a leg	islative body	(direct lobbying). 🧓	X 9 X 3 X 30 X		0
С	Total lobbying expenditures (add lines 1a and	1b)		x (6) x (6) x ∈ € €	0	0
d	Other exempt purpose expenditures			Sa S		0
е	Total exempt purpose expenditures (add lines	1c and 1d) .		. 9 1/4 24 2	0	0
f	Lobbying nontaxable amount. Enter the amou	int from the fo	ollowing table in bot	h		0
	columns.				0	0
	If the amount on line 1e, column (a) or (b) is:		ng nontaxable amou	unt is:		
	Not over \$500,000		amount on line 1e.	0500.000		
	Over \$500,000 but not over \$1,000,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 pl	us 10% of the excess us 5% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 pi		over \$1,500,000.		
_	Over \$17,000,000  Grassroots nontaxable amount (enter 25% of	The Committee of the Co			0	0
g	Grassroots nontaxable amount (enter 25% of	0	0			
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0-					0	0
	If there is an amount other than zero on eithe	r line 1h or lir	ne 1i did the organi	zation file Form 472	20 reporting	
J	section 4911 tax for this year?		io ii, did tiio organi			Yes No
_			g Period Under se		,	
	(Some organizations that made a se	ction 501/h)	election do not ha	ve to complete all	of the five columns I	oelow.
	(Some organizations that made a se-	separate ins	structions for lines	2a through 2f.)		
	555 1115	ооран ако ни				
_	Lobbying	Expenditur	es During 4-Year	veraging Period		
				(c) 2016	(d) 2017	(e) Total
		(a) 2014	(b) 2015	(6) 2010	(d) 2017	(6) 10.4.
	beginning in)					
_						
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
c	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
1	Grassroots lobbying expenditures				o	0

Schedule C (Form 990 or 990-EZ) 2017

Page 3

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l Forn	า 5768		
		(6	a)	(	b)	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c C	Media advertisements?					
d e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	-			
i	Other activities?	-				0
j	Total. Add lines 1c through 1i					_
2a	If "Yes," enter the amount of any tax incurred under section 4912					
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).				Vaa	No
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		500 15 1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y	ear?.	** * **	3		
	t III-B  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (	b) Pa	rt III-A,	line	3, is
1	Dues, assessments and similar amounts from members .  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	2.00				
2	political expenses for which the section 527(f) tax was paid).					
а	Current year	(#7) I#	2a			
b	Carryover from last year	S 34	2b			
C	Total	a (4)	2c	-		0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Dan	Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground	p list);	Part II	-A, lines	1 and	d
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
	***************************************					
	***************************************					
				*******	HESE.	
****	***************************************					

### RECIPROCAL MINISTRIES INTERNATIONAL, INC.

Schedule C (For	n 990 or 990-EZ) 2017
Part IV	Supplemental Information (continued)
	***************************************
	·
************	
**********	
	***************************************
*********	

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

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

	2017	
	250	
	Open to Public Inspection	
n n	umber	

Name o	f the organization		Employer identification number
RECI	PROCAL MINISTRIES INTERNATIONAL, INC.		65-0062156
Part	Organizations Maintaining Donor	Advised Funds or Other Similar	Funds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line	0,
	*	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at and of year		
5	Did the organization inform all donors and dor	or advisors in writing that the assets he	eld in donor advised
5	funds are the organization's property, subject	to the organization's exclusive legal con	itrol? Yes No
c	Did the organization inform all grantees, dono	rs, and donor advisors in writing that gra	ant funds can be
6	used only for charitable purposes and not for	the benefit of the donor or donor advisor	r, or for any other
	purpose conferring impermissible private bene	efit?	Yes No
		Sucre En 19 19 19 19 19 19 19 19 19 19 19 19 19	
Pari	Conservation Easements.	and IIV/anii an Form 000 Bort IV/ line	. 7
	Complete if the organization answer	ed Yes on Form 990, Part IV, me	
1	Purpose(s) of conservation easements held b	y the organization (check all that apply)	ation of a historically important land area
	Preservation of land for public use (e.g., i	,	
	Protection of natural habitat	Preserv	ation of a certified historic structure
	Preservation of open space		
•	Complete lines 2a through 2d if the organizati	on held a qualified conservation contrib	ution in the form of a conservation
2	easement on the last day of the tax year.	on noise at quantities and	Held at the End of the Tax Year
	Total number of conservation easements		2a
a	Total acreage restricted by conservation ease	ments	2b
b	Number of conservation easements on a cert	ified historic structure included in (a)	2c
C	Number of conservation easements included	in (c) acquired after 7/25/06, and not or	
d	historic structure listed in the National Registe	ar	2d
•	Number of conservation easements modified,	transferred released extinguished or	terminated by the organization during
3	Number of conservation easements modified	tiansieried, released, extinguieries, ex	, ,
	the tax year Number of states where property subject to c	onservation easement is located	<b>•</b>
4	Does the organization have a written policy re	parding the periodic monitoring inspec	tion, handling of
5	violations, and enforcement of the conservation	on accoments it holds?	Yes No
	Staff and volunteer hours devoted to monitoring, i	paperting handling of violations and enforce	cing conservation easements during the year
6	Staff and volunteer nours devoted to monitoring, i	rispecting, handling of violations, and officer	Sing commercial
_		ation handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe	cuing, fiandling of violations, and emoroting	00/100/100/100/100/100/100/100/100/100/
	<b>\$</b>	line 2(d) chave satisfy the requireme	nts of section 170(h)(4)(B)(i)
8	Does each conservation easement reported	on line 2(d) above satisfy the requireme	Yes No
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re	ports conservation easements in its revo	efficiencial statements that describes
	balance sheet, and include, if applicable, the	text of the foothote to the organizations	s illiandiai statemente that december
	the organization's accounting for conservation	n easements.	or Other Similar Assets
Par	till Organizations Maintaining Collection	tions of Art, Historical Treasures	o o
	Complete if the organization answe	red "Yes" on Form 990, Part IV, IIII	to the revenue etatement and halance sheet
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other sim	illar assets held for public exhibition, ed	ucation, or research in future ance
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial statemen	nts that describes these items.
b	If the organization elected, as permitted under	er SFAS 116 (ASC 958), to report in its i	revenue statement and balance sneet
	works of art, historical treasures, or other sim	illar assets held for public exhibition, ed	lucation, or research in furtherance
	of public service, provide the following amou	nts relating to these items:	
	(i) Revenue included on Form 990. Part VIII.	line 1 a a a a a a a a a a a a a a a a a	<b>&gt;</b> \$
	(ii) Assets included in Form 990 Part X		* · · · · · · · • • • <u>• • • • • • • • • </u>
2	If the organization received or held works of	art, historical treasures, or otner similar	assets for ithancial gain, provide the
_	following amounts required to be reported un	ider SFAS 116 (ASC 958) relating to the	ese items.
9	Revenue included on Form 990 Part VIII. lin	e1	<b>.</b>
a	Assets included in Form 990, Part X		TO SERVICE OF THE SER
b	Assets illulated in Folili 600, Falt A.	the state of the s	Cahadula D (Form 990) 2017

	Complete if the organization answe	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
10	Land	0	0		0
1a		0	0	0	0
b	Buildings	0	0	0	0
С	Leasehold improvements		111.113	73.807	37,306
d	Equipment		0	0	0
<u>e</u>	Other	must Form 000 Port V C	rolumn (B) line 10c)		37,306

(a) Description of security or category	(b) Book value	), Part IV, line 11b. See Form (c) Method of va	aluation:
(including name of security)	(b) DOOK VAIDE	Cost or end-of-year	market value
1) Financial derivatives	0		
Closely-held equity interests	0		
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
_(F)			
(G)			
(H)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0		
Post VIII Investments Program Related			
Complete if the organization answere	ed "Yes" on Form 990	), Part IV, line 11c. See Forn	n 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of v	aluation:
(a) Description of investment	(4, 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	ed "Yes" on Form 990	0. Part IV, line 11d. See Fori	m 990, Part X, line 15
Complete if the organization answer		0, Part IV, line 11d. See For	m 990, Part X, line 15 (b) Book value
Complete if the organization answer		0, Part IV, line 11d. See Fori	m 990, Part X, line 15 (b) Book value
Complete if the organization answer (a) Des		0, Part IV, line 11d. See Fori	m 990, Part X, line 15 (b) Book value
Complete if the organization answer (a) Des (1) (2)			m 990, Part X, line 15 (b) Book value
Complete if the organization answer  (a) Des  (1)  (2)  (3)		0, Part IV, line 11d. See Fori	m 990, Part X, line 15 (b) Book value
Complete if the organization answer  (a) Des  (1) (2) (3) (4)			m 990, Part X, line 15 (b) Book value
Complete if the organization answers  (a) Des  (1) (2) (3) (4) (5)			m 990, Part X, line 15
Complete if the organization answer  (a) Des  (1) (2) (3) (4)			m 990, Part X, line 15
(1) (2) (3) (4) (5)			m 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7) (8)	cription		(p) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	cription		(p) Book value
Complete if the organization answers  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	ription		(p) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answer	ription		(p) Book value
Complete if the organization answers  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answer line 25.	eription  15.)  red "Yes" on Form 99		(p) Book value
Complete if the organization answers  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answers line 25.  1. (a) Description of liability	e 15.)	00, Part IV, line 11e or 11f. So	(p) Book value
Complete if the organization answers  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answers line 25.  1. (a) Description of liability  (1) Federal income taxes	eription  15.)  red "Yes" on Form 99	00, Part IV, line 11e or 11f. So	(p) Book value
Complete if the organization answers  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answer line 25.  1. (a) Description of liability  (1) Federal income taxes  (2)	e 15.)	00, Part IV, line 11e or 11f. So	(b) Book value
Complete if the organization answers  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answer line 25.  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)	e 15.)	00, Part IV, line 11e or 11f. So	(b) Book value
Complete if the organization answer  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answer line 25.  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	e 15.)	00, Part IV, line 11e or 11f. So	(b) Book value
Complete if the organization answers  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answers line 25.  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	e 15.)	00, Part IV, line 11e or 11f. So	(b) Book value
Complete if the organization answers  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X  Other Liabilities.  Complete if the organization answer line 25.  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	e 15.)	00, Part IV, line 11e or 11f. So	(b) Book value
Complete if the organization answers  (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answer line 25.  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.)	00, Part IV, line 11e or 11f. So	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answer line 25.  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	e 15.)	00, Part IV, line 11e or 11f. So	(b) Book value

Schedule D (Forr	m 990) 2017	RECIPROCAL M	IINISTRIES INTER	NATIONAL, INC.		65-0062156	Pa	ige 5
	Cumpler	nental Informat	ion (continued)					
Part XIII	Supplet	nentai mioriiat	ion (commuca)					
			of the large decay that					
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# SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

OMB No. 1545-0047

Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.

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

Inspection
Employer identification number

Name of the organization					65-0062156
RECIPROCAL MINISTRIES IN	NTERNATIONAL	_, INC.	the United States Com	lete if the organization	
"Yes" on Form 990	), Part IV, line 14	b	the United States. Com		
assistance, the grantee the grants or assistance	s' eligibility for the?	ne grants or assi	rds to substantiate the amount stance, and the selection crit	eria used to award	Yes No
assistance outside the U	nited States.				
3 Activities per Region. (1r	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type o service(s) in the region	expenditures for f and investments in the region
Central America and the (1) Caribbean	1	3	PROGRAM SERVICES	FOOD, EDUCATION A CONSTRUCTION	ND 3,099,054
(2)					
_(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(15)					
(16)					
(17)	4		3		3,099,054
3a Sub-total	C	)	0		3,099,054
c Totals (add lines 3a and 3b)	1		3		5,055,054

65-0062156

Schedule F (Form 990) 2017 REC

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
9								
6								
5								
F 9								
(6)								
0 6								
()								
(6)								
(5)								
(10)								
(1)								
(12)					2			
(61)								
(14)								
(GL)								
(16)								

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

3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2017

Page 3

RECIPROCAL MINISTRIES INTERNATIONAL, INC. Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance Part III (11) (18) (13) (14) (15) (16) (12) (10 3 (3) (8) 4 6 Ξ 9 9 3 2

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

Schedule F (Fe	orm 990) 2017	RECIPROCAL MII	NISTRIES INTERNATIONAL, INC.	65-0062156	Page
Part V	Suppleme	ntal Information	D. J. Hara C. (manifering of funds): Part I line 3	column (f) (accounting method:	

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

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No. 1545-0047

Inspection

Department of the Treasury

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service Employer identification number Name of the organization

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  $\mathbb{R}^{-1}$ 

65-0062156 RECIPROCAL MINISTRIES INTERNATIONAL, INC. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

	Complete in the organization	(b) Relationship between disqualified person and		(d) Cor	rected
1	(a) Name of disqualified person	organization	(c) Description of transaction		No
(1)					-
(2)					
(3)				_	-
(4)					-
(5)					-
(6)					_
2	Enter the amount of tax incurred	by the organization managers or disqualified pe	rsons during the year  ▶ \$		

Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization (c) Purpose of loan				(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) DAN SHOEMAKER	PRES/DIRECT	SHORT TERM		X	11,800	3,038		Х	X		Χ	
(2) KIM ROSE	VICE PRES	SHORT TERM		Х	6,950	2,862		X	X		Х	
(3)												
(4)								-		_		-
(5)										-	-	-
(6)										-		
(7)										-		-
(8)							-	_		_		_
(9)							-		-			
(10)					\$	5,900	-		-			1/2

Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				<del> </del>
(6)				
(7)				
(8)				
(9)				
10)				1 1 1 4 (Farra 200 at 200 E7)

	(a) Name of interested person	omplete if the organization answered "Yes" on Form 990, learne of interested person  (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sharing of organization revenues?	
		Ů			Yes	No
)						
)						_
)						
)						
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) )						
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)	O less and all information					
rt V	Supplemental Information Provide additional information	for responses to questions on	Schedule L (see ins	tructions).		
	(**************************************					
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		************		***************************************		
<b></b>						
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### SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RECIPROCAL MINISTRIES INTERNATIONAL, INC.

► Attach to Form 990.

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

Employer identification number

65-0062156

Part	Types of Property			(c)				
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) f deter tributio	mining n amou	ınts
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
5								
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other					_		
15	Real estate—Residential						_	
16	Real estate—Commercial							
17	Real estate—Other						-	
18	Collectibles				more records		0.040.0	
19	Food inventory	X	11	658,627	PER CORP	DRATI	DON	OR_
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
24	-							
25	Other ► (							
26	Other ► (							
27	Other ► ()							
28	Other ► ( ) Number of Forms 8283 received	by the orga	nization during the tax year	for contributions for				
29	which the organization completed	Uy ine orga	R Part IV Donee Acknowled	gement.	29			
	which the organization completed	1 FUIIII 0200	s, rait iv, bonee / toknowie	general has some see	, the second sec		Yes	No
			hy appropriation any property	reported in Part I lines 1 th	rough			
30a	During the year, did the organizat	ion receive	by continuation any property	ntribution and which isn't re	nuired			
	28, that it must hold for at least th	ree years i	rom the date of the fillian co	Hittputton, and which letters	40	30a		Х
	to be used for exempt purposes f	or the entire	e notating period?		10 25			
b	If "Yes," describe the arrangemen	nt in Part II.		i of any manatandard				
31	Does the organization have a gift	acceptanc	e policy that requires the rev	new of any nonstandard		31		Х
	contributions?		(48)			31		_^_
32a	Does the organization hire or use	third partie	es or related organizations to	solicit, process, or sell		20-		х
	noncash contributions?	,		\$ 1 E 9	11 15 8	32a		_^
b	If "Yes " describe in Part II.							
33	If the organization didn't report ar	n amount in	column (c) for a type of pro	perty for which column (a) is				
-	checked, describe in Part II.							

Schedule M (Form 990) 2017 RECIPROCAL MINISTRIES INTERNATIONAL, INC. 65-0062 156 Page 2
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
***************************************
4
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

Name of the organization	65-0062156
RECIPROCAL MINISTRIES INTERNATIONAL, INC.	
Form 990, Part III, Line 4d: Program Service Expenses: 174,604, Grants and allocations: 0,	
Revenue: 0 Other programs and costs. Other smaller programs include building homes, small	
gill and trail relict. Also modes in program of	
operations of the programs in Haiti and the US. Costs in the US are allocated to program	
Form 990, Part VI, Section A, Line 2: HERB SHOEMAKER IS THE FATHER OF DANIEL SHOEM	
Form 990, Part VI, Section C, Line 19: ALL DOCUMENTS ARE ON THE ORGANIZATIONS WEE	3SITE
Form 990, Part VI, Section B, Line 11: FORM 990 REVIEWED BY VP AND BY THE BOARD	
Form 990, Part VI, Section B, Line 12: BOARD MEMBERS AT ANNUAL MEETING DISCUSS CO	ONFLICT OF
INTEREST AND SIGN A FORM STATING THAT THERE IS NONE.	
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Schedule O (Form 990 or 990-EZ) (2017)	Employer identification number
Name of the organization	65-0062156
RECIPROCAL MINISTRIES INTERNATIONAL, INC.	00 0002 .00
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### **Elections**

# Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.