

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2024 calendar year, or tax year beginning 06/01/24, and ending 05/31/25**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>RESTORATION IN CHRIST MINISTRIES</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>307 4TH STREET</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>GROTTOES VA 24441</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>74-2716677</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>540-249-1027</b></p> <b>G</b> Gross receipts \$ <b>296,358</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>DIANE W. HAWKINS</b> <b>307 4TH STREET</b> <b>GROTTOES VA 24441</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.RCM-USA.ORG</b>		<b>L</b> Year of formation: <b>1994</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>PROVIDING TRAINING, COUNSELING, AND EDUCATIONAL RESOURCES FOR INDIVIDUALS WITH HISTORIES OF ABUSE.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>4</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>202,419</b>	Current Year <b>226,055</b>
	9	Program service revenue (Part VIII, line 2g)	<b>37,403</b>	<b>36,303</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>39,880</b>	<b>34,000</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>279,702</b>	<b>296,358</b>
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>204,297</b>	<b>217,561</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
b		Total fundraising expenses (Part IX, column (D), line 25) <b>13,969</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>75,061</b>	<b>81,425</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>279,358</b>	<b>298,986</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>344</b>	<b>-2,628</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year <b>91,579</b>	End of Year <b>88,884</b>
	21	Total liabilities (Part X, line 26)	<b>-120</b>	<b>-187</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>91,699</b>	<b>89,071</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DIANE W. HAWKINS</b>	Date			
	Type or print name and title <b>PRESIDENT</b>				
<b>Paid Preparer Use Only</b>	Preparer's name <b>MARK A GRAHAM</b>	Preparer's signature <b>MARK A GRAHAM</b>	Date <b>04/14/26</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01061678</b>
	Firm's name <b>Graham, Poirot and Caseres CPA's LLC</b>	Firm's EIN <b>27-4444458</b>	Firm's address <b>57 SOUTH MAIN STREET STE 507 HARRISONBURG, VA 22801</b>	Phone no. <b>540-433-2001</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**PROVIDING TRAINING, COUNSELING, AND EDUCATIONAL RESOURCES FOR INDIVIDUALS WITH HISTORIES OF ABUSE.**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **253,288** including grants of \$ ) (Revenue \$ )  
**PROVIDING TRAINING, COUNSELING, AND EDUCATIONAL RESOURCES FOR INDIVIDUALS**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ **4,369** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **257,657**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	1
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>4</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>X</b>
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**JOY TYREE**  
**GROTTOES**

**307 4TH STREET**

**VA 24441**

**540-249-1027**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE W. HAWKINS ..... PRESIDENT	40.00 ..... 0.00	X		X				70,000	0	0
(2) BARBARA BUSSEY ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(3) GAYLEEN TERRY ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(4) CLAUDE TERRY ..... BOARD MEMBER	1.00 ..... 0.00			X				0	0	0
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....							<b>70,000</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>70,000</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>226,055</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		<b>226,055</b>			
	<b>Program Service Revenue</b>	<b>2a</b> SEMINAR REGISTRATIONS	Business Code	<b>36,303</b>	<b>36,303</b>	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			<b>36,303</b>			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)				
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>			
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b> SALES OF MATERIALS	Business Code	<b>33,147</b>	<b>33,147</b>		
	<b>b</b> MISCELLANEOUS		<b>853</b>	<b>853</b>		
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		<b>34,000</b>			
<b>12 Total revenue.</b> See instructions		<b>296,358</b>	<b>70,303</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,000	70,000		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	127,606	95,704	19,141	12,761
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,070	5,070		
10 Payroll taxes	14,885	12,652	1,489	744
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,500		1,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	14,062	12,784	814	464
14 Information technology	6,442	6,442		
15 Royalties	16	16		
16 Occupancy	11,854	9,519	2,335	
17 Travel	4,151	4,151		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	861	861		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,401	4,401		
23 Insurance	6,713	6,018	695	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>MINISTRY SUPPORT</b>	11,200	11,200		
b <b>CREDIT CARD FEES</b>	6,380	6,380		
c <b>TELEPHONE &amp; INTERNET</b>	5,917	4,734	1,183	
d <b>CLIENT ASSISTANCE</b>	5,640	5,640		
e All other expenses	2,288	2,085	203	
25 Total functional expenses. Add lines 1 through 24e	298,986	257,657	27,360	13,969
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	65,737	1	64,722
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	616	4	722
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	17,253	8	16,803
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 151,419		
	b	Less: accumulated depreciation	10b 144,782	7,973	10c 6,637
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	91,579	16	88,884	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	-120	25	-187
	26	<b>Total liabilities.</b> Add lines 17 through 25	-120	26	-187
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	91,699	27	89,071
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	91,699	32	89,071	
33	<b>Total liabilities and net assets/fund balances</b>	91,579	33	88,884	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>296,358</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>298,986</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-2,628</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>91,699</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>89,071</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

RESTORATION IN CHRIST MINISTRIES

Employer identification number

74-2716677

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 100.00%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 100.00%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %.

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [X].
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ].
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ].

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, 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 income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2024, and (iii) Distributable Amount for 2024. Rows include distributable amount for 2024, underdistributions, and excess distributions carryover.



SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

RESTORATION IN CHRIST MINISTRIES

74-2716677

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations? .....
- (ii)** Related organizations? .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

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

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>118,744</b>	<b>118,259</b>	<b>485</b>
<b>e</b> Other .....		<b>32,675</b>	<b>26,523</b>	<b>6,152</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>6,637</b>

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CREDIT CARD BALANCES PAYABLE</b>	<b>-187</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>-187</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE L**

**(Form 990)**

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

**Transactions With Interested Persons**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**RESTORATION IN CHRIST MINISTRIES**

Employer identification number

**74-2716677**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

**Total** ..... \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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)					
(6)					
(7)					
(8)					
(9)					
(10)					





Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

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

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

Identifying number  
**74-2716677**

**RESTORATION IN CHRIST MINISTRIES**

Business or activity to which this form relates

### Indirect Depreciation

#### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

#### Part II 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 during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>32</b>

#### Part III MACRS Depreciation (Don't include listed property. See instructions.)

##### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>3,756</b>
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 <input type="checkbox"/>		

##### Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	<b>3,065</b>	<b>5.0</b>	<b>HY</b>	<b>200DB</b>	<b>613</b>
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

##### Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

#### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	22	<b>4,401</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

74-2716677

## Federal Asset Report

FYE: 5/31/2025

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
109	LAPTOP	7/23/24	3,065				3,065	5	HY 200DB	0	613
			<u>3,065</u>				<u>3,065</u>			<u>0</u>	<u>613</u>
<b>Prior MACRS:</b>											
1	EQUIPMENT	12/01/94	1,478				1,478	5	HY 200DB	1,478	0
25	DELL PENTIUM COMPUTER	9/12/01	1,353			X	947	5	HY 200DB	1,353	0
26	DELL PENTIUM COMPUTER	12/10/01	1,046			X	732	5	HY 200DB	1,046	0
27	DELL INSPIRON 8100	3/15/02	2,672			X	1,870	5	HY 200DB	2,672	0
28	DELL LAPTOP	5/03/02	1,898			X	1,329	5	HY 200DB	1,898	0
30	SONY CAMCORDER	6/27/02	1,808			X	1,266	5	HY 200DB	1,808	0
32	VIDEO EDITING	6/02/03	307			X	154	7	HY 200DB	307	0
33	DESKJET PRINTER	9/28/02	145			X	101	5	HY 200DB	145	0
34	OFFICE SHELIVING	10/31/02	255			X	178	7	HY 200DB	255	0
35	FAX MACHINE K-80	11/18/02	246			X	172	5	HY 200DB	246	0
36	RENTAL VIDEO "SALLY"	11/25/02	137			X	96	5	HY 200DB	137	0
37	PERFECTION 1250 PHOTO SCANNER	12/04/02	208			X	146	5	HY 200DB	208	0
38	COMPUTER FOR SHEILA	6/13/03	1,512			X	756	5	HY 200DB	1,512	0
39	10/100 16 DUAL PORT	1/18/03	136			X	95	5	HY 200DB	136	0
40	HARD DRIVE FOR SERVER	2/04/03	120			X	84	5	HY 200DB	120	0
41	MICROPHONE, BELT PACK ADAPTER	3/10/03	339			X	237	5	HY 200DB	339	0
43	COMPUTER FOR TOM	3/27/03	2,726			X	1,908	5	HY 200DB	2,726	0
44	RENTAL VIDEO "SALLY II"	5/15/03	409			X	204	5	HY 200DB	409	0
45	2 LINE PHONE & ANSWERING MACHIN	7/23/03	244			X	122	7	HY 200DB	244	0
47	MICROPHONE FOR SEMINAR USE	8/20/03	521			X	261	7	HY 200DB	521	0
49	60GB HARD DRIVE	10/07/03	324			X	162	5	HY 200DB	324	0
51	CD/DVD DUPLICATOR	12/17/03	2,223			X	1,111	7	HY 200DB	2,223	0
52	PALM PILOT & WARRANTY	1/02/04	261			X	130	5	HY 200DB	261	0
53	INSPIRON 8600 NITA	1/21/04	2,864			X	1,432	5	HY 200DB	2,864	0
54	CREDIT CARD TERMINAL	2/25/04	339			X	169	5	HY 200DB	339	0
55	COLOR LASERJET PRINTER	3/05/04	3,760			X	1,880	5	HY 200DB	3,760	0
56	COMPUTER MONITOR & ACCESSORIE	4/15/04	260			X	130	5	HY 200DB	260	0
57	OPTIPLEX 2.4g CELERON	4/18/04	596			X	298	5	HY 200DB	596	0
58	COMPUTER MONITOR	7/23/04	214			X	107	5	HY 200DB	214	0
59	TELEPHONE	9/10/04	467			X	233	5	HY 200DB	467	0
60	CHAIR	10/22/04	215			X	107	7	HY 200DB	215	0
61	COMPUTER EQUIPMENT - DELL	3/12/05	854				854	5	HY 200DB	854	0
62	DVD/CD DUPLICATOR	4/11/05	3,556				3,556	5	HY 200DB	3,556	0
63	COMPUTER EQUIPMENT	11/17/05	453				453	5	HY 200DB	453	0
64	WWF SBS SERVER 2003	12/22/05	836				836	5	HY 200DB	836	0
65	WWF SBS PREM 2003	3/17/06	35				35	5	HY 200DB	35	0
66	DELL COMPUTER EQUIPMENT	5/30/06	204				204	5	HY 200DB	204	0
67	GESTETNER COPIER	4/15/06	13,710				13,710	5	HY 200DB	13,710	0
68	DELL SERVER	8/04/05	1,248				1,248	5	HY 200DB	1,248	0
70	PANASONIC DVD RECORDER	7/21/06	541				541	5	HY 200DB	541	0
71	CELL PHONE -TOM	7/24/06	217				217	5	HY 200DB	217	0
72	VIDEO CAMERA	6/25/07	4,261				4,261	5	HY 200DB	4,261	0
73	DVD PLAYER	10/19/07	425				425	5	HY 200DB	425	0
74	COMPUTER	8/20/07	1,459				1,459	5	HY 200DB	1,459	0
75	SOUND DEVICES USB PRE	3/13/08	594			X	297	5	HY 200DB	594	0
76	COMPUTER	4/28/08	1,569			X	784	5	HY 200DB	1,569	0
77	COMPUTER	5/20/08	1,130			X	565	5	HY 200DB	1,130	0
78	SHEILA'S COMPUTER	6/07/07	613				613	5	HY 200DB	613	0
79	MIXER FOR PRODUCTIONS	6/25/07	2,400				2,400	5	HY 200DB	2,400	0
80	MISCELLANEOUS EQUIPMENT	5/31/08	1,088			X	544	5	HY 200DB	1,088	0
82	LANIER COPER	4/16/09	3,754			X	1,877	5	HY 200DB	3,754	0
83	HP INKJET PRINTER/FAX	7/02/09	249			X	125	5	HY 200DB	249	0
84	DELL LAPTOP	9/01/09	2,241			X	1,120	5	HY 200DB	2,241	0
85	MONITOR	12/21/09	180			X	90	5	HY 200DB	180	0
86	FAX MACHINE	1/29/10	308			X	154	5	HY 200DB	308	0
88	PHONE FOR GUEST ROOM	1/27/10	136			X	68	5	HY 200DB	136	0
89	NEW PHONE	2/02/10	230			X	115	5	HY 200DB	230	0
90	MEDIA CAROUSEL & DISC REPAIR SY	3/08/10	257			X	129	5	HY 200DB	257	0
91	AIR CONDITIONER FOR SHEILA'S OFF	4/13/10	432			X	216	7	HY 200DB	432	0
92	SERVER	10/29/10	7,122			X	0	5	HY 200DB	7,122	0
93	DISC PRINTER	10/29/10	3,091			X	0	5	HY 200DB	3,091	0
101	NEW SERVER	6/12/20	7,301			X	1,753	5	HY 200DB	5,548	1,169
102	NEW SERVER	12/04/20	2,500			X	750	5	HY 200DB	1,750	500

74-2716677

**Federal Asset Report**

FYE: 5/31/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
103	COMPUTER	11/20/20	2,419			X	725	5	HY 200DB	1,694	483
104	OFFICE EQUIPMENT	11/20/20	1,105			X	507	7	HY 200DB	598	145
105	LAPTOP	11/05/21	5,418			X	2,221	5	HY 200DB	3,197	888
106	COMPUTER EQUIPMENT	6/01/22	1,730			X	830	5	HY 200DB	900	332
107	COMPUTER EQUIPMENT	7/01/23	517			X	414	5	HY 200DB	103	166
108	EQUIPMENT	8/01/23	299			X	256	7	HY 200DB	43	73
			<u>103,565</u>				<u>62,247</u>			<u>96,109</u>	<u>3,756</u>
<b>Other Depreciation:</b>											
2	OFFICE EQUIPMENT	12/01/98	8,696				8,696	7	MO S/L	8,696	0
3	FAX MODEM	1/01/00	104				104	5	MO S/L	104	0
4	4 TABLES & 18 CHARIS	1/04/00	556				556	7	MO S/L	556	0
5	E MACHINE COMPUTER	4/24/00	960				960	5	MO S/L	960	0
6	METAFILE SOFTWARE	6/09/99	2,005				2,005	15	MO S/L	2,005	0
7	HP 8000 LASER JET PRINTER	7/22/99	2,309				2,309	5	MO S/L	2,309	0
8	HP 4200C SCANNER	7/31/99	220				220	5	MO S/L	220	0
9	18" PAPER CUTTER	8/13/99	500				500	7	MO S/L	500	0
10	CELL PHONE & ACCESSORIES	9/04/99	483				483	5	MO S/L	483	0
11	TELEPHONE - SHEILA'S DESK	10/22/99	149				149	5	MO S/L	149	0
12	OZONE AIR PURIFIER	12/23/99	521				521	7	MO S/L	521	0
13	COMPUTERS	12/29/99	350				350	5	MO S/L	350	0
14	OFFICE CHAIR	12/31/99	177				177	7	MO S/L	177	0
15	ZIP DRIVE & UPS SYSTEM	1/01/00	460				460	5	MO S/L	460	0
16	VIDEO CAMERA	1/05/00	1,178				1,178	7	MO S/L	1,178	0
17	SONY PHONE	1/06/00	111				111	5	MO S/L	111	0
18	COPIER AGREEMENT	1/24/00	1,600				1,600	5	MO S/L	1,600	0
19	NEW COMPUTER	1/27/00	992				992	5	MO S/L	992	0
20	MODEM SPEAKERS	2/07/00	104				104	5	MO S/L	104	0
21	GARAGE REMODELING - LEASEHOLD	5/08/00	1,303				1,303	40	MO S/L	786	32
22	CARPET FOR GARAGE	6/12/00	1,757				1,757	5	MO S/L	1,757	0
23	DRIVEWAY & SIDEWALK	3/10/01	3,814				3,814	15	MO S/L	3,814	0
24	SOFTWARE UPGRADES	12/20/00	228				228	3	MO S/L	228	0
29	PHOTOSHOP SOFTWARE	6/05/02	533				533	3	MO S/L	533	0
31	PHOTOSHOP SOFTWARE	7/01/02	534				534	3	MO S/L	534	0
42	PAPER PORT PRO SOFTWARE	3/12/03	210				210	3	MO S/L	210	0
46	UPGRADE METAFILE SYSTEM	7/19/04	1,005				1,005	15	MO S/L	1,005	0
48	VIDEO PRODUCTION SOFTWARE	10/02/03	841				841	3	MO S/L	841	0
50	PRINTING SOFTWARE	11/11/03	629				629	3	MO S/L	629	0
69	DIGIBUY SOFTWARE	11/12/06	459				459	15	MO S/L	459	0
81	ADOBE SOFTWARE	7/03/08	1,435				1,435	3	MO S/L	1,435	0
87	LOGOS BIBLE SOFTWARE	11/27/09	722				722	3	MO S/L	722	0
94	DELL COMPUTER	11/13/13	1,141				1,141	5	MO S/L	1,141	0
95	HARD DRIVE	11/19/13	208				208	5	MO S/L	208	0
96	DELL MONITOR	12/02/13	174				174	5	MO S/L	174	0
97	Printer	11/30/16	1,128				1,128	5	MO S/L	1,128	0
98	Printer	3/07/17	4,316				4,316	5	MO S/L	4,316	0
99	Video Camera	8/18/16	1,527				1,527	7	MO S/L	1,527	0
100	Video Camera	12/23/16	1,350				1,350	7	MO S/L	1,350	0
	<b>Total Other Depreciation</b>		<u>44,789</u>				<u>44,789</u>			<u>44,272</u>	<u>32</u>
	<b>Total ACRS and Other Depreciation</b>		<u>44,789</u>				<u>44,789</u>			<u>44,272</u>	<u>32</u>
	<b>Grand Totals</b>		151,419				110,101			140,381	4,401
	<b>Less: Dispositions and Transfers</b>		0				0			0	0
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>151,419</u>				<u>110,101</u>			<u>140,381</u>	<u>4,401</u>

74-2716677

**VA Asset Report**

FYE: 5/31/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
<b><u>5-year GDS Property:</u></b>								
109	LAPTOP	7/23/24	3,065	3,065	0	613	613	0
			<u>3,065</u>	<u>3,065</u>	<u>0</u>	<u>613</u>	<u>613</u>	<u>0</u>
<b><u>Prior MACRS:</u></b>								
1	EQUIPMENT	12/01/94	1,478	1,478	1,478	0	0	0
25	DELL PENTIUM COMPUTER	9/12/01	1,353	1,353	1,353	0	0	0
26	DELL PENTIUM COMPUTER	12/10/01	1,046	1,046	1,046	0	0	0
27	DELL INSPIRON 8100	3/15/02	2,672	2,672	2,672	0	0	0
28	DELL LAPTOP	5/03/02	1,898	1,898	1,898	0	0	0
30	SONY CAMCORDER	6/27/02	1,808	1,808	1,808	0	0	0
32	VIDEO EDITING	6/02/03	307	307	307	0	0	0
33	DESKJET PRINTER	9/28/02	145	145	145	0	0	0
34	OFFICE SHELIVING	10/31/02	255	255	255	0	0	0
35	FAX MACHINE K-80	11/18/02	246	246	246	0	0	0
36	RENTAL VIDEO "SALLY"	11/25/02	137	137	137	0	0	0
37	PERFECTION 1250 PHOTO SCANNER	12/04/02	208	208	208	0	0	0
38	COMPUTER FOR SHEILA	6/13/03	1,512	1,512	1,512	0	0	0
39	10/100 16 DUAL PORT	1/18/03	136	136	136	0	0	0
40	HARD DRIVE FOR SERVER	2/04/03	120	120	120	0	0	0
41	MICROPHONE, BELT PACK ADAPTER	3/10/03	339	339	339	0	0	0
43	COMPUTER FOR TOM	3/27/03	2,726	2,726	2,726	0	0	0
44	RENTAL VIDEO "SALLY II"	5/15/03	409	409	409	0	0	0
45	2 LINE PHONE & ANSWERING MACHIN	7/23/03	244	244	244	0	0	0
47	MICROPHONE FOR SEMINAR USE	8/20/03	521	521	521	0	0	0
49	60GB HARD DRIVE	10/07/03	324	324	324	0	0	0
51	CD/DVD DUPLICATOR	12/17/03	2,223	2,223	2,223	0	0	0
52	PALM PILOT & WARRANTY	1/02/04	261	261	261	0	0	0
53	INSPIRON 8600 NITA	1/21/04	2,864	2,864	2,864	0	0	0
54	CREDIT CARD TERMINAL	2/25/04	339	339	339	0	0	0
55	COLOR LASERJET PRINTER	3/05/04	3,760	3,760	3,760	0	0	0
56	COMPUTER MONITOR & ACCESSORIE	4/15/04	260	260	260	0	0	0
57	OPTIPLEX 2.4g CELERON	4/18/04	596	596	596	0	0	0
58	COMPUTER MONITOR	7/23/04	214	214	214	0	0	0
59	TELEPHONE	9/10/04	467	467	467	0	0	0
60	CHAIR	10/22/04	215	215	215	0	0	0
61	COMPUTER EQUIPMENT - DELL	3/12/05	854	854	854	0	0	0
62	DVD/CD DUPLICATOR	4/11/05	3,556	3,556	3,556	0	0	0
63	COMPUTER EQUIPMENT	11/17/05	453	453	453	0	0	0
64	WWF SBS SERVER 2003	12/22/05	836	836	836	0	0	0
65	WWF SBS PREM 2003	3/17/06	35	35	35	0	0	0
66	DELL COMPUTER EQUIPMENT	5/30/06	204	204	204	0	0	0
67	GESTETNER COPIER	4/15/06	13,710	13,710	13,710	0	0	0
68	DELL SERVER	8/04/05	1,248	1,248	1,248	0	0	0
70	PANASONIC DVD RECORDER	7/21/06	541	541	541	0	0	0
71	CELL PHONE -TOM	7/24/06	217	217	217	0	0	0
72	VIDEO CAMERA	6/25/07	4,261	4,261	4,261	0	0	0
73	DVD PLAYER	10/19/07	425	425	425	0	0	0
74	COMPUTER	8/20/07	1,459	1,459	1,459	0	0	0
75	SOUND DEVICES USB PRE	3/13/08	594	594	594	0	0	0
76	COMPUTER	4/28/08	1,569	1,569	1,569	0	0	0
77	COMPUTER	5/20/08	1,130	1,130	1,130	0	0	0
78	SHEILA'S COMPUTER	6/07/07	613	613	613	0	0	0
79	MIXER FOR PRODUCTIONS	6/25/07	2,400	2,400	2,400	0	0	0
80	MISCELLANEOUS EQUIPMENT	5/31/08	1,088	1,088	1,088	0	0	0
82	LANIER COPER	4/16/09	3,754	3,754	3,754	0	0	0
83	HP INKJET PRINTER/FAX	7/02/09	249	249	249	0	0	0
84	DELL LAPTOP	9/01/09	2,241	2,241	2,241	0	0	0
85	MONITOR	12/21/09	180	180	180	0	0	0
86	FAX MACHINE	1/29/10	308	308	308	0	0	0
88	PHONE FOR GUEST ROOM	1/27/10	136	136	136	0	0	0
89	NEW PHONE	2/02/10	230	230	230	0	0	0
90	MEDIA CAROUSEL & DISC REPAIR SY	3/08/10	257	257	257	0	0	0
91	AIR CONDITIONER FOR SHEILA'S OFF	4/13/10	432	432	432	0	0	0
92	SERVER	10/29/10	7,122	7,122	7,122	0	0	0
93	DISC PRINTER	10/29/10	3,091	3,091	3,091	0	0	0
101	NEW SERVER	6/12/20	7,301	7,301	5,548	1,169	1,169	0
102	NEW SERVER	12/04/20	2,500	2,500	1,750	500	500	0

74-2716677

**VA Asset Report**

FYE: 5/31/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
103	COMPUTER	11/20/20	2,419	2,419	1,694	483	483	0
104	OFFICE EQUIPMENT	11/20/20	1,105	1,105	598	145	145	0
105	LAPTOP	11/05/21	5,418	5,418	3,197	888	888	0
106	COMPUTER EQUIPMENT	6/01/22	1,730	1,730	900	332	332	0
107	COMPUTER EQUIPMENT	7/01/23	517	517	103	166	166	0
108	EQUIPMENT	8/01/23	299	299	43	73	73	0
			<u>103,565</u>	<u>103,565</u>	<u>96,109</u>	<u>3,756</u>	<u>3,756</u>	<u>0</u>
<b>Other Depreciation:</b>								
2	OFFICE EQUIPMENT	12/01/98	8,696	8,696	8,696	0	0	0
3	FAX MODEM	1/01/00	104	104	104	0	0	0
4	4 TABLES & 18 CHARIS	1/04/00	556	556	556	0	0	0
5	E MACHINE COMPUTER	4/24/00	960	960	960	0	0	0
6	METAFILE SOFTWARE	6/09/99	2,005	2,005	2,005	0	0	0
7	HP 8000 LASER JET PRINTER	7/22/99	2,309	2,309	2,309	0	0	0
8	HP 4200C SCANNER	7/31/99	220	220	220	0	0	0
9	18" PAPER CUTTER	8/13/99	500	500	500	0	0	0
10	CELL PHONE & ACCESSORIES	9/04/99	483	483	483	0	0	0
11	TELEPHONE - SHEILA'S DESK	10/22/99	149	149	149	0	0	0
12	OZONE AIR PURIFIER	12/23/99	521	521	521	0	0	0
13	COMPUTERS	12/29/99	350	350	350	0	0	0
14	OFFICE CHAIR	12/31/99	177	177	177	0	0	0
15	ZIP DRIVE & UPS SYSTEM	1/01/00	460	460	460	0	0	0
16	VIDEO CAMERA	1/05/00	1,178	1,178	1,178	0	0	0
17	SONY PHONE	1/06/00	111	111	111	0	0	0
18	COPIER AGREEMENT	1/24/00	1,600	1,600	1,600	0	0	0
19	NEW COMPUTER	1/27/00	992	992	992	0	0	0
20	MODEM SPEAKERS	2/07/00	104	104	104	0	0	0
21	GARAGE REMODELING - LEASEHOLD	5/08/00	1,303	1,303	785	32	32	0
22	CARPET FOR GARAGE	6/12/00	1,757	1,757	1,757	0	0	0
23	DRIVEWAY & SIDEWALK	3/10/01	3,814	3,814	3,814	0	0	0
24	SOFTWARE UPGRADES	12/20/00	228	228	228	0	0	0
29	PHOTOSHOP SOFTWARE	6/05/02	533	533	533	0	0	0
31	PHOTOSHOP SOFTWARE	7/01/02	534	534	534	0	0	0
42	PAPER PORT PRO SOFTWARE	3/12/03	210	210	210	0	0	0
46	UPGRADE METAFILE SYSTEM	7/19/04	1,005	1,005	1,005	0	0	0
48	VIDEO PRODUCTION SOFTWARE	10/02/03	841	841	841	0	0	0
50	PRINTING SOFTWARE	11/11/03	629	629	629	0	0	0
69	DIGIBUY SOFTWARE	11/12/06	459	459	459	0	0	0
81	ADOBE SOFTWARE	7/03/08	1,435	1,435	1,435	0	0	0
87	LOGOS BIBLE SOFTWARE	11/27/09	722	722	722	0	0	0
94	DELL COMPUTER	11/13/13	1,141	1,141	1,141	0	0	0
95	HARD DRIVE	11/19/13	208	208	208	0	0	0
96	DELL MONITOR	12/02/13	174	174	174	0	0	0
97	Printer	11/30/16	1,128	1,128	1,128	0	0	0
98	Printer	3/07/17	4,316	4,316	4,316	0	0	0
99	Video Camera	8/18/16	1,527	1,527	1,527	0	0	0
100	Video Camera	12/23/16	1,350	1,350	1,350	0	0	0
	<b>Total Other Depreciation</b>		<u>44,789</u>	<u>44,789</u>	<u>44,271</u>	<u>32</u>	<u>32</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>44,789</u>	<u>44,789</u>	<u>44,271</u>	<u>32</u>	<u>32</u>	<u>0</u>
	<b>Grand Totals</b>		151,419	151,419	140,380	4,401	4,401	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>151,419</u>	<u>151,419</u>	<u>140,380</u>	<u>4,401</u>	<u>4,401</u>	<u>0</u>

74-2716677

**Bonus Depreciation Report**

FYE: 5/31/2025

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
25	DELL PENTIUM COMPUTER	9/12/01	1,353		0	0	406	947
26	DELL PENTIUM COMPUTER	12/10/01	1,046		0	0	314	732
27	DELL INSPIRON 8100	3/15/02	2,672		0	0	802	1,870
28	DELL LAPTOP	5/03/02	1,898		0	0	569	1,329
30	SONY CAMCORDER	6/27/02	1,808		0	0	542	1,266
32	VIDEO EDITING	6/02/03	307		0	0	153	154
33	DESKJET PRINTER	9/28/02	145		0	0	44	101
34	OFFICE SHELVEING	10/31/02	255		0	0	77	178
35	FAX MACHINE K-80	11/18/02	246		0	0	74	172
36	RENTAL VIDEO "SALLY"	11/25/02	137		0	0	41	96
37	PERFECTION 1250 PHOTO SCANNER	12/04/02	208		0	0	62	146
38	COMPUTER FOR SHEILA	6/13/03	1,512		0	0	756	756
39	10/100 16 DUAL PORT	1/18/03	136		0	0	41	95
40	HARD DRIVE FOR SERVER	2/04/03	120		0	0	36	84
41	MICROPHONE, BELT PACK ADAPTER	3/10/03	339		0	0	102	237
43	COMPUTER FOR TOM	3/27/03	2,726		0	0	818	1,908
44	RENTAL VIDEO "SALLY II"	5/15/03	409		0	0	205	204
45	2 LINE PHONE & ANSWERING MACHINI	7/23/03	244		0	0	122	122
47	MICROPHONE FOR SEMINAR USE	8/20/03	521		0	0	260	261
49	60GB HARD DRIVE	10/07/03	324		0	0	162	162
51	CD/DVD DUPLICATOR	12/17/03	2,223		0	0	1,112	1,111
52	PALM PILOT & WARRANTY	1/02/04	261		0	0	131	130
53	INSPIRON 8600 NITA	1/21/04	2,864		0	0	1,432	1,432
54	CREDIT CARD TERMINAL	2/25/04	339		0	0	170	169
55	COLOR LASERJET PRINTER	3/05/04	3,760		0	0	1,880	1,880
56	COMPUTER MONITOR & ACCESSORIES	4/15/04	260		0	0	130	130
57	OPTIPLX 2.4g CELERON	4/18/04	596		0	0	298	298
58	COMPUTER MONITOR	7/23/04	214		0	0	107	107
59	TELEPHONE	9/10/04	467		0	0	234	233
60	CHAIR	10/22/04	215		0	0	108	107
75	SOUND DEVICES USB PRE	3/13/08	594		0	0	297	297
76	COMPUTER	4/28/08	1,569		0	0	785	784
77	COMPUTER	5/20/08	1,130		0	0	565	565
80	MISCELLANEOUS EQUIPMENT	5/31/08	1,088		0	0	544	544
82	LANIER COPER	4/16/09	3,754		0	0	1,877	1,877
83	HP INKJET PRINTER/FAX	7/02/09	249		0	0	124	125
84	DELL LAPTOP	9/01/09	2,241		0	0	1,121	1,120
85	MONITOR	12/21/09	180		0	0	90	90
86	FAX MACHINE	1/29/10	308		0	0	154	154
88	PHONE FOR GUEST ROOM	1/27/10	136		0	0	68	68
89	NEW PHONE	2/02/10	230		0	0	115	115
90	MEDIA CAROUSEL & DISC REPAIR SYS'	3/08/10	257		0	0	128	129
91	AIR CONDITIONER FOR SHEILA'S OFFIC	4/13/10	432		0	0	216	216
92	SERVER	10/29/10	7,122		0	0	7,122	0
93	DISC PRINTER	10/29/10	3,091		0	0	3,091	0
101	NEW SERVER	6/12/20	7,301		0	0	5,548	1,753
102	NEW SERVER	12/04/20	2,500		0	0	1,750	750
103	COMPUTER	11/20/20	2,419		0	0	1,694	725
104	OFFICE EQUIPMENT	11/20/20	1,105		0	0	598	507
105	LAPTOP	11/05/21	5,418		0	0	3,197	2,221
106	COMPUTER EQUIPMENT	6/01/22	1,730		0	0	900	830
107	COMPUTER EQUIPMENT	7/01/23	517		0	0	103	414
108	EQUIPMENT	8/01/23	299		0	0	43	256
	<b>Grand Total</b>		<u>71,275</u>		<u>0</u>	<u>0</u>	<u>41,318</u>	<u>29,957</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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**There are no assets that meet the criteria of this report**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	EQUIPMENT	12/01/94	1,478	0	0
25	DELL PENTIUM COMPUTER	9/12/01	1,353	0	0
26	DELL PENTIUM COMPUTER	12/10/01	1,046	0	0
27	DELL INSPIRON 8100	3/15/02	2,672	0	0
28	DELL LAPTOP	5/03/02	1,898	0	0
30	SONY CAMCORDER	6/27/02	1,808	0	0
32	VIDEO EDITING	6/02/03	307	0	0
33	DESKJET PRINTER	9/28/02	145	0	0
34	OFFICE SHELVING	10/31/02	255	0	0
35	FAX MACHINE K-80	11/18/02	246	0	0
36	RENTAL VIDEO "SALLY"	11/25/02	137	0	0
37	PERFECTION 1250 PHOTO SCANNER	12/04/02	208	0	0
38	COMPUTER FOR SHEILA	6/13/03	1,512	0	0
39	10/100 16 DUAL PORT	1/18/03	136	0	0
40	HARD DRIVE FOR SERVER	2/04/03	120	0	0
41	MICROPHONE, BELT PACK ADAPTER	3/10/03	339	0	0
43	COMPUTER FOR TOM	3/27/03	2,726	0	0
44	RENTAL VIDEO "SALLY II"	5/15/03	409	0	0
45	2 LINE PHONE & ANSWERING MACHINE	7/23/03	244	0	0
47	MICROPHONE FOR SEMINAR USE	8/20/03	521	0	0
49	60GB HARD DRIVE	10/07/03	324	0	0
51	CD/DVD DUPLICATOR	12/17/03	2,223	0	0
52	PALM PILOT & WARRANTY	1/02/04	261	0	0
53	INSPIRON 8600 NITA	1/21/04	2,864	0	0
54	CREDIT CARD TERMINAL	2/25/04	339	0	0
55	COLOR LASERJET PRINTER	3/05/04	3,760	0	0
56	COMPUTER MONITOR & ACCESSORIES	4/15/04	260	0	0
57	OPTIPLEX 2.4g CELERON	4/18/04	596	0	0
58	COMPUTER MONITOR	7/23/04	214	0	0
59	TELEPHONE	9/10/04	467	0	0
60	CHAIR	10/22/04	215	0	0
61	COMPUTER EQUIPMENT - DELL	3/12/05	854	0	0
62	DVD/CD DUPLICATOR	4/11/05	3,556	0	0
63	COMPUTER EQUIPMENT	11/17/05	453	0	0
64	WWF SBS SERVER 2003	12/22/05	836	0	0
65	WWF SBS PREM 2003	3/17/06	35	0	0
66	DELL COMPUTER EQUIPMENT	5/30/06	204	0	0
67	GESTETNER COPIER	4/15/06	13,710	0	0
68	DELL SERVER	8/04/05	1,248	0	0
70	PANASONIC DVD RECORDER	7/21/06	541	0	0
71	CELL PHONE -TOM	7/24/06	217	0	0
72	VIDEO CAMERA	6/25/07	4,261	0	0
73	DVD PLAYER	10/19/07	425	0	0
74	COMPUTER	8/20/07	1,459	0	0
75	SOUND DEVICES USB PRE	3/13/08	594	0	0
76	COMPUTER	4/28/08	1,569	0	0
77	COMPUTER	5/20/08	1,130	0	0
78	SHEILA'S COMPUTER	6/07/07	613	0	0
79	MIXER FOR PRODUCTIONS	6/25/07	2,400	0	0
80	MISCELLANEOUS EQUIPMENT	5/31/08	1,088	0	0
82	LANIER COPER	4/16/09	3,754	0	0
83	HP INKJET PRINTER/FAX	7/02/09	249	0	0
84	DELL LAPTOP	9/01/09	2,241	0	0
85	MONITOR	12/21/09	180	0	0
86	FAX MACHINE	1/29/10	308	0	0
88	PHONE FOR GUEST ROOM	1/27/10	136	0	0
89	NEW PHONE	2/02/10	230	0	0
90	MEDIA CAROUSEL & DISC REPAIR SYSTE	3/08/10	257	0	0
91	AIR CONDITIONER FOR SHEILA'S OFFICE	4/13/10	432	0	0
92	SERVER	10/29/10	7,122	0	0
93	DISC PRINTER	10/29/10	3,091	0	0
101	NEW SERVER	6/12/20	7,301	584	0
102	NEW SERVER	12/04/20	2,500	250	0
103	COMPUTER	11/20/20	2,419	242	0
104	OFFICE EQUIPMENT	11/20/20	1,105	145	0
105	LAPTOP	11/05/21	5,418	889	0
106	COMPUTER EQUIPMENT	6/01/22	1,730	199	0

**Future Depreciation Report****FYE: 5/31/26****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
107	COMPUTER EQUIPMENT	7/01/23	517	99	0
108	EQUIPMENT	8/01/23	299	52	0
109	LAPTOP	7/23/24	3,065	981	0
			<u>106,630</u>	<u>3,441</u>	<u>0</u>

**Other Depreciation:**

2	OFFICE EQUIPMENT	12/01/98	8,696	0	0
3	FAX MODEM	1/01/00	104	0	0
4	4 TABLES & 18 CHARIS	1/04/00	556	0	0
5	E MACHINE COMPUTER	4/24/00	960	0	0
6	METAFILE SOFTWARE	6/09/99	2,005	0	0
7	HP 8000 LASER JET PRINTER	7/22/99	2,309	0	0
8	HP 4200C SCANNER	7/31/99	220	0	0
9	18" PAPER CUTTER	8/13/99	500	0	0
10	CELL PHONE & ACCESSORIES	9/04/99	483	0	0
11	TELEPHONE - SHEILA'S DESK	10/22/99	149	0	0
12	OZONE AIR PURIFIER	12/23/99	521	0	0
13	COMPUTERS	12/29/99	350	0	0
14	OFFICE CHAIR	12/31/99	177	0	0
15	ZIP DRIVE & UPS SYSTEM	1/01/00	460	0	0
16	VIDEO CAMERA	1/05/00	1,178	0	0
17	SONY PHONE	1/06/00	111	0	0
18	COPIER AGREEMENT	1/24/00	1,600	0	0
19	NEW COMPUTER	1/27/00	992	0	0
20	MODEM SPEAKERS	2/07/00	104	0	0
21	GARAGE REMODELING - LEASEHOLD IMI	5/08/00	1,303	33	0
22	CARPET FOR GARAGE	6/12/00	1,757	0	0
23	DRIVEWAY & SIDEWALK	3/10/01	3,814	0	0
24	SOFTWARE UPGRADES	12/20/00	228	0	0
29	PHOTOSHOP SOFTWARE	6/05/02	533	0	0
31	PHOTOSHOP SOFTWARE	7/01/02	534	0	0
42	PAPER PORT PRO SOFTWARE	3/12/03	210	0	0
46	UPGRADE METAFILE SYSTEM	7/19/04	1,005	0	0
48	VIDEO PRODUCTION SOFTWARE	10/02/03	841	0	0
50	PRINTING SOFTWARE	11/11/03	629	0	0
69	DIGIBUY SOFTWARE	11/12/06	459	0	0
81	ADOBE SOFTWARE	7/03/08	1,435	0	0
87	LOGOS BIBLE SOFTWARE	11/27/09	722	0	0
94	DELL COMPUTER	11/13/13	1,141	0	0
95	HARD DRIVE	11/19/13	208	0	0
96	DELL MONITOR	12/02/13	174	0	0
97	Printer	11/30/16	1,128	0	0
98	Printer	3/07/17	4,316	0	0
99	Video Camera	8/18/16	1,527	0	0
100	Video Camera	12/23/16	1,350	0	0
	<b>Total Other Depreciation</b>		<u>44,789</u>	<u>33</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>44,789</u>	<u>33</u>	<u>0</u>
	<b>Grand Totals</b>		<u>151,419</u>	<u>3,474</u>	<u>0</u>

Asset	Description	Date In Service	Cost	VA
<b>Prior MACRS:</b>				
1	EQUIPMENT	12/01/94	1,478	0
25	DELL PENTIUM COMPUTER	9/12/01	1,353	0
26	DELL PENTIUM COMPUTER	12/10/01	1,046	0
27	DELL INSPIRON 8100	3/15/02	2,672	0
28	DELL LAPTOP	5/03/02	1,898	0
30	SONY CAMCORDER	6/27/02	1,808	0
32	VIDEO EDITING	6/02/03	307	0
33	DESKJET PRINTER	9/28/02	145	0
34	OFFICE SHELVING	10/31/02	255	0
35	FAX MACHINE K-80	11/18/02	246	0
36	RENTAL VIDEO "SALLY"	11/25/02	137	0
37	PERFECTION 1250 PHOTO SCANNER	12/04/02	208	0
38	COMPUTER FOR SHEILA	6/13/03	1,512	0
39	10/100 16 DUAL PORT	1/18/03	136	0
40	HARD DRIVE FOR SERVER	2/04/03	120	0
41	MICROPHONE, BELT PACK ADAPTER	3/10/03	339	0
43	COMPUTER FOR TOM	3/27/03	2,726	0
44	RENTAL VIDEO "SALLY II"	5/15/03	409	0
45	2 LINE PHONE & ANSWERING MACHINE	7/23/03	244	0
47	MICROPHONE FOR SEMINAR USE	8/20/03	521	0
49	60GB HARD DRIVE	10/07/03	324	0
51	CD/DVD DUPLICATOR	12/17/03	2,223	0
52	PALM PILOT & WARRANTY	1/02/04	261	0
53	INSPIRON 8600 NITA	1/21/04	2,864	0
54	CREDIT CARD TERMINAL	2/25/04	339	0
55	COLOR LASERJET PRINTER	3/05/04	3,760	0
56	COMPUTER MONITOR & ACCESSORIES	4/15/04	260	0
57	OPTIPLEX 2.4g CELERON	4/18/04	596	0
58	COMPUTER MONITOR	7/23/04	214	0
59	TELEPHONE	9/10/04	467	0
60	CHAIR	10/22/04	215	0
61	COMPUTER EQUIPMENT - DELL	3/12/05	854	0
62	DVD/CD DUPLICATOR	4/11/05	3,556	0
63	COMPUTER EQUIPMENT	11/17/05	453	0
64	WWF SBS SERVER 2003	12/22/05	836	0
65	WWF SBS PREM 2003	3/17/06	35	0
66	DELL COMPUTER EQUIPMENT	5/30/06	204	0
67	GESTETNER COPIER	4/15/06	13,710	0
68	DELL SERVER	8/04/05	1,248	0
70	PANASONIC DVD RECORDER	7/21/06	541	0
71	CELL PHONE -TOM	7/24/06	217	0
72	VIDEO CAMERA	6/25/07	4,261	0
73	DVD PLAYER	10/19/07	425	0
74	COMPUTER	8/20/07	1,459	0
75	SOUND DEVICES USB PRE	3/13/08	594	0
76	COMPUTER	4/28/08	1,569	0
77	COMPUTER	5/20/08	1,130	0
78	SHEILA'S COMPUTER	6/07/07	613	0
79	MIXER FOR PRODUCTIONS	6/25/07	2,400	0
80	MISCELLANEOUS EQUIPMENT	5/31/08	1,088	0
82	LANIER COPER	4/16/09	3,754	0
83	HP INKJET PRINTER/FAX	7/02/09	249	0
84	DELL LAPTOP	9/01/09	2,241	0
85	MONITOR	12/21/09	180	0
86	FAX MACHINE	1/29/10	308	0
88	PHONE FOR GUEST ROOM	1/27/10	136	0
89	NEW PHONE	2/02/10	230	0
90	MEDIA CAROUSEL & DISC REPAIR SYSTE	3/08/10	257	0
91	AIR CONDITIONER FOR SHEILA'S OFFICE	4/13/10	432	0
92	SERVER	10/29/10	7,122	0
93	DISC PRINTER	10/29/10	3,091	0
101	NEW SERVER	6/12/20	7,301	584
102	NEW SERVER	12/04/20	2,500	250
103	COMPUTER	11/20/20	2,419	242
104	OFFICE EQUIPMENT	11/20/20	1,105	145
105	LAPTOP	11/05/21	5,418	889
106	COMPUTER EQUIPMENT	6/01/22	1,730	199

Asset	Description	Date In Service	Cost	VA
107	COMPUTER EQUIPMENT	7/01/23	517	99
108	EQUIPMENT	8/01/23	299	52
109	LAPTOP	7/23/24	3,065	981
			<u>106,630</u>	<u>3,441</u>

**Other Depreciation:**

2	OFFICE EQUIPMENT	12/01/98	8,696	0
3	FAX MODEM	1/01/00	104	0
4	4 TABLES & 18 CHARIS	1/04/00	556	0
5	E MACHINE COMPUTER	4/24/00	960	0
6	METAFILE SOFTWARE	6/09/99	2,005	0
7	HP 8000 LASER JET PRINTER	7/22/99	2,309	0
8	HP 4200C SCANNER	7/31/99	220	0
9	18" PAPER CUTTER	8/13/99	500	0
10	CELL PHONE & ACCESSORIES	9/04/99	483	0
11	TELEPHONE - SHEILA'S DESK	10/22/99	149	0
12	OZONE AIR PURIFIER	12/23/99	521	0
13	COMPUTERS	12/29/99	350	0
14	OFFICE CHAIR	12/31/99	177	0
15	ZIP DRIVE & UPS SYSTEM	1/01/00	460	0
16	VIDEO CAMERA	1/05/00	1,178	0
17	SONY PHONE	1/06/00	111	0
18	COPIER AGREEMENT	1/24/00	1,600	0
19	NEW COMPUTER	1/27/00	992	0
20	MODEM SPEAKERS	2/07/00	104	0
21	GARAGE REMODELING - LEASEHOLD IMI	5/08/00	1,303	33
22	CARPET FOR GARAGE	6/12/00	1,757	0
23	DRIVEWAY & SIDEWALK	3/10/01	3,814	0
24	SOFTWARE UPGRADES	12/20/00	228	0
29	PHOTOSHOP SOFTWARE	6/05/02	533	0
31	PHOTOSHOP SOFTWARE	7/01/02	534	0
42	PAPER PORT PRO SOFTWARE	3/12/03	210	0
46	UPGRADE METAFILE SYSTEM	7/19/04	1,005	0
48	VIDEO PRODUCTION SOFTWARE	10/02/03	841	0
50	PRINTING SOFTWARE	11/11/03	629	0
69	DIGIBUY SOFTWARE	11/12/06	459	0
81	ADOBE SOFTWARE	7/03/08	1,435	0
87	LOGOS BIBLE SOFTWARE	11/27/09	722	0
94	DELL COMPUTER	11/13/13	1,141	0
95	HARD DRIVE	11/19/13	208	0
96	DELL MONITOR	12/02/13	174	0
97	Printer	11/30/16	1,128	0
98	Printer	3/07/17	4,316	0
99	Video Camera	8/18/16	1,527	0
100	Video Camera	12/23/16	1,350	0
	<b>Total Other Depreciation</b>		<u>44,789</u>	<u>33</u>
	<b>Total ACRS and Other Depreciation</b>		<u>44,789</u>	<u>33</u>
	<b>Grand Totals</b>		<u>151,419</u>	<u>3,474</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning <b>06/01/24</b> , ending <b>05/31/25</b>		

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

**RESTORATION IN CHRIST MINISTRIES**

**74-2716677**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. <b>202,419</b>	<b>226,055</b>	<b>23,636</b>
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3.		
	4. Program service revenue .....	4. <b>37,403</b>	<b>36,303</b>	<b>-1,100</b>
	5. Investment income .....	5.		
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. <b>39,880</b>	<b>34,000</b>	<b>-5,880</b>
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12. 279,702</b>	<b>296,358</b>	<b>16,656</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. <b>70,000</b>	<b>70,000</b>	
	16. Salaries, other compensation, and employee benefits .....	16. <b>134,297</b>	<b>147,561</b>	<b>13,264</b>
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. <b>1,400</b>	<b>1,500</b>	<b>100</b>
	19. Occupancy, rent, utilities, and maintenance .....	19. <b>11,719</b>	<b>11,854</b>	<b>135</b>
	20. Depreciation and Depletion .....	20. <b>4,736</b>	<b>4,401</b>	<b>-335</b>
	21. Other expenses .....	21. <b>57,206</b>	<b>63,670</b>	<b>6,464</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22. 279,358</b>	<b>298,986</b>	<b>19,628</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23. 344</b>	<b>-2,628</b>	<b>-2,972</b>
<b>Other Information</b>	24. Total exempt revenue .....	24. <b>279,702</b>	<b>296,358</b>	<b>16,656</b>
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. <b>77,283</b>	<b>70,303</b>	<b>-6,980</b>
	27. Total assets .....	27. <b>91,579</b>	<b>88,884</b>	<b>-2,695</b>
	28. Total liabilities .....	28. <b>-120</b>	<b>-187</b>	<b>-67</b>
	29. Retained earnings .....	29. <b>91,699</b>	<b>89,071</b>	<b>-2,628</b>
	30. Number of voting members of governing body .....	30. <b>5</b>	<b>4</b>	
	31. Number of independent voting members of governing body .....	31. <b>4</b>	<b>3</b>	
	32. Number of employees .....	32. <b>4</b>	<b>4</b>	
	33. Number of volunteers .....	33.		

Form **990****Tax Return History****2024**

Name

**RESTORATION IN CHRIST MINISTRIES**

Employer Identification Number

**74-2716677**

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....			219,291	202,419	226,055	
Membership dues .....						
Program service revenue .....			33,253	37,403	36,303	
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....			30,135	39,880	34,000	
<b>Total revenue</b> .....			282,679	279,702	296,358	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			70,000	70,000	70,000	
Other compensation .....			131,193	134,297	147,561	
Professional fees .....			1,300	1,400	1,500	
Occupancy costs .....			14,590	11,719	11,854	
Depreciation and depletion .....	1,564	1,217	4,475	4,736	4,401	
Other expenses .....			69,386	57,206	63,670	
<b>Total expenses</b> .....	1,564	1,217	290,944	279,358	298,986	
<b>Excess or (Deficit)</b> .....	-1,564	-1,217	-8,265	344	-2,628	
Total exempt revenue .....			282,679	279,702	296,358	
Total unrelated revenue .....						
Total excludable revenue .....			63,388	77,283	70,303	
Total Assets .....	2,377	1,160	90,919	91,579	88,884	
Total Liabilities .....			-436	-120	-187	
Net Fund Balances .....	2,377	1,160	91,355	91,699	89,071	

**Federal Statements****Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
FEES AND LICENSES	\$ 1,273	\$ 1,273	\$	\$
UTILITIES	1,015	812	203	
Total	<u>\$ 2,288</u>	<u>\$ 2,085</u>	<u>\$ 203</u>	<u>\$ 0</u>

52566 RESTORATION IN CHRIST MINISTRIES  
74-2716677  
FYE: 5/31/2025

4/14/2026 7:24 PM

## Federal Statements

### Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
VARIOUS	\$ 224,581
INTEREST	1,474
Total	<u>\$ 226,055</u>

### Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
SEMINAR REGISTRATIONS	\$ 36,303
SALES OF MATERIALS	33,147
MISCELLANEOUS	853
SALE OF MATERIALS	
Total	<u>\$ 70,303</u>

### Virginia Form 500 Return Summary

For calendar year 2024 or tax year beginning 06/01/24 , ending 05/31/25  
RESTORATION IN CHRIST MINISTRIES 74-2716677

**Taxable Income**

Federal taxable income		
Total additions		
Total subtractions		
Savings and loan association's bad debt deduction	_____	
Virginia taxable income		
Apportionment factor	100.00	
<b>Taxable income</b>		=====

**Taxable Computation**

Income tax		
Nonrefundable tax credits	_____	
<b>Adjusted corporate tax</b>		=====

**Payments and Penalties**

Estimated income tax payments and overpayment credit		
Extension payment		
Refundable tax credits from Schedule 500CR		
Pass-through entity withholding from Schedule 500ADJ		
Penalty		
Interest		
Additional charge Form 500C	_____	
<b>Total payments and penalties</b>		=====
<b>Total Due</b>		===== 0
<b>Overpayment credited to next year</b>		=====
<b>Refund</b>		=====

**Next Year's Estimates**

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	_____
<b>Total</b>	=====

**Annual Registration Information**

Gross contributions	226,055
Total fees	200
Registration / extended due date	ASAP

## **Filing Instructions**

### **RESTORATION IN CHRIST MINISTRIES**

#### **Form 102 - Charitable Organization Registration**

#### **Taxable Year Ended May 31, 2025**

- Date Due:** AS SOON AS POSSIBLE
- Remittance:** A check in the amount of \$200 should be made payable to Treasurer of Virginia and included with the return. Write "E.I.N. 74-2716677, May 31, 2025 Form 102" on the check.
- Mail To:** VA Dept of Agriculture and Consumer Svcs  
P.O. Box 526  
Richmond, VA 23218-0526
- Signature:** The return should be signed and dated on Page 6 by two different authorized officers of the corporation.
- Other:** Write the number of the check on the remittance form and include it with the return.

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 526, Richmond, VA 23218-0526  
Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 10/23

**REMITTANCE FORM  
CHARITABLE ORGANIZATION  
FORM 102**

**YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)**

Organization name: RESTORATION IN CHRIST MINISTRIES

Address: 307 4TH STREET

GROTTOES VA 24441

Federal Employer Identification Number: 74-2716677

**REGISTRATION FEE AMOUNT**

Your annual registration, which includes the annual fee payment, is due every year, five months and fifteen days from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

**Initial:** First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is **also** required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

**Late:** If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. You will **never pay** an initial and late registration fee at the same time.

**Annual:** See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ \_\_\_\_\_ (910-02184)

Late Registration Fee (\$100): \$ \_\_\_\_\_ (910-02184)

Annual Registration Fee: \$ 200 (910-02619)  
(See pg. 7 of Form 102)

Total Fees: \$ 200

To assist us in tracking your payment,  
please enter your **Check Number:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA**

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:**

Virginia Department of Agriculture and Consumer Services  
P.O. Box 526  
Richmond, VA 23218-0526

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 526, Richmond, VA 23218-0526  
Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 10/23  
Form 102, Page 1

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION  
FORM 102**

Please choose the type of registration:

<input type="checkbox"/>	Initial Registration
<b>OR</b>	
<input checked="" type="checkbox"/>	Annual Renewal

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCRP) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO" or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's legal name:

RESTORATION IN CHRIST MINISTRIES

2. List any other names under which you may solicit contributions in Virginia:

3. Required primary address: 307 4TH STREET

GROTTOES

City

VA

State

24441

Zip Code

"Primary address" means the bona fide physical street address of the organization or sole proprietor. **P.O. Boxes will not be accepted.** Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

4. Does the organization maintain any other offices in Virginia?

Yes

No

If "Yes," then attach a list of the addresses and telephone numbers for those offices.

"Other offices" will include locations where the organization may administer a program or house administrative functions. "Other offices" will not include the names and addresses of chapters, branches or affiliates soliciting in Virginia, as provided in response to question 7 of this form.

5. Mailing address if different from primary address above:

City

State

Zip Code

6. Other contact information: 540-249-1027

Telephone, including area code

Fax, including area code

WWW.RCM-USA.ORG

Internet URL

DIANE@RCM-USA.ORG

Organization's official e-mail address\*

**\*The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here:** \_\_\_\_\_

RESTORATION IN CHRIST MINISTRIES 74-2716677  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
**Form 102, Page 2**

Revised 10/23

## 7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia?  Yes  No

**If "Yes,"**

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?  
 Yes  No

**If "Yes,"** a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. **Please refer to 2VAC5-610-30 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.**

## 8. Please check one:

	Type of organization
<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify):

9. Date of incorporation or formation: 06/23/1994

10. In what city was the organization legally established? \_\_\_\_\_ TX  
City State

11. What is the main purpose of the charitable organization?

PROVIDING TRAINING, COUNSELING, AND EDUCATIONAL RESOURCES FOR INDIVIDUALS  
WITH HISTORIES OF ABUSE.

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**

Name and Company Name

Address

City

State

Zip Code

13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: 06/01/2024 To: 05/31/2025

b) Has the organization recently changed its fiscal year?  Yes  No

**If "Yes,"** then provide the dates of the "short" fiscal year:

From: \_\_\_\_\_ To: \_\_\_\_\_

14. Is the organization exempt under the Internal Revenue Code?  Yes  No

RESTORATION IN CHRIST MINISTRIES 74-2716677  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
**Form 102, Page 3**

Revised 10/23

## 15. Key personnel:

a) Full name and title of the individuals having signatory power over the organization's funds:

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b) Full name and title of the individuals who approve the organization's budget:

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c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

Yes  No If "Yes," then attach a statement providing a description of the pertinent facts.

d) For the **CURRENT** fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will **not** accept the listing provided in the IRS Form 990. **Note:** Your registration will be considered incomplete if the listing does not include **titles**. Addresses are not required if the named individuals are to be contacted at the organization's primary address. See Statement 1

16. Financial statements – please complete the following calculations using your financials from the **most recently completed fiscal year:****16(A): Percentage of fundraising expenses:**

- |   |                   |
|---|-------------------|
| 1) Total amount of contributions received directly from the public: (found on the IRS Form 990, Page 9, Part VIII, line 1h / 990EZ, Page 1, Part 1, Line 1 (less government grants)                                 | \$ <u>226,055</u> |
| 2) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors: (found on IRS Form 990, Page 10, Part IX, Line 25, Column D / 990EZ, Page 1, Part 1, Line 13) | \$ <u>13,969</u>  |
| 3) Percent of fundraising expenses: (found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1))  | <u>6.1795%</u>    |
| 4) For federated fundraising organizations ONLY: State the percentage withheld from a donation designated for a member agency:  | _____%            |

**16(B): Percentage of charitable services expenses:**

- |   |                   |
|---|-------------------|
| 1) Total amount of expenses dedicated to providing charitable services: (found on IRS Form 990, Page 10, Part IX, Line 25, Column B / 990EZ, Page 2, Part III, Line 32) | \$ <u>257,657</u> |
| 2) Total amount of expenses of the organization: (found on IRS Form 990, Page 10, Part IX, Line 25, Column A / 990EZ, Page 1, Part 1, Line 17)                          | \$ <u>298,986</u> |
| 3) Percent of program services expenses: (found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2))   | <u>86.1769%</u>   |

RESTORATION IN CHRIST MINISTRIES 74-2716677  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
 Form 102, Page 4

Revised 10/23

**16(C): Percentage of administrative expenses:**

- 1) Total amount of expenses dedicated to administrative costs: (found on IRS Form 990, Page 10, Part IX, Line 25, Column C / 990EZ, Page 1, Part 1, Line 12) \$ 27,360
- 2) Total amount of expenses of the organization: (found on IRS Form 990, Page 10, Part IX, Line 25, Column A / 990EZ, Page 1, Part 1, Line 17) \$ 298,986
- 3) Percent of administrative expenses: (found on this form, OCRP-102, Line 16C(1) divided by Line 16C(2)) 9.1509%

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes  No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fundraising organizations, etc.) conduct solicitations on its behalf?

Yes  No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes  No **If "Yes," to question 19, please indicate the arrangement with your agency by checking below:**

X	Category	Type of Arrangement
	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
	B	An outside consultant or professional fundraising counsel
	C	A paid professional solicitor

**If in Question 19 either B or C are checked, then please provide the following information:**

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

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b) **Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.**

20. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

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21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes  No **If "Yes," then name all such agencies. Submit an attachment if necessary.**

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RESTORATION IN CHRIST MINISTRIES 74-2716677  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
 Form 102, Page 5

Revised 10/23

22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?  
 Yes  No **If "Yes,"** then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.
23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?  
 Yes  No **If "Yes,"** then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.
24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check** all that apply):

X	Type of Solicitation
	Telephone
X	Direct mail
X	Internet
	Special events
	Door-to-door
	Personal contact
	Other (Specify):

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:
- i) Are all questions on the form answered?  
 Yes  No **If "No,"** then the registration will be considered incomplete.
- ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?  
 Yes  No **If "No,"** then the registration will be considered incomplete.

RESTORATION IN CHRIST MINISTRIES 74-2716677  
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION  
Form 102, Page 6

Revised 10/23

26. OATH OR AFFIRMATION. (MUST BE WET INK SIGNATURES)

**\*Two** (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. Copies are not allowed.

**We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.**

**We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.**

\_\_\_\_\_  
Wet ink signature of the **chief fiscal officer, chief financial officer, or treasurer**

\_\_\_\_\_  
DIANE W. HAWKINS  
Print name

\_\_\_\_\_  
PRESIDENT  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wet ink signature of the **president or other authorized officer**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel *are effective, if complete, upon receipt* by the Commissioner." For more information on determining whether your registration is complete, please refer to the checklist provided on page 8 of the application.

**Rules Governing the Solicitation of Contributions can be located using the following link:**  
<https://law.lis.virginia.gov/admincode/title2/agency5/chapter610/>

RESTORATION IN CHRIST MINISTRIES 74-2716677  
**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**  
 Form 102, Page 7

Revised 10/23

### SCHEDULE OF REGISTRATION FEES

#### FEE CRITERIA\*

\$30	If your <b>gross contributions</b> for the preceding year do not exceed \$25,000
\$50	If your <b>gross contributions</b> exceed \$25,000, but do not exceed \$50,000
\$100	If your <b>gross contributions</b> exceed \$50,000, but do not exceed \$100,000
\$200	If your <b>gross contributions</b> exceed \$100,000, but do not exceed \$500,000
\$250	If your <b>gross contributions</b> exceed \$500,000, but do not exceed one million dollars
\$325	If your <b>gross contributions</b> exceed one million dollars

- **“Gross contributions”** means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 **in addition to the applicable annual registration fee.**

**\*\* Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

#### \*COMPUTATION OF FEE CRITERIA

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A 226,055

#### Subtract

- Funds received from federated fundraising organization (FFO)\*\*  
(IRS Form 990, Part VIII, Line 1a): B \_\_\_\_\_
- Government Grants (IRS Form 990, Part VIII, Line 1e) C \_\_\_\_\_

Total Deductions (add Lines B and C) D 0

**GROSS CONTRIBUTIONS (subtract Line D from Line A)** **E 226,055**

\*\*The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:

Name of FFO: \_\_\_\_\_

## Virginia Statements

**Statement 1 - Form 102, Page 3, Question 15d - Names of Organization's Officers,  
Directors, Trustees, and Principal Salaried Staff**

Name		Address 1		Address 2	
City	State	Zip	Foreign Province or State	Title	
DIANE W. HAWKINS GROTTOES	VA	307 4TH STREET 24441		PRESIDENT	
BARBARA BUSSEY HEMET	CA	40940 LOIS COURT 92544-7304		BOARD MEMBER	
GAYLEEN TERRY GILBERT	AZ	4388 EAST STRAWBERRY DRIVE 85298		BOARD MEMBER	
CLAUDE TERRY GILBERT	AZ	4388 EAST STRAWBERRY DRIVE 85298		BOARD MEMBER	

## **Filing Instructions**

### **RESTORATION IN CHRIST MINISTRIES**

#### **Form VA-8453C - Virginia Corporate Income Tax Declaration for Electronic Filing**

**Taxable Year Ended May 31, 2025**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** None is required. No amount is due or overpaid.

**Signature:** Form VA-8453C should be signed and dated by an authorized officer of the corporation and returned to:

Graham, Poirot and Caseres CPA's LLC  
57 SOUTH MAIN STREET STE 507  
HARRISONBURG, VA 22801

**Other:** Your return is being filed electronically with the Virginia Department of Taxation and is not required to be mailed. If you mail a paper copy of your return to the Virginia Department of Taxation, it will delay processing of your return.

<b>VA-8453C</b> Virginia Department of Taxation	<b>Virginia Corporation Income Tax Declaration for          Electronic Filing</b>	<b>Tax Year          2024</b>
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**DO NOT SEND THIS VA-8453C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
 IT MUST BE MAINTAINED IN YOUR FILES!**

For calendar year 2024, or tax year beginning 06/01/24, ending 05/31/25

Online Filed Return

<b>Corporation Name</b>	<b>Federal ID Number</b>
RESTORATION IN CHRIST MINISTRIES	74-2716677
<b>Part I Tax Return Information</b>	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
<b>Part II Declaration of Officer</b>	
<p>I declare under penalties of perjury that I am an officer of the above corporation and that I have compared the information on the return with the information I have provided to my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2024 Virginia corporation income tax return. To the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent that the corporation's return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO and by the IRS to the Virginia Department of Taxation (Virginia Tax). This declaration is to be retained by the ERO or transmitter as validation of the corporation's electronically filed Virginia income tax return. If filing a balance due return, I authorize Virginia Tax and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2024 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of its liability, the corporation will remain liable for the tax liability in addition to all applicable penalties and interest.</p>	
_____ Signature of Officer	PRESIDENT Title
_____ Date	
<b>Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer</b>	
<p>I declare that I have reviewed the above corporation's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the corporate officer's signature on Form VA-8453C before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the officer with a copy of all forms and information to be filed with the IRS and the Virginia Tax, and have followed all other requirements as specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>	
_____ ERO's Signature	04/14/26 Date
Graham, Poirot and Caseres CPA's LLC Firm's name (or yours if self-employed)	P01061678 ERO's SSN or PTIN
57 SOUTH MAIN STREET STE 507 Street Address	Paid Preparer? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N 27-4444458 ERO's SSN or PTIN
HARRISONBURG VA 22801 City, State, and Zip	540-433-2001 EIN
_____ Paid Preparer's Signature	_____ Date
_____ Firm's name (or yours if self-employed)	Preparer's SSN or PTIN Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
_____ Street Address	_____ EIN
_____ City, State and Zip	_____ Phone Number

# 2024 Virginia Schedule 500A

# Corporation Allocation and Apportionment of Income



Name as shown on Form 500 <b>RESTORATION IN CHRIST MINISTRIES</b>	FEIN <b>74-2716677</b>
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- Check if you are:**
- Filing a consolidated or combined return.
  - A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).
  - A property information and analytics firm that has entered into a memorandum of understanding with VEDP and meets the criteria outlined in Va. Code § 58.1-422.4.
  - An Internet root infrastructure provider that has entered into a memorandum of understanding with VEDP and meets the criteria outlined in Va. Code § 58.1-422.5.

**Section A - Apportionment Method**

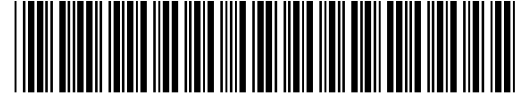
- |  |  |
|--|--|
| <p><b>1. Motor Carrier Mileage Factor</b> ..... <input type="checkbox"/></p> <p style="font-size: small;">If an exception applies, check the applicable box below</p> <p style="padding-left: 20px;"><input type="checkbox"/> Exception 1      <input type="checkbox"/> Exception 2</p> <p><b>2. Financial Corporation Cost of Performance Factor</b> ..... <input type="checkbox"/></p> <p><b>3. Construction Corporation Completed Contract Basis Sales Factor</b> ..... <input type="checkbox"/></p> <p><b>4. Railway Company Revenue Car Miles</b> ..... <input type="checkbox"/></p> <p><b>5. Retail Company Apportionment</b> ..... <input type="checkbox"/></p> <p><b>6. Debt Buyers Apportionment</b> ..... <input type="checkbox"/></p> | <p><b>7. Manufacturer's Modified Apportionment Method Sales Factor</b> ..... <input type="checkbox"/></p> <p><b>(a) Enter beginning date of election year</b> _____</p> <p><b>(b) Wage and employment certification required each year:</b> Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment. .... <input type="checkbox"/></p> <p><b>8. Enterprise Data Center Operation</b> ..... <input type="checkbox"/></p> <p><b>9. Multi-Factor Formula With Double-Weighted Sales</b> ..... <input checked="" type="checkbox"/></p> |
|--|--|

**Section B - Apportionment Computation**

	Column A Total	Column B Virginia	Column C Percentage
<b>1. Single Factor Computation</b> <small>Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations</small> ..... <b>1</b>	.00	.00	%
<b>2. Multi-Factor Computation</b>			
<b>(a) Property Factor</b> ..... <b>2(a)</b>	118,744 .00	118,744 .00	100.00 %
<b>(b) Payroll Factor</b> ..... <b>2(b)</b>	0 .00	0 .00	%
<b>(c) Sales Factor</b> ..... <b>2(c)</b>	0 .00	0 .00	0.00 %
<b>(d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2</b> ..... <b>2(d)</b>			0.00 %
<b>(e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d)</b> ..... <b>2(e)</b>			100.00 %
<b>(f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator</b> ..... <b>2(f)</b>			100.00 %
<b>3. Income Subject to Virginia Tax</b>			
<b>(a) Virginia Taxable Income from Form 500, Line 7</b> ..... <b>3(a)</b>			0 .00
<b>(b) Total Dividends (total amount of allocable income)</b> ..... <b>3(b)</b>			.00
<b>(c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c)</b> ..... <b>3(c)</b>			.00
<b>(d) Add Lines 3(b) and 3(c)</b> ..... <b>3(d)</b>			.00
<b>(e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d)</b> ..... <b>3(e)</b>			.00
<b>(f) Total Nonapportionable Income. Line 3(d) minus Line 3(e)</b> ..... <b>3(f)</b>			.00
<b>(g) Income Subject to Apportionment. Line 3(a) minus Line 3(f)</b> ..... <b>3(g)</b>			0 .00
<b>(h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g)</b> ..... <b>3(h)</b>			.00
<b>(i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b)</b> ..... <b>3(i)</b>			.00
<b>(j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a)</b> ..... <b>3(j)</b>			0 .00

**2024 Virginia  
Schedule 500FED**

**Corporation Schedule of  
Federal Line Items**



**Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.**

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return RESTORATION IN CHRIST MINISTRIES FEIN 74-2716677

**Form 1120 — Deductions and Taxable Income**

1. Federal Taxable Income before NOL and Special Deductions .....	1.	0.00
2. Net Operating Loss Deduction .....	2.	.00
3. Special Deductions .....	3.	1,000.00
4. Federal Taxable Income after NOL and Special Deductions .....	4.	0.00

**Form 1120, Schedule C — Dividends and Special Deductions**

5. Subpart F Income and/or Global Intangible Low-Taxed Income .....	5.	.00
6. Gross-Up for Foreign Taxes Deemed Paid .....	6.	.00

**Form 1120, Schedule K or M-1**

7. Tax Exempt Interest .....	7.	.00
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**Form 5884 — Work Opportunity Credit**

8. Salaries and Wages not deducted due to the WOTC .....	8.	.00
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**Form 4562 – Special Depreciation Allowance and Other Depreciation**

9. Special depreciation allowance for qualified property placed in service during the taxable year .....	9.	.00
10. Property subject to 168(f)(1) election .....	10.	.00
11. Other depreciation .....	11.	32.00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Gross Income or Loss**

12. Total: Dividends .....	12.	.00
13. Reserved for future use .....	13.	.00
14. Total: Inclusions (Exclude Gross-up) .....	14.	.00
15. Total: Inclusions (Gross-up) .....	15.	.00
16. Total: Interest .....	16.	.00
17. Total: Gross Rents, Royalties, and License Fees .....	17.	.00
18. Total: Gross Income from Performance of Services .....	18.	.00
19. Total: Other .....	19.	.00
20. Total: Total Gross Income or Loss from Outside the US .....	20.	.00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Deductions**

21. Total: Allocable – Rental, Royalty, and Licensing Expenses – Depreciation, Depletion, and Amortization .....	21.	.00
22. Total: Allocable – Rental, Royalty, and Licensing Expenses - Other Expenses .....	22.	.00
23. Total: Allocable – Expenses Related to Gross Income from Performance of Services .....	23.	.00
24. Total: Allocable – Other Allocable Deductions .....	24.	.00
25. Total: Total Allocable Deductions .....	25.	.00
26. Total: Apportioned Share of Deductions .....	26.	.00
27. Total: Net Operating Loss Deduction .....	27.	.00
28. Total: Total Deductions .....	28.	.00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Total Income**

29. Total: Total Income or (Loss) Before Adjustments .....	29.	.00
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