990 Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01 , 2017, and ending ,2018 06-30 В Check if applicable: C Name of organization Miami Rescue Mission, Inc. D Employer identification no. Address change Doing business as Broward Outreach Center 59-1743865 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 420620 (305)571-2273Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Miami, FL 33242 \$ 22,650,131 H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: Ronald Brummitt H(b) Are all subordinates included? Same as C above 4947(a)(1) or X 501(c)(3)) 4 (insert no.) Tax-exempt status: 501(c) (If "No." attach a list, (see instructions) Website: www.miamirescuemission.com H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1976 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Our mission is to follow the Lord Jesus Christ's great commission by serving homeless and needy men, women and children. We provide Activities & Governance emergency services and comprehensive residential programs to effect lasting change and empower people to become productive members of society. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 233 Total number of volunteers (estimate if necessary) 6 9,000 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 19,365,043 20,879,955 1,731,166 1,635,562 10 19,868 39,010 11 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,020,473 22,650,131 13 4,695,274 5,358,725 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,974,220 6,597,746 127,982 289,438 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 11,608,043 11,492,181 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,405,519 23,738,090 (2,385,046 (1,087,959)Net Assets or Fund Balances Beginning of Current Year End of Year Total assets (Part X, line 16) 31,518,986 30,446,659 21 Total liabilities (Part X, line 26) 1,524,767 1,629,027 22 29,994,219 28,817,632 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. 11/14/18 Sign Here Ronald Brummitt, President Type or print name and title Date if PTIN Print/Type preparer's name Preparer's signature Paid Lawrence Master. CPA Lawrence Master 11-14-2018 P00696725 Preparer Broward Tax Services Firm's EIN Firm's name Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

5595 Orange Drive Ste 207

Fort Lauderdale FL 33314

Firm's address

No

954-864-1117

Phone no

	m 990 (2017) Miami Rescue Mission, Inc. 59-1743865 Page
	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:
	Our mission is to follow the Lord Jesus Christ's great commission by serving homeless and
	needy men, women and children. We provide emergency services and comprehensive residential
	programs to effect lasting change and empower people to become productive members of society.
	Did the errorization undertaken and the state of the stat
_	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	
٠	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
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 several the appropriate to the control of the contr
	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.
	wild total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 9.180 803 including grants of \$ 0.035 055) (Payonya f
•••	7,100,003 moduling grants of \$2,835,257 (Revenue \$ 176.140)
	There are two centers in Broward County. The Hollywood Center was completed in 1997,
	providing the first emergency shelter and comprehensive recovery program for the homeless in
	Broward County. The Hollywood Center provides 90 beds for males including 39 transitional
	spaces for graduates to prepare for external housing. The Hollywood Center for Women and
	Children provides residential services to 45 women, single or with children. Program services
	include parenting skills development, computer literacy, education, job placement, budgeting and assistance with housing. The second center in Pompano Beach provides another 239 beds for
	men, women and children providing services similar to the Hollywood Center.
	silvices Similar to the Rollywood Center.
4b	(Code:) (Expenses \$ 9,162,201 including grants of \$ 2,493,960) (Revenue \$ 469,061)
	The Mission operates two residential centers (Center for Men & Center for Women and
	Children), and two non-residential programs (Community Activity Center & Jeffery Tew
	Education Center) in Miami-Dade County. The Activity Center provides a preventative program
	for at risk youth. The 245-bed Center for Men provides emergency services, long-term care.
	and transitional housing. Approximately 190 men are involved in an 8 to 14-month intensive
	program of education, rehab, counseling, discipleship training, career preparedness, and job
	re-entry mentoring via the Regeneration Program. An additional 250 to 350 homeless men are
	provided with a shower, change of clothing, and a hot meal daily. The Center for Women and
	Children is a 40-bed facility that serves homeless or battered women and single mothers with
	minor children.
4 -	
4¢	(Code:) (Expenses \$2,250,062 including grants of \$29,508) (Revenue \$1,017,767)
	The Mission operates two thrift stores (The Bargain Barn and Bargain Barn Plus) in Miami-Dade
	County. These stores provide gently used merchandise such as clothing, appliances, furniture,
	bric-a-brac, etc. to the general public. Donated items are picked up by our fleet of trucks,
	and a dedicated staff that includes former program participants. Many donations (furniture,
	paint, clothing, appliances, etc.) are put into direct use by our Centers; the remaining
	items are sold to help fund our programs. The Bargain Barn also accepts donated cars and
	other motor vehicles. Vehicles that are not used in the ministry are auctioned off on the
	first Saturday of each month, and provide revenue for our programs. The Bargain Barn is also
	a place to help train residents for future employment.
4 d	Other program services (Describe in Schedule O.)
. **	(Evpanson #
4e	
	Total program service expenses 20,593,066

Form 990 (2017)

Miami Rescue Mission, Inc.

Partily Checklist of Required Schedules

59-1743865

			Т	1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
r	Part III	5	ļ <u>.</u>	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		X
1	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
Ü	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV		3.7	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	X	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		. ,	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	()(A) - F F	Ca was	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		- 11	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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? If "Yes," complete Schedule D, Part VIII	11 c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Χ
e	The state of the s	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	••••
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII			
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	45.		
13	Is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E	12b	Х	
4a	Did the organization maintain an office, employees, or agents outside of the United States?	13		$\frac{X}{X}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		Λ_
	fundraising, business, investment, and program service activities outside the United States, or aggregate	-		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	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? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ_

	Form 990 (2017) Miami Rescue Mission, Inc. 59-1743865 Part IV Checklist of Required Schedules (continued)							
			Yes	No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X				
b	and an area of Semination of Sob) of the addition interregal state interior to finis (etum)			+				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			 				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х				
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? If "Yes," complete Schedule I, Parts I and III	22	Х					
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? If "Yes," complete Schedule J	23	Х	İ				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than							
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b							
	through 24d and complete Schedule K. If "No," go to line 25a	· · 24a	<u> </u>	X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b						
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year							
	to defease any tax-exempt bonds?	· · 24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	- 24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• • 25a		Х				
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?							
26	If "Yes," complete Schedule L, Part I	· · 25b		X				
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any							
	current or former officers, directors, trustees, key employees, highest compensated employees, or							
27	disqualified persons? If "Yes," complete Schedule L., Part II	· · 26		X				
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,							
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X				
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L.							
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			jir .				
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV	· · 28a	X					
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV							
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	X					
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	· 28c		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	X					
	conservation contributions? If "Yes," complete Schedule M							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X				
- /	Part I	١.,						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u>X</u>				
	complete Schedule N, Part II							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	• 32		<u>X</u>				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	• 33		<u>X</u>				
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	04		.,				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 34		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	· 35a		X				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	arı						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	· 35b						
	related organization? If "Yes," complete Schedule R, Part V, line 2	00		٠,				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 36	 -	<u>X</u>				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,							
	Part VI · · · · · · · · · · · · · · · · · ·	27		v				
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	· 37		X				
	19? Note. All Form 990 filers are required to complete Schedule O.	38	.					
EA	The state of the s	1 30	<u> </u>					

	m 990 (2017) Miami Rescue Mission, Inc. 59-1: IntV Statements Regarding Other IRS Filings and Tax Compliance	74386	5	!	Page (
	Check if Schedule O contains a response or note to any line in this Part V				П
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	15			1,0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	E		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	Χ	V/40362
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7.00 4.00 4.00	E	at year	100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	233			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Χ	200
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	· • • 📳		7 2 3	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		-,·		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	Ī			
	account)?,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.	4a		Х
b	If "Yes," enter the name of the foreign country:		W-3		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	4			
	(FBAR).		* .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	V 2511	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8888-T?	<u> </u>	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6	6b		l
7	Organizations that may receive deductible contributions under section 170(c).	327	(A) No. 200		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ.		-	
	and services provided to the payor?		7a	l War is	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ļ			
	required to file Form 8282?	7	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				KK.TA
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	7e	A CONTRACT	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 1		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	ļ	7h	Χ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>			
	sponsoring organization have excess business holdings at any time during the year?		8	Yearle	607.11°
9	Sponsoring organizations maintaining donor advised funds.			r.	1943 - J
a	Did the sponsoring organization make any taxable distributions under section 4966?		a Ja		\$44° 204
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?)b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	A Mari			
1	Section 501(c)(12) organizations. Enter:				71.74
а	Gross income from members or shareholders	2000 2000			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				4-1
	If IIVaa II ambamble analysis of face account to the second secon	13	2a		ar sa
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?				gyrith.
	Note. See the instructions for additional information the organization must report on Schedule O.	13	sa		DUTE:
	Enter the amount of reserves the organization is required to maintain by the states in which				
	First will be a second of the		5,1.		
	***	E Wall			
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14			X
~	in res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	• • 14	łb		

	** PUBLIC DISCLOSURE COPY **						
For	m 990 (2017) Miami Rescue Mission, Inc.		0 11	1400		r	(
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7h helow	9-1'	(4.50	"No"		age (
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O See in	anu struci	ione	100		
	Check if Schedule O contains a response or note to any line in this Part VI		30000	10/10,			· [X]
Sec	ction A. Governing Body and Management						<u>. M</u>
		···-				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12		res	No
	If there are material differences in voting rights among members of the governing body, or			+2		i de la composición dela composición de la composición dela composición de la compos	
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
þ	Enter the number of voting members included in line 1a, above, who are independent	1b		12	\$2 5°		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				SALL MAY	Para d	
	any other officer, director, trustee, or key employee?				2	Х	-
3	Did the organization delegate control over management duties customarily performed by or under the direct				— -		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		,		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	? .			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
6	Did the organization have members or stockholders?			٠.	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					····	
	one or more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
a	The governing body?			• •	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	• • • •			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				,		
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		• • •	- •	9	_,	X
	tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Cod	de.)					
10a	Did the organization have local chapters, branches, or affiliates?			1		Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			• •	10a		_X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		٠	٠.	10b	17	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	t are roun	r		11a	X	eriest.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	i v	FW 1975
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to confli	cte?	•	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	. (0 0011111	old :		120		
	describe in Schedule O how this was done				12c	х	
13	Did the organization have a written whistleblower policy?			•	13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					9993	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	W 120 C
b	Other officers or key employees of the organization				15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			į			
	with a taxable entity during the year?			٠ . [16a		Х
b	If "Yes," dld 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			ŀ			
50-	organization's exempt status with respect to such arrangements?			<u> </u>	16b		
	tion C. Disclosure	·					
17	List the states with which a copy of this Form 990 is required to be filed Statement #17						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3)s	nly)				
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Check all that apply.						
19							
v	- Describe in Consider O whether (and it so, now) the organization made its governing documents, conflict of intere	est noticy.	and				

20

financial statements available to the public during the tax year.

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

Gordon Helsby (305) 571-2273, 3553 NW 50th Street, Miami, FL 33142

Form 990 (20		59-1743865	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com Independent Contractors	pensated Employ	ees, and
	Check if Schedule O contains a response or note to any line in this Part VII		\square
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than
 \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela	ated organizatio	n com	pen	sate	d an	ıy curre	ent d	officer, director, or t	rustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do I	not ch , unle er an	Pos neck m as per d a dir	(C) sition nore i son i	than one is both a r/trustee) n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jeffrey A Tew Director/Chairman	2.00_	х		Х						_
(2) Roger M Gordon	2,00	- 21		-				0	00_	0
Director/Secretary		Х		Х	Ì			0	o	0
(3) Pete A Gutierrez	1.00							v	<u> </u>	
Director		Х						0	0	0
(4) Sofia Guzman	1.00									<u> </u>
Director		X		ĺ		ĺ		0	0	o
(5) Marty Steinberger	1.00									
Director		X				- 1	j	0	0	0
(6) Carlos Acosta	1.00									
Director		X			ļ			0	o	0
(7) John S Liotta	1.00									
Director		Х		_		i		o	o	0·
(8) Mark Beausoleil	1.00									
Director		Х		_	ŀ		ı	o	0	0
(9) Barbara Ann Tosi-Renna	1.00									
Director		Х						o	0	0
(10)Linda Washington-Brown, Dr.	1.00		i							
Director		Х						o	o	0
(11)Carlos Romero	_	1				ĺ				
Director		Х						o	o	0
(12)Ronald Brummitt	60.00									
President				Х				193,783	0	14,773
(13)Gordon Helsby	50.00_	İ	ľ		Ī	T				
Comptroller				X				101,884	0.	14,332
(14)Marilyn Brummit	60.00_	1	ſ							
Vice President of Development					Χ			119,260		13,132
EEA										Form 990 (2017)

Form 990 (2017)

Miami Rescue Mission. Inc.

59-1743865

R ans

Part VII Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	ınd i	High	est	Comp	ens	ated Employees	(continued)	43865 Fa	ye a
(A) Name and title	(B) Average	(do not check more than of box, unless person is both					 I	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated	
	week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	employee	Π.	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	other compensation	
(15)											
(16)								· · · · · · · · · · · · · · · · · · ·			
(17)											
(18)			1								,
(19)											
(20)											
(21)											—
(22)											—
(23)											
(24)											
(25)											
1b Sub-total	n A					;	·				
d Total (add lines 1b and 1c)								414,927 than \$100,000 of		0 42,23	7
reportable compensation from the organization	<u></u>									3 Yes N	
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	or trustee, ke for such indi	ey emp vidual	loye •	e, o	r hig	hest c	omp	ensated			X
4 For any individual listed on line 1a, is the sum of reportanization and related organizations greater than \$\frac{1}{2}\$											
individual	mpensation	from a	ny u	 nrela	 ated	• • • • organ	nizati	on or individual		• 4 X	
for services rendered to the organization? If "Yes," or Section B. Independent Contractors	omplete Sch	edule .	l for	suci	ı pe	rson	•			. 5	<u>X</u>
 Complete this table for your five highest compensate compensation from the organization. Report compen year. 											
(A)								(B)		(C)	
Name and business address Miami Rescue Mission Clinic, 2015 NW 1s		liami	, F	L,	331	27		Description of s Resident E	· · · · · · · · · · · · · · · · · · ·	Compensation 300,0	00
iHeart Media, Box 402535, Atlanta, GA 3 Burke Construction Group, 10145 NW 19th		Mia	mi,	F	L 3	3172	2	Radio Broa	deasting	135,9 316,9	80
2 Total number of Independent contractors (including b received more than \$100,000 of compensation from the contractors).				sted	abo	ve) w	ho	_l	3		

Form 9		Statement of Reven						59-1743	365 Page 9
7.00		Check if Schedule O conta	ins a response	ог п	ote to any line In th	nis Part VIII			<u></u>
				1, 1 1, 1		(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Яø	1a	Federated campaigns		1a			Tevende		D12-514
Contributions, Giffs, Grants and Other Similar Amounts	k			1b	Y	2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
ο E	0	Fundraising events		1c					
3ifts Par /	d	Related organizations		1d					
S (e	Government grants (contribut	tions)	1e	5,233,588				
ftior er S	f	All other contributions, gifts, g	rants,		,	7	Acceptance of the contract of		
흎		and similar amounts not inclu	ded above	1f	15,646,367				
ti pi	g	Noncash contributions include	ed in lines 1a-11		10,583,480				
0 %	h	Total. Add lines 1a-1f			20,879,955	\$ \$ 5 VALUE			
43					Business Code		gan II pro		AMP From Contraction
ä	2a	Sale of Donated Item	ns		900099	1,017,767	1,017,76	1	Backer rys source (typ)
Rev	b	Transitional Housing	J		900099	271,744		1	
je,	c	Program Fees			900099	373,457		T	1
Sen	d			_ i					
Ē	e			_					
Program Service Revenue	1	All other program service reve			900099	68,198	68,198	3	
	g	Total. Add lines 2a-2f · · ·			. 	1,731,166	4/5/3/		746 (1980) (1980) (1980)
	3	Investment income (including of							
	ł	and other similar amounts) .			•	39,010			39,010
	4	Income from investment of tax				.,,,			
	5	Royalties • • • • • • • • • • • • • • • • • • •		• •	. ▶	V			
		·	(i) Real		(ii) Personal				
	1	Gross rents		\dashv				Control of the contro	
	I	Less: rental expenses · · · ·		_			togation .	A.M. (1997)	
	i	Rental income or (loss)				13.410. million 1938 78.7			
	d	Net rental income or (loss) .	* * * * * * * * *						
	7a	Gross amount from sales of	(I) Securities	_	(II) Other		3147		Alaman ing take
		assets other than inventory		[**************************************		
	b	Less: cost or other basis							MARKALA Marka
		and sales expenses						A CONTRACTOR	
	l	Gain or (loss)							
o.		Net gain or (loss)		' ' '		Paris San San San San San San San San San San			
a	8a	Gross income from fundraising							
eve		events (not including \$	4.3	- 1					
Ε.		of contributions reported on line	•						
Other Reven	L .	See Part IV, line 18 · · · · · Less: direct expenses · · ·		a		i de			
U		Net income or (loss) from fundi		n [L .		4.		
		Gross income from gaming act	_	Ī			749		
	34	See Part IV, line 19		_					
	h	Less: direct expenses		b l					
		Net income or (loss) from gami		·· L					
			ing activities .	Ġ			651.04		AUG NALIGIEREN STERNE VIOLEN
	ıva	Gross sales of Inventory, less returns and allowances							2.5. Pozz. Strategy St.
	h	Less: cost of goods sold		"			100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 ma	Viene	
		Net Income or (loss) from sales		~ L		Becch virtual for best	or with the second second		
	<u>`</u>	Miscellaneous Revenue	- months	Ť	Business Code		Services Control		
	11a	MISCOUDINGOUS LANGUIG	· · · · · · · · · · · · · · · · · · ·	\dashv	Printess Podd			recupation († 1768) I	pa <u>labaratan (665</u> km²). N
	b			- -					
	c			- -					
	d	All other revenue		- -					
		Total. Add lines 11a-11d				· · · · · · · · · · · · · · · · · · ·			
	12	Total revenue, See instructions				22,650,131	1,731,166	0	20 010
						, UUV, LUL	-,,2-,100		39,010

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Page 10

Statement of Functional Expenses Part IX 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, (A) Total expenses (B) (C) (D) Fundralsing Program service expenses Management and 8b, 9b, and 10b of Part VIII. general expenses expenses 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 5,358,725 5,358,725 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits pald to or for members 5 Compensation of current officers, directors, trustees, and key employees 330,289 286,529 10,353 33,407 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 130,823 113,490 4,101 13,232 7 5,147,677 4,465,669 161,351 520,657 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 66,377 57,582 2,081 6,714 Other employee benefits 9 534,259 463,476 16,746 54,037 10 388,321 336,873 12,172 39,276 11 Fees for services (non-employees): Management 143,936 22,205 121,731 3,044 3,044 C Accounting 22,155 22,155 Lobbying Professional fundralsing services. See Part IV, line 17 . e 289,438 289,438 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 140,960 122,285 4,418 14,257 13 1,795,399 1,007,529 56,276 731,594 14 83,234 2,609 80,625 15 Royalties 16 1,737,472 1,507,277 54,460 175,735 17 252,691 219,213 7,920 25,558 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 47,370 21,094 1,485 24,791 20 650 650 21 22 Depreciation, depletion, and amortization 781,961 678,369 103,592 23 Insurance 753,338 653,532 99,806 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Supplies - GIK 4,828,393 5,074,842 246,449 þ Client Health Services 305,942 305,942 C All other expenses 349,187 144,883 59,105 145,199 Total functional expenses. Add lines 1 through 24e 25 23,738,090 20,593,066 744,055 2,400,969 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 🕨 🛄 if

following SOP 98-2 (ASC 958-720)

Form 990 (2017)

Balance Sheet

Part X

Miami Rescue Mission, Inc.

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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 9,967,762 1 3,054,103 2 2 1,711,837 771,743 3 Pledges and grants receivable, net 3 611,321 380,823 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Assets 289,124 8 289,172 Prepaid expenses and deferred charges 216,485 9 158,322 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D | 10a 27,099,593 Less: accumulated depreciation 10b b 8,840,540 10c 18,643,553 18,259,053 11 11 3,202,191 12 Investments - other securities. See Part IV, line 11 12 4,251,614 13 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 78,904 15 79,638 16 Total assets. Add lines 1 through 15 (must equal line 34) 31,518,986 16 30,446,659 17 17 430,952 547,127 18 18 19 Deferred revenue 19 1,000,000 1,000,000 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 93,815 21 81,900 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 25 26 26 1,524,767 1,629,027 Organizations that follow SFAS 117 (ASC 958), check here 🕒 🗓 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 29,790,942 27 28,617,681 28 178,277 174,951 29 29 25,000 25,000 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🔲 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 29,994,219 33 28,817,632 34 Total liabilities and net assets/fund balances 31,518,986 34 30,446,659 Form 990 (2017)

EEA

	1990 (2017) Miami Rescue Mission, Inc.	59-174386	55_	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · ·		🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	- 1	22,6	50,131
2	Total expenses (must equal Part IX, column (A), line 25)	·	23,7	38,090
3	Revenue less expenses. Subtract line 2 from line 1		(1,0	87,959)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	29,9	94,219
5	Net unrealized gains (losses) on investments		(88,628)
6	Donated services and use of facilities	. 6		
7	Investment expenses	. 7		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	. 10	28.8	17,632
Pa	rt XII Financial Statements and Reporting	— p-1		
	Check if Schedule O contains a response or note to any line in this Part XII			🖂
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		X	() () () () () ()
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		W. 44	
	Schedule O,		86,75	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		200	
	separate basis, consolidated basis, or both:			
	Separate basis		14 TO 1	
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in			7
	Schedule O.			anwi - prox
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		White Phil	settere bulletin
	the Single Audit Act and OMB Circular A-133?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		"	
.,	required quality as guidity assessing using in Calandria, O and departing assessing a second assessing as		3b	
	The state of the s			000 (0017)

SCHEDULE A

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Miami Rescue Mission, Inc 59-1743865 Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(l). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c U 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. Check this box If the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization, Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (II) EIN (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing ees) proggus other support (see above (see instructions)) document? instructions) Instructions) Yes Νo (A) (B) (C) (D) (E)

		** PUBLI	C DISCLOS	URE COPY	**		
P	Support Schedule for On (Complete only if you chec Part III. If the organization	ked the box or	escribed in S	of Part I or if	the organization	n failed to qualify	Page 2) ' under
_	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
٠	each person (other than a		100				
	governmental unit or publicly						
	supported organization) included on	The Control					
	line 1 that exceeds 2% of the amount		0.01			# 10 PM	
	shown on line 11, column (f)					Andread All Control of the Control o	
6	Public support, Subtract line 5 from line 4 • •				6.0.0		
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			1			(7)
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include galn or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			h, or fifth tax year	as a section 501(c)	(3)	
	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, c					14	%
15	Public support percentage from 2016 Sched	ule A. Part II line :	144			45	0.1

33 1/3% support test - 2017. 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 33 1/3% support test - 2016. 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 - 2017. 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

10%-facts-and-circumstances test - 2016. 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

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

990 or 990-EZ) 2017 Miami Rescue Mission, Inc.
Support Schedule for Organizations Described in Section 509(a)(2) Schedule A (Form 990 or 990-E2) 2017

Part II Support Sc

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,416,161	19,356,087	17,367,998	19,365,043	00 050 055	
2	Gross receipts from admissions, merchandise	20/420/202	19,550,007	17,301,990	19,365,043	20,879,955	96,385,244
	sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose	1,597,165	1,593,459	1,708,870	1,635,562	1,731,166	8,266,222
3	Gross receipts from activities that are not an unrelated trade or business under section 513 -	··· danile dec.					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	21,013,326	20,949,546	19,076,868	21,000,605	22,611,121	104,651,466
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	109,559	167,024	70,358	64,936	44,547	456,424
İo	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b	109,559	167,024	70,358	64,936	44,547	456,424
8	Public support. (Subtract line 7c from						
Sec	tine 6.)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				104,195,042
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(=\ 2047	W. T
9	Amounts from line 6	21,013,326	20,949,546	19,076,868	21,000,605	(e) 2017	(f) Total 104,651,466
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,013	5,301	8,163	19,868	39,010	78,355
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	:					
C	Add lines 10a and 10b · · · · · · · · · · · ·	6,013	5,301	8,163	19,868	39,010	78,355
11	Net income from unrelated business activities not included in fine 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	21,019,339	20,954,847	19,085,031	21,020,473	22,650,131	104,729,821
	First five years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as			
	ction C. Computation of Public Su						
	Public support percentage for 2017 (line 8, co					15	99.49 %
	Public support percentage from 2016 Schedution D. Computation of Investment					16	99.51 %
	Investment income percentage for 2017 (line			(6)		4w	
	Investment income percentage for 2017 (line investment income percentage from 2016 Sc			umn (!))		17	0.00 %
	33 1/3% support tests - 2017. If the organiza	•			L	18	0.00 %
	17 is not more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly su	ıpported organizati	on	· · · · > 🗵
	33 1/3% support tests - 2016. If the organize line 18 is not more than 33 1/3%, check this k	ox and stop here.	The organization of	jualifies as a public	ly supported organ	ization	🟲 📙
20	Private foundation. If the organization did no	a check a box on lir	ne 14, 19a, or 19b,	check this box and	see instructions	• • • • • • •	🕨 📙

Part IV Supporting O

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Net short-term capital gain	Miami Rescue Mission, Inc.		59-1743	3865 Pa	age (
Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (A) Prior Year (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Recoveries of prior-year distributions 3 Other gross Income (see Instructions) 3 Other gross Income (see Instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see Instructions) 8 Adjusted Net Income (subtract lines 5, 8 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 1 b Average monthly value of securities 1 b Average monthly cash balances 1 c Fair market value of ther non-exempt-use assets 1 c C 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 C 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 6) 8 Minimum Asset Amount (and line 7 to line 6) 8 Minimum Asset Amount (and line 7 to line 6) 8 Minimum Asset Amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 6 Multiply line 5 by , 035. 7 Recoveries of prior-year (from Section B, line 8, Column A) 8 Enter greater of line 2 or line 3. 9 Income tax imposed in prior year 1 Adjusted net income for prior year (from Section B, line 8, Column A) 9 Enter greater	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations		
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 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 Portion of operating expenses paid or incurred for production or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (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 1 Ageregate monthly value of securities 1 b Average monthly value of securities 2 Fair market value of other non-exempt-use assets 3 to Development of the following or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Distributable Amount 1 Adjusted net income for prior year (from Section B, line 8, Column A) 1 Enter greater of line 2 or line 3 1 Incom	instructions. All other Type III have functionally interrupted a very action and	g trust	on Nov. 20, 1970 (explain	n in Part VI). See	1
1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	instructions. All other Type in non-junctionally integrated supporting organ	ization	ns must complete Section		
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7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see					
instance in the section year is the organizations instituted and internationally integrated type in supporting organization (see			rated Type III augustics	organization /c	
instructions).	instructions).	urea	area Type in supporting	organization (866	;

	rtV Type III Non-Functionally Integrated 509(a)(0. 0) C	59-17	43865 Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ilzations (continued)	
1				Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets	es of supported organiza	ations	
	Qualified set-aside amounts (prior IRS approval required)		····	
- 6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
- 8	Distributions to attentive supported organizations to which the		•.	
O	(provide details in Part VI). See instructions,	ie organization is respor	isive	
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by Line 9 amount		****	
10	Line 6 amount divided by Line 9 amount		411	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iil) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6		337	
2	Underdistributions, if any, for years prior to 2017			8 / Alamaia
	(reasonable cause required - explain in Part VI). See	(#6/#/a		
	instructions.			
3	Excess distributions carryover, if any, to 2017		7, W. Santanian, 7, 7, 10, 10, 11	
a				17 (1 (d) (1 (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)
b	From 2013			
C	From 2014			
d	From 2015		STOCKET STOCKETS	
е	From 2016		engagi makan da da da da da da da da da da da da da	
f	Total of lines 3a through e		7, 70	The state of the s
g	Applied to underdistributions of prior years		/	
h	Applied to 2017 distributable amount			<u> </u>
i	Carryover from 2012 not applied (see instructions)	CPV		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$		45,7 (5,-	
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			See the see that t
¢	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if	grand decomposity (1)	WAR 25 10 10 10 10 10 10 10 10 10 10 10 10 10	
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	Action and the second s		
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B (Form 990, 990-EZ, or 990-PE)

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization		Employer Identification number
Miami Rescue Mission	, Inc.	59-1743865
Organization type (check one)	;	
Filers of:	Section:	
1 11613 01,	Section:	
Form 990 or 990-EZ	501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	1
	527 political organization	
	L) 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	~~ <u>`</u>	
•	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	out(c)(a) taxable private foundation	
Check if your organization is co-	vered by the General Rule or a Special Rule.	
	(8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule, See
instructions.		
General Rule		
For an organization filing	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions total	ing \$5,000
	operty) from any one contributor. Complete Parts I and II. See instructions for de	termining a
contributor's total contri	outions.	
Special Rules		
For an organization des	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo	ort test of the
	ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-E	
13, 16a, or 16b, and tha	it received from any one contributor, during the year, total contributions of the gre	eater of (1)
\$5,000 or (2) 2% of the	amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete F	arts I and II,
<u> </u>	. 1) (1) (2) FOL() (2) (3) (4) (4)	
	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr	
	ear, total contributions of more than \$1,000 exclusively for religious, charitable, s ourposes, or for the prevention of cruelty to children or animals. Complete Parts I,	•
merary, or educationar p	urposes, or for the prevention of cruetty to children of animals. Complete Parts 1,	II, and III.
For an organization des	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr	om anv one
	ear, contributions exclusively for religious, charitable, etc., purposes, but no such	
contributions totaled mo	re than \$1,000. If this box is checked, enter here the total contributions that were	e received
	clusively religious, charitable, etc., purpose. Don't complete any of the parts unle	
General Rule applies to	this organization because it received nonexclusively religious, charitable, etc., o	ontributions
totaling \$5,000 or more	during the year	· · · > \$
Caution: An organization that is	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B	/Form 000
	answer "No" on Part IV, tine 2, of its Form 990; or check the box on line H of its F	
	answer No on Factive, line 2, on its Form 990, or check the box on line H of its F artify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-E2	
,, =1 to 00	2	-, -, , , ,

	rm 990, 990-EZ, or 990-PF) (2017)		Page 2
Name of or Miami Re	ganization scue Mission, Inc.	Emp	loyer identification number 59–1743865
Part	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,568,020</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization	Employer identification number
	ami Rescue Mission, Inc.	59-1743865
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · · · · · · · · · · ·	
2	Aggregate value of contributions to (during year) •	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · □ Yes □ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	triud broad
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	····· ∏Yes ∏No
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified hist	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
	▶	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	
•	tax year	ation during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
•	•	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	mente during the year
•	* Industrial and a second and industrial in the second of	anents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(A)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	□ . •• □ ···
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements,	beaches he
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Accete
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	or Ominar Assets.
1a		halance about
ıa	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furti	
L	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	herance of
	public service, provide the following amounts relating to these items:	
	(I) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

	Organizations Maintaining		Art. Histor	ical Tr	easures	or Ot	59-1743 her Similar Acc	ete (cont	Page 2
3	Using the organization's acquisition, accession,	and other records	check any of	the follow	wing that ar	e a clanif	icent use of its	icis (com	nueu)
	collection items (check all that apply):	and omer records	, or containy or	the lollor	wing ulat a	e a sigini	ican use of its		
а	Public exhibition	4 🗆 14	oan or exchan	ne progr	ame				
b	Scholarly research		ther	ae biodic	31115				
c	Preservation for future generations	# □ 0							
4	Provide a description of the organization's colle	otions and ovalola	how thou first	ar tha an	~~!titi				
•	XIII.	cuons and explain	now they turth	er the on	ganizations	exempt	purpose in Part		
5	During the year, did the organization solicit or re	oobio dawadaaa	المالم المسلمة	4					
·	assets to be sold to raise funds rather than to be							п.,	п.,
Pa	rt V Escrow and Custodial Arran	namante	nt of the organ	ization s	collection?		· · · · · · · · · · ·	· Yes	No
- V	Complete if the organization ar		on Form 90	n Dar	t IV line (a or ro	norted an amou	nt on Fam	
	990, Part X, line 21.	isweited 163	On Form 33	o, rai	t IV, IIIIe i	9, OI 1 0	porteu an amou	III OH FOH	111
1a	is the organization an agent, trustee, custodian	or other intermedia	ant for contribu	tions or	other esset				
								Π.,	
h	If "Yes," explain the arrangement in Part XIII and			• • • •				- Yes	∠ No
	in 100, explain the arrangement in Fart All and	a complete the folia	owing table.						
С	Beginning balance					<u> </u>	Amo	ount	
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form								
	If "Yes," explain the arrangement in Part XIII. Ch								===
Pa	tt.V Endowment Funds.	ieck nere ii the exp	nariation rias b	een prov	naea on Pa	II XIII			<u>, X</u>
227,7800	Complete if the organization ar	newered "Vee"	on Form 90	n Day	HV line	۱n			
	a complete in the organization of			<u>-</u>				T	
1a	Beginning of year balance	(a) Current year	(b) Prior		(c) Two yea		(d) Three years back	(e) Four yea	
b	Contributions	25,000	25	,000		,000	25,000	25	5,000
Č	Net investment earnings, gains, and							ļ	
٠	losses	10		4.0					
d	Grants or scholarships	10		10		10	10		12
e	Other expenditures for facilities and							ļ	
·	programs	10	1						
f	Administrative expenses	10		10		10	10		12
g	End of year balance	0F 000	0.5	000			0.000		
2	Provide the estimated percentage of the current	25,000		,000		,000	25,000	25	,000
~ 9	Board designated or quasi-endowment	year end balance	(mile 19, colum	in (a)) ne	iu as.				
b	Permanent endowment * %								
c	Temporarily restricted endowment	%							
·	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possession		on that are hal	d and ad	miniatorod	Far tha			
-	organization by:	in of the organization	on may are ner	u anu au	ministereu	or are		Tv.	
	(i) unrelated organizations							Ye	
	(ii) related organizations							3a(i)	X
b	If "Yes" on 3a(ii), are the related organizations lis	ted as required on	Sopodulo D3					3a(ii)	X
4	Describe in Part XIII the intended uses of the org	•				, .		3b	
Pai	t VI Land, Buildings, and Equipm		meni idilda,						
	Complete if the organization an		on Form 99	0 Part	IV line 1	1a Se	e Form 990 Pa	rt V line 1	ın
	Description of property	(#) Cost or ot				T	· · · · · · · · · · · · · · · · · · ·		
	percupacit or property	(investor	, ,		other basis lher)		Accumulated epreciation	(d) Book val	ue
1a	Land	• •			15,739			4,915	730
b	Buildings				98,587		6,723,886	12,674	
c	Leasehold improvements						-, .	,0/3	,,,,,
d	Equipment			2.7	53,267		2,116,654	626	,613
e	OtherSTMD1E	`			32,000				,000
Total	. Add lines 1a through 1e. (Column (d) must equa	······································	(, column (B), i					18,259	
EEA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Sci	edule D (Form	

Part X Other Liabilities	abilities.	_ial	her	Ot	X	ı.	₽a	Œ,
--------------------------	------------	------	-----	----	---	----	----	----

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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	>	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. 😿

COLUMN TO THE OWNER.	dule D (Form 990) 2017 Miami Rescue Mission, Inc.	59-1743	365 Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	26,165,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	202004	
а	Net unrealized gains (losses) on investments	628)	
b	Donated services and use of facilities	ga. 5 2.5.V	
C	Recoveries of prior year grants		
đ	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	- · 2e	3,515,282
3	Subtract line 2e from line 1		22,650,131
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	521.5	22,030,131
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	20 July 20 Jul	
c	Add lines 4a and 4b	· · 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		00 CEO 101
	Reconciliation of Expenses per Audited Financial Statements With Expen	ses ner Ret	22,650,131
[:7:AF-8	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Jos per rec	W111.
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1	27,342,000
a			
b		910	
C	Prior year adjustments		
d			
	Other (Describe in Part XIII.) Add lines 2a through 2d		
e	Subtract line 2e from line 1	2e	3,603,910
3		3	23,738,090
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe In Part XIII.)		
c	Add lines 4a and 4b	'-	
5 D =	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,738,090
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines	4; Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01	The same of the sa		
<u>0 T</u>	. Escrow account liability (Part IV, line 2b)		
The	Mission holds cash for program participants, and this agency fund is rep	orted as a	
Lial	bility on Form 990, Part X, line 21.		
	,		
			

Schedule D (Form 990) 2017

EEA

Schedule D (Form 990) 2017 Miami Rescue Mission, Inc.	59-1743865	Page 5
Part XIII Supplemental Information (continued)		
02. Endowment funds intended uses (Part V, line 4)		
The intended uses are to provide funding for educational supplies and act	ivities.	
03. Footnote for uncertain tax position under FIN 48 (Po	art X)	
The financial statement effects of a tax position taken or expected to be		
recognized in the consolidated financial statements when it is more likely	y than not, based	
on the technical merits, that the position will be sustained upon examina	tion. Interest	
and penalties, if any, are included in expenses in the consolidated states	ments of	
activities. For the years ended June 30, 2017 and 2016, the Organization 1	had no uncertain	
tax positions that qualify for recognition or disclosure in the consolidate	ted financial	
statements.		<u> </u>
The Organization files information tax returns in the U.S. and various sta	ates. The	
Organization is generally no longer subject to U.S. federal and state tax	examinations by	
tax authorities for years before 2013.		
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2017

Department of the Treasury
Internal Revenue Service
Name of the organization

Open to Public Inspection Employer identification number

Miami Rescue Mission, Inc. Part Fundraising Activities	s. Complete if t	he orga	nization an	swered "Yes" on	59-174 Form 990, Part IV	3865 line 17
Form 990-EZ filers are no				0110104 100 011	1 01111 000, 1 011 14,	mic 17,
Indicate whether the organization rai Mail solicitations		any of the	following activ	vities. Check all that a of non-government gra		
b ⊠ Internet and email solicitations				or non-government gra of government grants	ants	
c X Phone solicitations		<u> </u>	=			
d ☑ In-person solicitations		9 L	7 obeciai iniit	draising events		
2a Did the organization have a written o	r aral garaamant w	مدار بدموم خافا	والمالية المالية المالية المالية المالية المالية	lina a 66 a	L	
or key employees listed in Form 990						п.,
b If "Yes," list the 10 highest paid indivi compensated at least \$5,000 by the	duals or entities (fu					
(i) Name and address of individual or entity (fundralser)	(II) Activity	custody	Indraiser have or control of ibutions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		331 (1)	1
1 One and All Inc						
PO Box 936517, OH 44103	Direct Mail		X	2,469,161	198,403	2,270,758
2 Gateway Communications	Phone					
16805 NE Mason Court, 97230	Solicitation		X	13,438	16,035	(2,597
3 Frank Jacobs			,			
3484 Highway 651, AL 36311	Consulting		X		50,000	(50,000
4 Maxine Jacobs			x			
3484 Highway 651, AL 36311 5	Consulting		^_		25,000	(25,000
6						
7						
8						
9		<u> </u>				
10	:					
<u> </u>		<u> </u>				
Total				2,482,599	289,438	2,193,161
 List all states in which the organization registration or licensing. 	is registered or lic	ensed to	solicit contribu	tions or has been not		
Florida, Pennsylvania, Calif	fornia, Illir	nois, S	outh Caro	olina	<u> </u>	
						
•				- ",		
	, ···					
						
			,,			
	,					

		than \$15,000 of fundraising gross receipts greater than		d gross income on Forn	n 990- ≿ ∠, lines 1 and 6	b. List events with
		gibss receipts greater triair	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	- ,			
Œ	2 3	Less: Contributions				
		IRIC 2) · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs · · · · · · ·			<u>.</u>	
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	<u> </u>			
	10 11	Direct expense summary, Add lines Net income summary, Subtract line				***
Pa	it II		rganization answered	"Yes" on Form 990. Par	t IV. line 19. or reported	l more
52		than \$15,000 on Form 990		·	. , ,	
Revenue	·		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue	···			
es	2	Cash prizes	***************************************			
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs			· .	
	5	Other direct expenses				
	6	Volunteer labor	Yes %	│	☐ Yes% ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subtr	ract line 7 from line 1, colu	mn (d)		
9 a b	ls t	ter the state(s) in which the organizat he organization licensed to conduct of No," explain:		f these states? · · · ·		· · · · . Yes No
10a b		ere any of the organization's gaming I Yes," explain:	•	ed or terminated during the		· · · · . Yes . No

ŝ

(h) Purpose of grant Open to Public Inspection OMB No. 1545-0047 or assistance X Yes 2017 Employer identification number 59-1743865 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, (e) Amount of noncash assistance Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\mbox{\footnotesize EEA}}$ Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (b) (a) Name and address of organization Miami Rescue Mission, Inc or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part PartII (10) Ξ 7 E ල 3 (2) 6 8 9

Schedule 1 (Form 990) (2017)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 59-1743865 Schedule | (Form 990) (2017) Miami Rescue Mission, Inc.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				Thrift Store	Food, Clothing and
1 Noncash Assistance to the Needy	10,000		5,088,268 Value	Value	Furniture
2 Financial Sustenance for the Needy	100	212,146			
3 Financial Assistance for the Needy	75	58,311			
4					
rò					
w					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	e 2; Part III, columr	ι (b); and any other add	ditional information.

01. Monitoring procedures (Part I, line 2)

Noncash gifts and cash assistance are distributed to needy persons while they are staying at the Mission. The grants are

regularly monitored by the program director to ensure intended use.

Schedule I (Form 990) (2017)

E A

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 2017

Open to Public ... Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

Miami Rescue Mission, Inc 59-1743865 Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Χ Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate In, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III, Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Χ Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe R If "Yes" on line 8, dld the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9

Page 2

59-1743865

Schedule J (Form 990) 2017 Miami Rescue Mission, Inc.

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (f) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

	(B) Breakdow	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Retirement and	eldexetroN (0)	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(fil) Other reportable compensation	other deferred compensation	(a) Notinavane Denefits	(a)-(i)-(a)	in column (B) reported as deferred on prior Form 990
Ronald Brummitt	(i) 143,	,783	0 50,000	10,747	4,026	208,556	0
1 President		0	0 0	6	0		0
	(1)						
2	(ii)						
	8						
3	(II)						
	(E)						
4	(E)						
	8						
5	(ii)						
	(e)						
	(11)						
	()						
2	(E)						
	(i)						
8	(II)						
	(1)						
6	(m)						
	(1)						
10	(11)						
	€						
14	(II)						
	€						
12	(11)						
	(1)	**************************************				,	
13	(ii)	,					
	(0)						
14	(11)						
	(D)						
15	(I)						
	(0)						
16	(11)						
EEA						Sche	Schedule J (Form 990) 2017

	ייייייייייייייייייייייייייייייייייייייי
Supplemental Information	
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part or any additional information.	oart
01. Benefit information (Part I, line 1a)	
ng Allowance - As a minister of the gospel, the President is provided a minister's housing allowance. The	allowance is
ncluded in Schedule J, Part II, Column B(iii).	
Schedu	Schedule J (Form 990) 2017

SCHEDULE L

(Form 990 or 990-EZ)

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,

OMB No. 1545-0047

2017

Open To Public

Department of the Treasury Internal Revenue Service	⊭ Go	A1 ● to www.irs.gov/F			0 or Form uctions a			nation.	ı			Open Inspe		blic
Name of the organization								Employ	yer iden	lfication	numbe	er		
Miami Rescue Miss									7438		,		-,-	
	lenefit Transactio											0	01	
Complete	if the organization					ine 25a	or 25b, o	r r-orm	990-	EZ, P	art V,	line 4	i	
1 (a) Name of disquall	lfled person	(b) Relationship be	tween disq organization	•	son and		(c) De	scription	of transa	ction			-	nected?
	- 		3	<u>, </u>		 							Yes	NO
(1)														
				. ,				·····	· /					
(2)														
(2)														
(3) 2 Enter the amount of	f tax incurred by the	organization manag	iers or d	isnualifie	d nersons	during th	ne veer		···-··				<u> </u>	,
										⊳ \$;			
	f tax, if any, on line 2									▶ \$;			
	and/or From Inte													
	if the organization on reported an an						88a or I-or	m 990	, Part	IV, IIn	ie 26;	or if t	he	
					l				1					
(a) Name of interested person	on (b) Relationsh with organization	. 1 ., .		oan to or m the	(e) Orl	-	(f) Balanc	e due	(g) In a	iefault?	(h) Api by boa	proved ard or	(i) W	ritten ment?
	-	loa.,	organ	ization?								nittee?		
.			То	From					Yes	No	Yes	No	Yes	No
(1)			-								ļ	ļ		
(2)														
1-7	***************************************			+										
(3)														
(4)				ļ										
(8)														
(5) Total • • • • • • • •				• • • •	<u> </u>	. > \$			M. r.		95.581h			
	r Assistance Bei										, The safeti			######################################
Complete	e if the organizatio	n answered "Yes	on Fo	rm 990,	Part IV,	line 27.								
(a) Name of interested per	rson (b) Relati	onship between intereste	d (c) Amount of	assistance	10	l) Type of assi	stance		fe) Purpos	se of ass	istance	
		on and the organization							.					<u> </u>
(4)														
(1)				······································						 .				
(2)														
. ,														
(3)														

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

Schedule L (Form 990 or 990-EZ) 2017

(4)

(5)

Complete if the organizat				T	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation
	7.511.61			Yes	N
	Wife of Ronald		Employee compensation		
1) Marilyn Brummitt	Brummitt, Pres.	132,392	and benefits		X
2)					
3)					
()					
3)					
art V Supplemental Informatio				<u></u>	
Provide additional informat	tion for responses to questions	on Schedule L (see	instructions).		_
The state of the s	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , ,	Party troughough		
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Nam€	e of the organization				Employer identification number
Mia	mi Rescue Mission, Inc.				59-1743865
Pa	rt Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional Interests				
4	Books and publications				
5	Clothing and household				
	goods	х		5,033,146	Thrift store values
6	Cars and other vehicles	X	39	7,457	Sales of like items
7	Boats and planes	A			
8	Intellectual property · · · · · ·				
9	Securities - Publicly traded				
10	Securities - Closely held stock · ·				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous · · ·				
13	Qualified conservation				
	contribution - Historic				
	structures				<u> </u>
14	Qualified conservation				
	contribution - Other - · · · · ·				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	х	5,500	5,542,878	Price index
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				:
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other 💌)				
29	Number of Forms 8283 received by	the organizat	ion during the tax year for con	tributions for	
	which the organization completed F	orm 8283, Pa	rt IV, Donee Acknowledgemer	nt	29
			•		Yes No
30a	During the year, did the organization	n receive by c	ontribution any property report	ted in Part I, lines 1 through	
	28, that it must hold for at least three	e years from t	he date of the initial contribution	on, and which isn't required	
	to be used for exempt purposes for	the entire hol-	ding period?	· · · · · · · · · · · · · · · · · · ·	30a X
b	If "Yes," describe the arrangement in	n Part II.			
31	Does the organization have a gift ac	ceptance pol	lcy that requires the review of	any nonstandard	
					• • • • • • • • • • 31 X
32a	Does the organization hire or use th	ird parties or	related organizations to solicit	, process, or sell noncash	
	contributions?			•	32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an ar	mount in colu	mn (c) for a type of property fo	r which column (a) is checked.	
	describe in Part II.			, ,	

SCHEDULE O (Form 990 or 990-EZ)

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

2017

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1645-0047

Name of the organization	Employer Identification number
Miami Rescue Mission, Inc.	59-1743865
01. Officer, directors, etc. family relationship (Part VI, line 2)	
Ronald Brummitt (President) is the spouse of Marilyn Brummitt (Key Employee	
02. Form 990 governing body review (Part VI, line 11)	
Form 990 is prepared by an independent CPA firm and reviewed in detail by t	he
Organization's top management. The reviewed Form 990 is then reviewed by the	le
Organization's Board of Directors prior to filing.	***
03. Conflict of interest policy compliance (Part VI, line 12c)	
The Organization requires the Board of Directors and officers to complete a	conflict of
interest disclosure statement annually, allow of which are reviewed by the	President.
Should any conflict of interest present itself, that person would excuse hi	mself from
decision making.	
04. CEO, executive director, top management comp (Part VI, line 15a)	
The Organization performs an annual compensation study through the Board's	Compensation
Committee to determine the reasonableness of the President's compensation.	In addition, an
independent consultant is employed by the organization to determine said re	asonableness of
compensenation. The consultant then make a recommendation to the Board Comp	ensation
Committee, which makes a recommendation to the independent Board of Directo	rs. The
independent Board of Directors approves the compensation of the president a	nd the budget
for all staff, which is documented in the minutes at the time of approval.	The President
sets the compensation for the Comptroller using comparable data from simila	r
organizations.	

Name of the organization	Page 2 Employer Identification number
Miami Rescue Mission, Inc.	59-1743865
05. Other officer or key employee compensation (Part VI, line 15	db
The President sets the salary for all staff, which is then appro	eved by the independent
Board of Directors. The compensation approval for the salary but	drate is documented in the
	ingets 18 documented III the
minutes at the time of approval.	
06. Form 990 availability to public (Part VI, line 18)	
The Organization makes its Form 1023 and Form 990 available to t	the public upon request.
The Form 990 is also avaible on the Organization's website.	
07. Governing documents, etc, available to public (Part VI, line	19)
The Organization makes its governing documents, conflict of inte	rest policy, and financial
statements available to the public upon request. The Organization	on also makes their
financial statements available on their website.	
·	
08. General explanation attachment	
The Organization's services include providing food, shelter, spi	ritual development,
substance abuse treatment, education, computer literacy, health	care, programs for
"at-risk" children and affordable housing with God's love.	
	1 2 200000 10 10 10 10 10 10 10 10 10 10 10 1

]	
<u> </u>	Federal Supporting Statements	2017	PG01
Name(s) as shown on return		FEIN	
Miami Rescue Mission,	Inc.	5	59-1743865

Form 990, Part VI, Section C, line 17

Statement #017

States where a copy of this Form 990 is required to be filed:

California Florida Illinois Pennsylvania South Carolina

FOR YOUR RECORDS ONLY

PG01

Form 990 - Schedule D - Part VI - Line 1e Statement #Dle Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Construction in Progress	0	32,000	0	32,000
Total	0	32,000	0	32,000