# 2005 Exempt Org. Return prepared for:

RECONCILIATION MINISTRIES, INC PO BOX 90827 NASHVILLE, TN 37209

> Jim R. Durham, CPA 171 Belle Forest Circle Nashville, TN 37221 (615) 662-2808

2005 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY							
RECONCILIATION MII	NISTRIES, INC	· <u> </u>	58-1593837				
DEVENUE	2005	2004	DIFF				
REVENUE CONTRIBUTIONS, GIFTS, AND GRANTS DIVIDENDS & INTEREST FROM SECURITIES	162,909 42	113,159 26	49,750 16				
TOTAL REVENUE	162,951	113,185	49,766				
EXPENSES PROGRAM SERVICES MANAGEMENT AND GENERAL FUNDRAISING	104,949 24,850 9,022	91,325 21,817 7,599	13,624 3,033 1,423				
TOTAL EXPENSES	138,821	120,741	18,080				
NET ASSETS OR FUND BALANCES  EXCESS OR (DEFICIT) FOR THE YEAR  NET ASSETS/FUND BAL. AT BEG. OF YEAR  OTHER CHANGES IN NET ASSETS/FUND BAL  NET ASSETS/FUND BAL. AT END OF YEAR	24,130 34,077 0 58,207	-7,556 41,626 7 34,077	31,686 -7,549 -7 24,130				

### Form **990**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2005 calendar year, or tax year beginning	, 2005, and e			
В	Check if applicable:	D Employer Ide	ntification Number		
	Address change   Please use   RECONCILIATION MINI	58-159	3837		
	Name change or type. PO BOX 90827	E Telephone nu	ımber		
	See NASHVILLE, TN 37209		į		
	Final return tions.			F Accounting	Cash X Accrual
	Amended return			Other (s	pecify) ►
	Application pending • Section 501(c)(3) organizations and 4	1947(a)(1) nonexempt	H and I are not applic.	able to section 52	7 organizations.
	charitable trusts must attach a comp	leted Schedule A	H (a) Is this a group	return for affiliat	es? Yes X No
_	(Form 990 or 990-EZ).		H (b) If 'Yes,' enter r	number of affiliates	. ▶
G	Web site: ► N/A		H (C) Are all affiliat	es included?	Yes No
J	Organization type		(If 'No,' attacl	n a list. See instru	ictions.)
_	(check only one) ► X 501(c) 3 < (insert no		H (d) Is this a sepa	rate return filed b	y an
K	Check here ► if the organization's gross receipts are nor		1	overed by a grou	
	\$25,000. The organization need not file a return with the IRS chooses to file a return, be sure to file a complete return. So	o; but if the organization ome states require a	I Group Exe	mption Numb	er ►
	complete return.	•	M Check ►	if the organiz	ration is not required
$\overline{L}$	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 1	62,951.	to attach Sch	edule B (Form 99	0, 990-EZ, or 990-PF).
	rt I Revenue, Expenses, and Changes in Ne		nces (See Instru	uctions)	
-	1 Contributions, gifts, grants, and similar amounts receive		<b>_</b>		
	a Direct public support	•	94,	909.	
	<b>b</b> Indirect public support	<del></del>			
	c Government contributions (grants)		68,	000.	
	d Total (add lines la through 1c) (cash \$ 162,909. noncash	1.			162,909.
	2 Program service revenue including government fees a			1 - 1	· · · · · · · · · · · · · · · · · · ·
	3 Membership dues and assessments		•	<del></del>	
	4 Interest on savings and temporary cash investments			,	
	5 Dividends and interest from securities				42.
	6a Gross rents	6	a		
	b Less: rental expenses				
	c Net rental income or (loss) (subtract line 6b from line 6	ōa)		6с	
	7 Other investment income (describe	,		) 7	
REVENU	9. Orace amount from soles of assets other	(A) Securities	(B) Other		
Ě	8a Gross amount from sales of assets other than inventory.	88	а		
ÿ	<b>b</b> Less: cost or other basis and sales expenses	81	ь		
-	c Gain or (loss) (attach schedule)		c		
	d Net gain or (loss) (combine line 8c, columns (A) and (	B))		8d	
	9 Special events and activities (attach schedule). If any	amount is from gaming, che	ck here ►		
	a Gross revenue (not including \$	of contributions	•	_	
	reported on line 1a)		a		
	<b>b</b> Less: direct expenses other than fundraising expenses	s 91	b		
	c Net income or (loss) from special events (subtract line	9b from line 9a)		9с	
	10a Gross sales of inventory, less returns and allowances.	10:	a		
	<b>b</b> Less: cost of goods sold		b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtr	act line 10b from line 10a)		10 с	
	11 Other revenue (from Part VII, line 103)			11	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1				162,951.
	13 Program services (from line 44, column (B))				104,949.
EXPENSES	14 Management and general (from line 44, column (C))			14	24,850.
E	15 Fundraising (from line 44, column (D))			15	9,022.
S	16 Payments to affiliates (attach schedule)				
Š	77 70 10 10 10 10 10 10 10 10 10 10 10 10 10				138,821.
	18 Excess or (deficit) for the year (subtract line 17 from li	ne 12)		18	24,130.
NS	19 Net assets or fund balances at beginning of year (from	n line 73, column (A))		19	34,077.
N S E E					
_ 8	21 Net assets or fund balances at end of year (combine I	ines 18, <u>1</u> 9, and 20)		21	58,207.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

C	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$					
	non-cash \$			•		
	If this amount includes					
	foreign grants, check here	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24	46 400	24 002	8,352.	2 240
25	Compensation of officers, directors, etc	25	46,402. 32,693.	34,802. 24,519.	5,885.	3,248.
26 27	Other salaries and wages	26 27	32,093.		J, 869.	2,209.
	•	28				
28	Other employee benefits	29	5,730.	4,298.	1,031.	401.
29	Payroll taxes.	30	3,730.	4,230.	1,031.	401.
30	Professional fundraising fees		3,712.	1,856.	1,856.	
31	Accounting fees	31	3,112.	1,050.	1,850.	
32	Legal fees	32	451	220	81.	31.
33	Supplies	33	451. 731.	339. 549.	131.	51.
34	Telephone	34				
35	Postage and shipping	35	2,277.	1,708.	410.	159.
36	Occupancy	36				
37	Equipment rental and maintenance	37_	4,172.	3,129.	751.	292.
38	Printing and publications	38		3,129.	751.	
39	Travel	39	-1.			
40	Conferences, conventions, and meetings	40	4.055	2 110	7.50	270
41	Interest	41	4,266.	3,119.	768.	379.
42	Depreciation, depletion, etc (attach schedule)	42	8,154.	6,115.	1,468.	571.
43	, ,	1	20 224	04 515	4 117	1 (01
	a SEE_STATEMENT_1	43a	30,234.	24,515.	4,117.	1,601.
	b	43b				
	c <b></b>	43c				
	d	43d				
	e	43e				
	f	43f				
	<sup>9</sup>	43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	138,821.	104,949.	24,850.	9,022.
Joir	nt Costs. Check . If you are following	SOP 9	8-2.			
Are	any joint costs from a combined education	al camp	aign and fundraising sol	icitation reported in (B)	Program services?	► Yes X No
	es,' enter (i) the aggregate amount of these			; (ii) the a	mount allocated to Progr	ram services
\$	; (iii) the amount al	located	to Management and ger	neral \$	; and (iv) the	e amount allocated
to F	undraising \$ .					
BA	<u> </u>					Form <b>990</b> (2005)

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#### Statement of Program Service Accomplishments Part III

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

hat is the organization's primary exempt purpose?  SEE STATEMENT 2	Program Service Expenses
l organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a GUEST HOUSE- THE FACILITY PROVIDES OVERNIGHT HOUSING FOR FAMILIES AND	
FRIENDS TRAVELING FROM OUT OF TOWN TO VISIT PERSONS WHO ARE	
INCARCERATED.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐	78,541.
b SEPARATE PRISONS-THE MINISTRY LEADS WEEKLY SUPPORT GROUPS FOR	70,541.
RELATIVES AND FRIENDS OF PERSONS WHO ARE INCARCERATED.	
TOTAL TOTAL CONTROL OF THE CONTROL O	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	10,563.
c YOUTH PROGRAM-PROGRAM PROVIDES SUPPORT GROUPS AND VARIOUS EVENTS AND	
OUTINGS, INCLUDING AN ANNUAL ONE WEEK CAMPING TRIP, FOR CHILDREN OF	
PERSONS IN PRISON	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	8,081.
d ADOVACY & EDUCATION- WORKING WITH FAMILIES OF PRISONERS TO WORK	
COOPERATIVLEY TO BRING THEIR CONCERNS TO THE DEPT. OF CORRECTION.	:
No. 10 10 10 10 10 10 10 10 10 10 10 10 10	7,764.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	1,704.
e Other program services	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	104,949.

Form 990 (2005)

### Part IV Balance Sheets (See Instructions)

Note:	Whe colu	ere required, attached schedules and amounts within the description mn should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
П	45	Cash – non-interest-bearing	13,500.	45	41,672.
		Savings and temporary cash investments		46	
-	47 a	Accounts receivable			
		Less; allowance for doubtful accounts		47 c	
	48 a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
A S S E T S		Receivables from officers, directors, trustees, and key employees (attach schedule).		50	
S E	51 a	Other notes & loans receivable (attach sch) 51 a			
S	b	Less; allowance for doubtful accounts		51 c	
		Inventories for sale or use		52	
		Prepaid expenses and deferred charges		53	
	54	Investments – securities (attach schedule) ► Cost FMV	945.	54	870.
ļ		Investments – land, buildings, & equipment: basis. 55a 159,428.			
		Less: accumulated depreciation (attach schedule) STATEMENT 3 55b 117,133.	49,932.		42,295.
- 1	56	Investments – other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis	-		
	b	Less: accumulated depreciation (attach schedule)		57 c	
		Other assets (describe ).	64.077	58	04 027
	59	Total assets (must equal line 74). Add lines 45 through 58	64,377.	59	84,837.
	60	Accounts payable and accrued expenses		60	
Ļ	61	Grants payable		62	
AB		Deferred revenue		63	<del></del>
A B L L		Loans from officers, directors, trustees, and key employees (attach schedule)		64a	<del></del>
1		Tax-exempt bond liabilities (attach schedule)			26,629.
E		Mortgages and other notes payable (attach schedule)	30,233.	65	1.
s		Other liabilities (describe • SEE STATEMENT 4	30,300.		26,630.
$\dashv$		Total liabilities. Add lines 60 through 65.  izations that follow SFAS 117, check here ► X and complete lines 67	- 30,000		
	Organ	through 69 and lines 73 and 74.			
Ě	67	Unrestricted	34,077.	67	58,207.
Ş	67 68	Temporarily restricted.		68	
ASSETS		Permanently restricted		69	
		izations that do not follow SFAS 117, check here ► and complete lines			
R	Organ	70 through 74.			
סבט	70	Capital stock, trust principal, or current funds		70	
Ď	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
B	72	Retained earnings, endowment, accumulated income, or other funds		72	
<b>お女し女之</b> じたの		Total net assets or fund halances (add lines 67 through 69 or lines 70 through		. 73	58,207
E S		72; column (A) must equal line 19; column (B) must equal line 21)			84,837.
BAA		Total Hadrities and net assets/fund parances. Add lines to and 75	1 04,577		Form <b>990</b> (2005

P	art IV-A Reconciliation of Reven instructions.)	ue per Audited Financia	al Statements with	Revenue per Reti	urn (See
a	Total revenue, gains, and other support	t per audited financial stateme	nts		162,951
b	Amounts included on line a but not on f				
	1Net unrealized gains on investments		ь1		
	2Donated services and use of facilities				
	3Recoveries of prior year grants				
	4Other (specify):				
			1 . 41		
	Add lines <b>b1</b> through <b>b4</b>				
С	Subtract line <b>b</b> from line <b>a</b>				162,951
d	Amounts included on Part I, line 12, bu				202/002
	1 Investment expenses not included on P		a1		
			<sub>d2</sub>		
	Add lines <b>d1</b> and <b>d2</b>				*  
е	Total revenue (Part I, line 12). Add line				162,951
P	art IV-B Reconciliation of Expen	ses per Audited Financ	ial Statements wit	h Expenses per R	eturn
				•	
а	Total expenses and losses per audited	financial statements			138,821
b	Amounts included on line a but not on f	Part I, line 17:			
	1 Donated services and use of facilities		<b>b</b> 1		
	2Prior year adjustments reported on Par	t I, line 20	b2		
	3Losses reported on Part I, line 20		b3		
	4Other (specify):				
	Add lines b1 through b4				
С	Subtract line b from line a				138,821
d	Amounts included on Part I, line 17, but	t not on line a:			
	1 Investment expenses not included on P		l d1		
	2Other (specify):				
			<sub>d2</sub>		
	Add lines d1 and d2				3 1
e	Total expenses (Part I, line 17). Add lin				138,821
P					
22.22	current Officers, Directors or key employee at any time du	uring the year even if they were	e not compensated.) (S	n person who was an o ee the instructions.)	micer, director, trustee
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted	(if not paid,	employee benefit	account and other
		to position	enter -0-)	plans and deferred compensation plans	allowances
AI	LICE ARCENEAUX	EXECUTIVE DIREC	46,402.	0.	0
	ASHVILLE TN	1 0	10,1021	1	1
		<b>1</b>			
ŚŪ	JMTER CAMP	PRESIDENT	Ō.	0.	0
	ASHVILLE TN	1	Ŭ.		ľ
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<b>-</b> -		4			
		1		I	1

Form 990 (2005) RECONCILIATION MINIST	RIES, INC		58-159383	37	P	age 6
Part V-A Current Officers, Directors, Tru		mployees (continued)			Yes	No
75 a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organization	on business as board meetings	▶ 2	_		
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relati	isated professional and gh family or business r	l other independent cont elationships? If 'Yes,' at	ractors listed in Schedule	. 75 b		X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to this organization through common supervision.	nsated professional and n any other organization	l other independent cont ns, whether tax exempt :	ractors listed in Schedule or taxable, that are related	75 c		Х
Note. Related organizations include section 50	9(a)(3) supporting orga	nizations.				
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the compo- related organization	ndividuals, explains the ensation arrangements	relationship between th , including amounts paid	is organization and the I to each individual by each			
d Does the organization have a written conflict o						
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, directe during the year, list that person below a the instructions.)	Istees, and Key Er or, trustee, or key emp and enter the amount o	nployees That Rec loyee received compens f compensation or other	eived Compensation ation or other benefits (de benefits in the appropriate	i <b>or Oth</b> scribed b column.	i <b>er</b> elow) See	
(A) Name and address	( <b>B)</b> Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allow		ther
Part VI Other Information (See the instruc	tions.)				Yes	No
76 Did the organization engage in any activity not	t previously reported to	the IRS? If 'Yes,'				1 ,,
attach a detailed description of each activity					├─	X
77 Were any changes made in the organizing or		out not reported to the IR	S?	77		X
If 'Yes,' attach a conformed copy of the chang				70-		Х
78a Did the organization have unrelated business					<del></del>	A
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b>	for this year?			··   /8B	IN ,	14
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79		Х
<ul><li>80 a Is the organization related (other than by asso membership, governing bodies, trustees, offic</li><li>b If 'Yes,' enter the name of the organization ►</li></ul>	ers, etc, to any other e	xempt or nonexempt org	tion) through common ganization?	80 a		Х
81 a Enter direct and indirect political expenditures	and c	heck whether it is 🔲 e	xempt or nonexemp	ot. 0.		
h Did the organization file Form 1120-POL for th		•		816		I X

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Form **990** (2005)

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ran vii	Analysis of income-Producing	Activities (Se	ee the instructions.)			
		Unrelated t	ousiness income	Excluded by se	ction 512, 513, or 514	(E)
<b>Note:</b> Ente otherwise i	r gross amounts unless	(A)	(B)	(C)	(D)	Related or exempt
ulilei wise i	l luicateu.	Business code	Amount	Exclusion code	Amount	function income
<b>93</b> Pro	gram service revenue:	İ				
a				<u>l</u>		
b						
С						
d						
е —						-
	dicare/Medicaid payments			<del>                                     </del>		
	s & contracts from government agencies			_		
-						
	mbership dues and assessments.				· · · · · · · · · · · · · · · · · · ·	
	rest on savings & temporary cash invmnts.	505000				
	idends & interest from securities	525990	42.			
	rental income or (loss) from real estate:					
	ot-financed property			1		
	: debt-financed property					
<b>98</b> Net	rental income or (loss) from pers prop					· · · · · · · · · · · · · · · · · · ·
99 Oth	ner investment income					
100 Gai	in or (loss) from sales of assets er than inventory					
	income or (loss) from special events			<del> </del>		
	ss profit or (loss) from sales of inventory					
	ner revenue: a					
b			<del> </del>			
¢						
d						
е						
<b>104</b> Sub	total (add columns (B), (D), and (E))		42.			
105 Tot	t <b>al</b> (add line 104, columns (B), (D), ar	nd (E))				42.
Note: Line	105 plus line 1d, Part I, should equal	I the amount of	n line 12, Part I.			
Part VIII	Relationship of Activities to	the Accom	plishment of Ex	empt Purpos	es (See the instruction	ns.)
Line No.	Explain how each activity for which					
•	of the organization's exempt purpos	ses (other than	by providing funds fo	or such purposes	).	accomplishment
96	ALL REVENUE USED TO MA					CINC FOR
70						
	FAMILIES OR FOR A MINI	SIRY OF W	FERTA SOPPORT	GROUPS OF	RELATIVES OF	PERSONS WHO
	ARE INCARCERATED.					
Part IX	Information Regarding Taxa	able Subsid	iaries and Disre	garded Entition	es (See the instruction	ns.)
	(A)	(B)	(C	)	(D)	
Nomo			.			
	address, and EIN of corporation, tnership, or disregarded entity	Percentage of ownership inter		activities	Total income	End-of-year assets
N/A	and only or did ogarded or my	Ownership inter-	%		il icollie	assets
IV/ A			0/0	<del></del>		
		<b></b>				
		<del> </del>	%			
	-	ل	ક ા			
Part X	Information Regarding Tran	<u>isfers Asso</u>	<u>ciated with Pers</u>	<u>onal Benefit (</u>	Contracts (See the	instructions.)
a Did the	e organization, during the year, receive any fund	ls, directly or indire	ectly, to pay premiums on a	a personal benefit cor	ntract?	Yes X No
	ne organization, during the year, pay					Yes X No
	f 'Yes' to <b>(b)</b> , file Form 8870 <b>and</b> Form		· ·			
				schedules and stater	nents, and to the best of my k	moviledge and helief it is
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of prep	parer (other than of	ficer) is based on all inform	ation of which prepare	r has any knowledge.	allowings and belief, it is
Please	► Ellice ≻	enla	^		6/1/1	6
Sign	Signature of officer		<del></del>		Date	
Here	> Hico Horas	10001	<u>/</u>			
	Type or print name and title.	rita S	~	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
		,		Data 1		reparer's SSN DTIN /C-
Paid	Preparer's	h		Date /		reparer's SSN or PTIN (See eneral Instruction W)
Pre-	signature P	//		6/1/00	employed N	/A
parer's	Firm's name (or JIM. DURHAN yours if self-	-,		/ /		
Use	employed), > L///BELLE FOR	REST CIRCI	LE		EIN - N/A	
Only	address, and MASHVILLE, TN	V 37221			Phone no. ► (61.	5) 662-2808
	<del></del>				<del></del>	

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Supplementary Information — (See separate instructions.)

2005

OMB No. 1545-0047

Name of the organization			Employer identification	number			
RECONCILIATION MINISTRIES, INC  Part I Compensation of the Five High	act Daid Employees Ot	har Than Officer	58-1593837 her Than Officers, Directors, and Trustees				
(See instructions. List each one. If there	e are none, enter 'None.')	ner man Onicer	s, Directors, a	na Trustees			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances			
NONE							
Total number of other employees paid over \$50,000 ▶		0					
Part II — A Compensation of the Five High (See instructions. List each one (whether	nest Paid Independent ( er individuals or firms). If there	Contractors for F are none, enter 'Nor	Professional Se	rvices			
(a) Name and address of each independent contract	etor paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation			
NONE		-	<u>-</u>				
		-					
		-					
Total number of others receiving over \$50,000 for professional services ▶		0					
Part II — B Compensation of the Five High  (List each contractor who performed ser enter 'None.' See instructions.)				there are none,			
(a) Name and address of each independent contrac	etor paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation			
NONE		-					
		-					
		-					
Total number of other contractors receiving							

Sche	dule	<b>A</b> (Form 990 or 990-EZ) 2005	RECONCILIATION ?	MINISTRIES,	INC	58-159383	7	P	age 2
Par	t III	Statements About Acti	vities (See instructions.)					Yes	No
1	to in	ng the year, has the organization fluence public opinion on a legisla curred in connection with the lobb	ative matter or referendum´ bying activities ► \$	? If 'Yes,' enter the N/	total expenses paid  A		_		,,
	(Mus Orga orga	It equal amounts on line 38, Part inizations that made an election unizations checking 'Yes' must corying activities.	VI-A, or line i of Part VI-B. Inder section 501(h) by filir	) ng Form 5768 must	complete Part VI-A.	Other	1		Х
2	Durii subs	ng the year, has the organization, tantial contributors, trustees, dire ble organization with which any sufficiary? (If the answer to any que	ctors, officers, creators, ke uch person is affiliated as a	ey employees, or m an officer, director,	iembers of their fami trustee, majority owi	lies, or with any ner, or principal			
a	Sale	, exchange, or leasing of property	y?				2 a		Х
t	Lend	ding of money or other extension	of credit?				2b		Х
C	: Furr	ishing of goods, services, or facil	ities?				2c		X
Ć	<b>l</b> Payı	ment of compensation (or paymer	nt or reimbursement of exp	enses if more than	\$1,000)?		2d		Х
•	Tran	sfer of any part of its income or a	assets?				2 e		X
3	Do y expl	ou make grants for scholarships, anation of how you determine tha	fellowships, student loans t recipients qualify to recei	, etc? (If 'Yes,' atta ve payments.)	ch an		3a		Х
	Do y	ou have a section 403(b) annuity	plan for your employees?.				3b		X
4.	: Duri	ng the year, did the organization you maintain any separate accour	receive a contribution of quantities deports	ualified real propert	y interest under sect	tion 170(h)?	3c		X
46		ne use or distribution of funds?				,	4a		X
	<b>D</b> o y	ou provide credit counseling, deb	ot management, credit repa	air, or debt negotiat	ion services?	· · · · · · · · · · · · · · · · · · ·	4b		X
Pa	1 IV	Reason for Non-Privat	e Foundation Status	(See instructions.)					
The	orgar	nization is not a private foundation	n because it is: (Please che	eck only <b>ONE</b> applic	able box.)				
5	_	A church, convention of churches		es. Section 170(b)(1	)(A)(i).				
6		A school, Section 170(b)(1)(A)(ii).	•						
7		A hospital or a cooperative hospit	_		·				
8 9		A Federal, state, or local governn A medical research organization (				nter the hospital's	name	city	
9		and state ►	•						<del></del>
10	_	(Also complete the Support Sche	dule in Part IV-A.)					(1)(A)	(IV).
11 :	a 🗌	An organization that normally rec Section 170(b)(1)(A)(vi). (Also co	eives a substantial part of mplete the <b>Support Sched</b>	its support from a q ule in Part IV-A.)	governmental unit or	from the general p	ublic.		
111		A community trust, Section 170(b							
12		An organization that normally rec from activities related to its charit from gross investment income an organization after June 30, 1975.	table, etc, functions – subj nd unrelated business taxal	ect to certain excep ole income (less se	otions, and <b>(2) no m</b> o ction 511 tax) from b	ore than 33-1/3% of ousinesses acquired	its su	pport	pts
13	ш	An organization that is not contro described in: <b>(1)</b> lines 5 through 1 box that describes the type of su	2 above; or (2) section 50 pporting organization:	(c)(4), (5), or (6), i Type 1	f they meet the test Type 2	of section 509(a)(2) Type 3	nizatio . Che	ons ck the	
		Provide	e the following information	about the supporte	d organizations. (Se	e instructions.)			
			(a) Name(s) of suppor	ted organization(s)				ne nu m abo	
	•								
								_	
					·		_		
	_								
14	$\Box$	An organization organized and or	perated to test for public sa	afety. Section 509(a	a)(4). (See instruction	ns.) Je <b>A</b> (Form 990 or F	orm C	90.F7	7 200

Page 2

Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note. Tou may use the worksheet in the	ic instructions for com	verting normanc accita	ar to the cash method	or accounting.	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2004	<b>(b)</b> 2003	<b>(c)</b> 2002	<b>(d)</b> 2001	<b>(e)</b> Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	113,158.	78,190.	69,330.	88,725.	349,403.
16 Membership fees received	113/130.	70/130.	03/000.	00/1201	0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					0.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26.	1,306.	2,421.	3,229.	6,982.
Net income from unrelated business activities not included in line 18					0.
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22	113,184.	79,496.	71,751.	91,954.	356,385.
24 Line 23 minus line 17	113,184.	79,496.	71,751.	91,954.	356,385.
25 Enter 1% of line 23	1,132.	795.	718.	920.	
26 Organizations described on lines	<b>s 10 or 11:</b> a Ent	er 2% of amount in co	olumn (e), line 24	N/A ► 26a	
b Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	for 2001 through 2004 excee	ded the amount shown in li	ne 26a. <b>Do not file this list</b>	with your	
c Total support for section 509(a)(1	l) test: Enter line 24, d	column (e)		▶ 26c	-
d Add: Amounts from column (e) for	or lines: 18		19 26b		
	22	<del></del>	26b	26d	
e Public support (line 26c minus lin				· · · · · · · · · · · · · · · · · · ·	
f Public support percentage (line 2		ed by line 26c (denom	inator))	261	8
27 Organizations described on line a For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were	received from a 'disc n, each 'disqualified p	ualified person,' prep erson.' <b>Do not file thi</b>	are a list for your recost list with your return	ords to show the . Enter the sum of
(2004)0.	(2003)	0. (2002)	0	(2001)	0.
<ul> <li>bFor any amount included in line to show the name of, and amour \$5,000. (Include in the list organial After computing the difference be differences (the excess amounts)</li> </ul>	nt received for each ye izations described in li etween the amount re ) for each year:	ear, that was more that ines 5 through 11b, as ceived and the larger	an the larger of (1) the s well as individuals.) amount described in	e amount on line 25 for Do not file this list wing (1) or (2), enter the su	or the year or (2) th your return. Im of these
(2004) 0.	(2003)	0. (2002)	0	(2001)	0.
(2004)0 .  c Add: Amounts from column (e) for 17  d Add: Line 27a total	or lines: 15	349,403.	16	27.6	349,403.
<b>d</b> Add: Line 27a total	0.	nd line 27b total		0. 27d	0.
e Public support (line 27c total min	us line 27d total)			► 27 e	349,403.
f Total support for section 509(a)(2	2) test: Enter amount	from line 23, column (	(e) ► 27f		
g Public support percentage (line					98.04 %
h Investment income percentage (					1.96 %
28 Unusual Grants: For an organiza					gh 2004, prepare a

Page 4

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 other governing instrument, or in a resolution of its governing body?..... Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 30 and scholarships?. Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: 32 a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially 32b nondiscriminatory basis?..... c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 c 32 d d Copies of all material used by the organization or on its behalf to solicit contributions? . . . If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: 33 a a Students' rights or privileges?..... **b** Admissions policies? . . . 33b 33 c c Employment of faculty or administrative staff?..... 33 d **d** Scholarships or other financial assistance?..... 33 e e Educational policies?.... 33 f f Use of facilities? . . . g Athletic programs?.... 33 g 33h h Other extracurricular activities?.... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency?... 34 a 34 b b Has the organization's right to such aid ever been revoked or suspended?... If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

Part V

Par	t VI-A Lobbying E (To be complet	xpenditures by Ele ted ONLY by an eligible	ecting Public Char organization that filed f	<b>rities</b> (See in: orm 5768)	structions	.)			N/A		
	Check ► a if the organization belongs to an affiliated group. Check ► b if you checked 'a' and 'limited control' provisions apply.										
	Limits on Lobbying Expenditures  (a) Affiliated group totals  (b) To be completed for Al L electing										
	(The term 'expenditures' means amounts paid or incurred.) totals for ALL electing organizations										
36	(g. accircle 1025) in g) / / / / / / / / / / / / / / / / / /										
37		ures to influence a legis									
38		ures (add lines 36 and 3	•								
39		expenditures									
40	• • •	expenditures (add lines 3	•		40		000000000000000000000000000000000000000	020000000			
41	<del></del>	mount. Enter the amoun	_								
	If the amount on line 40	Jis – The 20%	lobbying nontaxable a								
		,000,000\$100,									
		\$1,500,000 \$175,			<b>– 4</b> 1			2000 C			
		\$17,000,000 \$225,			71						
		\$1,0	•	· · · ·							
42	Grassroots nontaxable		·		42			,000000000			
43		ne 36. Enter -0- if line 42	*								
44	Subtract line 41 from lin	ne 38. Enter -0- if line 4	l is more than line 38.		44						
	Caution: If there is an a	amount on either line 43	or line 44, you must fil	le Form 4720.							
	(Some orga	inizations that made a si	Averaging Period ection 501(h) election dee the instructions for li	o not have to	complete	(h) all of the fiv	/e colui	nns	below.		
			Lobbying Expen	ditures Durinç	g 4 -Year A	Averaging P	'eriod				
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003			<b>d)</b> 002		<b>(e)</b> Total		
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))										
47	Total lobbying expenditures										
48	Grassroots non-taxable amount										
49	Grassroots ceiling amount (150% of line 48(e))										
50	Grassroots lobbying expenditures						_				
		only by organizations tha	at did not complete Par	t VI-A) (See in			<del></del>		N/A		
atten	During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Yes  No  Amount										
	Volunteers										
	Paid staff or managements	·					$\vdash$				
	: Media advertisements. I Mailings to members, le					*	-				
	Publications, or publish							$\dashv$			
	Grants to other organization						$\dashv$				
	Direct contact with legis						- +	$\dashv$			
	Rallies, demonstrations	<del>-</del>		- •				$\dashv$			
	Total lobbying expenditi		•	-							
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.										

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		(c)
a Transfers from the reporting organization to a noncharitable exempt organization of:	Yes	
(i) Cash		X
b Other transactions;	<del>'' </del>	+^
(i)Sales or exchanges of assets with a noncharitable exempt organization.	١	X
(ii) Purchases of assets from a noncharitable exempt organization	$\overline{}$	X
(iii) Rental of facilities, equipment, or other assets		Х
(iv) Reimbursement arrangements.	v)	Х
(v)Loans or loan guaranteesb	/)	Х
(vi)Performance of services or membership or fundraising solicitations	/i)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		X
d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market vithe goods, other assets, or services given by the reporting organization. If the organization received less than fair market value of the goods, other assets, or services received:	lue of e in	
(a) (b) (c) (d) Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing		nte
N/A	Tangomo	
N/A		
52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	Yes X	] No
(a) (b) (c)		
Name of organization Type of organization Description of relationship		
N/A		
Schedule A (Form 990 o	990-E7	2005

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization		Employer identification number		
RECONCILIATION MINISTRIES, INC		58-1593837		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation 527 political organization			
Form 990-PF	DE01/3/2)			
Handle Color		As formed a King		
	4947(a)(1) nonexempt charitable trust treated as a priva	te foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule — see instructions.)				
General Rule —  X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)				
Special Rules -				
For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)				
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)				
some contributions for use exclusively for r \$1,000. (If this box is checked, enter here	zation filing Form 990, or Form 990-EZ, that received from any religious, charitable, etc, purposes, but these contributions dic the total contributions that were received during the year for a Parts unless the <b>General Rule</b> applies to this organization beca	I not aggregate to more than in exclusively religious, charitable,		
religious, charitable, etc, contributions of \$	5,000 or more during the year.).	►\$		
Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2005)