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 2009

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

	Fort	the 2009 calendar	year, or	r tax year beginning	, 2009, and endin	ıa			
В	Check	if applicable:		C	, ,		mnlover Identi	i fication Number	
	Па	ddress change IR	ease use RS label	RECONCILIATION MINISTRIES, IN	NC	·			
	\vdash		or print or type.	PO BOX 90827	NC		58-1593		
			See	NASHVILLE, TN 37209		- 1	elephone numb	per	
	\vdash	Iri	nstruc-	•					
	H	· I	tions.						
	\vdash	mended return					ross receipts \$,900.
	L A	1		nd address of principal officer:		H(a) Is this a group	return for affi	liates? Yes	X No
				S C ABOVE		H(b) Are all affiliate	es included? a list. (see ins	Yes	No
<u>L</u>		k-exempt status	X 501((c) (3) ((insert no.) 4947(a)(1)	or 527	ii ivo, attacii	a 1151. (See 1115	iructions)	
1	We	bsite: ► N/A				H(c) Group exempt	tion number		
K		n of organization:	Corporat	ion Trust Association Other ►	L Year of Format		M State of le		
P	art I	Summary							
	1	Briefly describe t	the orga	anization's mission or most significant activities	HELP FAM	ILIES OF	INCARCE	RATED	
9		INDIVIDUAL	<u>s</u> _						
ano									
Activities & Governance									
ું	2	Check this box ►		the organization discontinued its operations o	r disposed of mor	e than 25% of	ts assets.		
જ	3	Number of voting	g memb	ers of the governing body (Part VI, line 1a)			3		8
ies	4	Number of indepe	endent	voting members of the governing body (Part V	'I, line 1b)		4		0
ĕ	5	Total number of	employe	ees (Part V, line 2a)			5		0
Act	72	Total gross uprel	sted by	ers (estimate if necessary)		• • • • • • • • • • • • • • • • • • • •	6		0
	h	Net unrelated hus	cinace t	taxable income from Form 990-T, line 34	3 12	• • • • • • • • • • • • • • • • • • • •	7a		0.
		THE UNICIALED DU	3111033-1	taxable income from Form 990-1, line 34					0.
		Cambribations		(D. 11)(H. P. 11)		Prior Y		Current Y	
ne Le	8	Program comics	a grants	s (Part VIII, line 1h)		9	7,898.	121	,895.
Revenue	10	Investment incom	revenue	e (Part VIII, line 2g)	• • • • • • • • • • • • • • • • • • • •	•	1.		
Be	11	Other revenue (P	ne (Fan Part VIII	t VIII, column (A), lines 3, 4, and 7d)		•	16.		5.
	1	Total revenue —	art viii	es 8 through 11 (must equal Part VIII, column	(A) !: 10		7 014	101	
	13	Grants and simila	auu iiiie	ints paid (Part IX, column (A), lines 1-3)	A), line 12)	. 9	7,914.	121	,900.
				embers (Part IX, column (A), line 4)					
ė				ation, employee benefits (Part IX, column (A),			3,011.	60	<u>,856.</u>
Expenses	ŀ			fees (Part IX, column (A), line 11e)					
Ϋ́	b	Total fundraising	expens	es (Part IX, column (D), line 25) ►	7,201.				
_	17	Other expenses (I	Part IX,	, column (A), lines 11a-11d, 11f-24f)		. 53	1,992.	49	,426.
	18	Total expenses. A	Add line	s 13-17 (must equal Part IX, column (A), line	25)		5,003.		,282.
				Subtract line 18 from line 12			7,089.		,618.
P S						Beginning		End of Ye	
Net Assets Fund Balanc	20	Total assets (Part	t X, line	9 16)			764.		, 147.
t As				ne 26)			5,742.		$\frac{147.}{507.}$
şŢ	Į.			ces. Subtract line 21 from line 20			1,022.		,640.
Pa	ri ll	Signature				<u></u>	1,022.	13,	, 040.
	*******	···							
		true, correct, and co	omplete.	declare that I have examined this return, including accompan Declaration of preparer (other than officer) is based on all info	ormation of which prepare	tements, and to the arer has any knowle	dge.	owledge and belief	, it is
Sig	ın	▶				1			
He	re	Signature of offi	icer			Date			
		>							
		Type or print na	ame and ti	itle.	***************************************				
					Date	Check if	Prep	parer's identifying (number
Pai	d	D	260	The of		self-	. ! !!	instructions)	
Pre	}-	Preparer's signature		181/1/	5/20/2	employed	N/	Δ	
	er's	Firm's name (or	AND A	R. DURHAM CPA	10-100	7	[11/	А	
Us		yours if self	171B	BELLE FOREST CIR	' /		NT: / 7A		
On	ıy	employed), address, and		VILLE, TN 37221-2103		EIN ►	N/A		-
M^.	the					Phone no.			
				h the preparer shown above? (see instructions ork Reduction Act Notice, see the separate ins			113 12/20/0	X Yes	No_
		i iivacy Act allu F	apc: WC	ar negacion act nouce, see the separate ins	OUCHOUS.	TEEAN	1131 12/20/0	u ⊢∧rm qqi	* (.SUUCI)

	7 990 (2009) RECONCILIATION MINISTRIES, INC	58-1593837	Page 2
*****	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: HELP FAMILIES OF INCARCERATED INDIVIDUALS		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.	_	
3	service	s? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and al expenses, and revenue, if any, for each program service reported.	expenses. Section 501(delocations to others, the to	c)(3) otal
42	a (Code:) (Expenses \$ 31,013. including grants of \$) (Revenue \$	
	GUEST HOUSE- THE FACILITY PROVIDES OVERNIGHT HOUSING FOR FAMILIE	S AND FRIFNDS)
	TRAVELING FROM OUT OF TOWN TO VISIT PERSONS WHO ARE INCARCERATED	2 MID LITTEINDS	

4 b	O(Code:) (Expenses \$ 30,151. including grants of \$) (F YOUTH PROGRAM-PROGRAM PROVIDES THERAPEUTIC AND VAIOUS EVENTS AND OF PERSONS IN PRISON.	OUTINGS FOR CH	HILDREN
4c	(Code:) (Expenses \$ 23,260. including grants of \$) (F SEPARATE PRISONS-THE MINISTRY LEADS WEEKLY GROUPS FOR RELATIVES PERSONS WHO ARE INCARCERATED.	Revenue \$AND FRIENDS OF)
4d	Other program services. (Describe in Schedule O.) SEE SCHEDULE O		
4 -	(Expenses \$ 1,721. including grants of \$) (Revenue \$)

Form 990 (2009) RECONCILIATION MINISTRIES, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1 a	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	110
ŧ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2 t	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	**********	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4 a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	olf 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ŀ	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 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6 a	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?	6a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
c	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a	**********	
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from other members or shareholders			
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			

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Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>se</u>	ction A.	Governing Body and Management					
			,	•	F	Yes	No
1		number of voting members of the governing body $\ldots \ldots$		1a	8		
		number of voting members that are independent $\ldots \ldots$	L	1b	_		
2	Did any officer, d	fficer, director, trustee, or key employee have a family r rector, trustee or key employee?	elationship or a business rela	ationship with any other	2		Х
3	Did the o	rganization delegate control over management duties cu s, directors or trustees, or key employees to a managem	stomarily performed by or un nent company or other persor	der the direct supervision	3		Х
4		ganization make any significant changes to its organiza			4		X
	since the	prior Form 990 was filed?	••••••••••••				
5		ganization become aware during the year of a material					Х
6	Does the	organization have members or stockholders?			6		X
	governin	organization have members, stockholders, or other pers			7a		Х
	b Are any	ecisions of the governing body subject to approval by m	embers, stockholders, or oth	er persons?	7b		X
8	Did the o	ganization contemporaneously document the meetings ling:	held or written actions undert	aken during the year by			
	a The gove	rning body?	· · · · · · · · · · · · · · · · · · ·		8a		Χ
	b Each cor	mittee with authority to act on behalf of the governing b	ody?		8b		X
9	ls there a organiza	ny officer, director or trustee, or key employee listed in on's mailing address? <i>If 'Yes,' provide the names and a</i>	Part VII, Section A, who canned dresses in Schedule O	not be reached at the	9		Х
Se	ction B.	Policies (This Section B requests informa	tion about policies not	required by the Intern	al		
Rev	enue Code)					
						Yes	No
		organization have local chapters, branches, or affiliates			10a		X
	and bran	oes the organization have written policies and procedure thes to ensure their operations are consistent with those	of the organization?		10b		
		rganization provided a copy of this Form 990 to all mem			11		X
		in Schedule O the process, if any, used by the organiza					
		organization have a written conflict of interest policy? If			12a		X
	to conflic	rs, directors or trustees, and key employees required to s?			12b		
	Schedule	organization regularly and consistently monitor and enfo			12c		
		organization have a written whistleblower policy?			13		X
14	Does the	organization have a written document retention and des	truction policy?		14		X
15	Did the p persons,	ocess for determining compensation of the following per comparability data, and contemporaneous substantiation	rsons include a review and ap n of the deliberation and decis	oproval by independent sion?			
		nization's CEO, Executive Director, or top management of			15a		Χ
	b Other offi	cers of key employees of the organization			15b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (S	ee instructions.)				
16	a Did the o entity dur	ganization invest in, contribute assets to, or participate ng the year?	in a joint venture or similar a	rrangement with a taxable	16a		Χ
	in joint ve	as the organization adopted a written policy or procedur nture arrangements under applicable federal tax law, an n respect to such arrangements?	d taken steps to safeguard th	ne organization's exempt	16b		
Sec		Disclosures			, .00		
17		ates with which a copy of this Form 990 is required to be	e filed NONE				
18	Section 6	104 requires an organization to make its Forms 1023 (or I. Indicate how you make these available. Check all that	1024 if applicable), 990, and apply.	990-T (501(c)(3)s only) ava	ailable f	or pub	olic
	Own	website Another's website U	lpon request				
19	Describe statemen	n Schedule O whether (and if so, how) the organization s available to the public.	makes its governing docume	ents, conflict of interest police	cy, and	financ	cial
		name, physical address, and telephone number of the p ILIATION MINISTRIES INC 702 51ST A			anizatio 	n: 	

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c) Position (check all that apply)		(D)	(E)	(F)				
Name and Title	Average hours		tion (k all t	that app		Reportable	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		stee	ustee			ensated				
GLENDA WOLF LINGO PRESIDENT	0							0.	0.	0.
LINDA POLK SECRETARY	0							0.	0.	0.
KERRY HAYMAKER	0						-	0.	0.	0.
RONALD SMALL	0							0.	0.	0.
ALLAN LESLIE TREASURER	0							0.	0.	0.
TARYN BELL	0							0.	0.	0.
RANDY FOWLER	0							0.	0.	0.
ANN ATKINSON	0							0.	0.	0.

16	Total	0.	0.1			<u> </u>
2	Total number of individuals (including but not limited to those listed above) who rece	eived more than \$100	,000 in reportable	e comp	ensati	on
	from the organization • 0					
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or hig on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	ghest compensated er	nployee	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and othe the organization and related organizations greater than \$150,000? <i>If 'Yes' complete individual</i>	er compensation from Schedule J for such		4		Χ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated rendered to the organization? If 'Yes,' complete Schedule J for such person	d organization for serv	rices	5		Х
Sect	on B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that compensation from the organization.	received more than \$	\$100,000 of			
	(A) Name and business address	(B) Description of S	ervices	((Compe	C) nsatio	n
2	Total number of independent contractors (including but not limited to those listed at \$100,000 in compensation from the organization > 0	oove) who received m	ore than			
ВАА	\$100,000 in compensation normale organization	TEE	EA0108L 01/30/10	Form	990	(2009

Pa	n \	III Statement of Re	evenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
TS, GRANTS AMOUNTS	1	a Federated campaigns b Membership dues c Fundraising events		1 a 1 b 1 c 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	•	 d Related organizations e Government grants (contributions) f All other contributions, gifts, gimilar amounts not included 	ons)	1d 104,008. 1e 17,687.				
CONTRIB AND OTH	9	g Noncash contribns included in Total. Add lines 1a-1f	Ins 1a-1f:		121,895.			
		Total. Add lines 14-11.		Business Code	121,093.			
PROGRAM SERVICE REVENUE	(a						
PROGRAM		All other program service Total. Add lines 2a-2f	e revenue .					
	4	Investment income (incl other similar amounts). Income from investment	of tax-exer	 npt bond proceeds . ►		5.		
	Ŀ	Royalties Gross Rents Less: rental expenses	(i) Real					
	c	Rental income or (loss) [Net rental income or (loss) [SS) (i) Securitie					
		a Gross amount from sales of assets other than inventory. Less: cost or other basis and sales expenses		(,, , , , , , , , , , , , , , , , , , ,				
	d	Gain or (loss)						
REVENUE	8a	Gross income from fund (not including . \$ of contributions reported	l on line 1c)	•				
OTHER REVEN		See Part IV, line 18 Less: direct expenses Net income or (loss) from		. b			ı	
		Gross income from gam See Part IV, line 19		a				
		Less: direct expenses						
		Net income or (loss) from			•			
	b	Gross sales of inventory and allowances Less: cost of goods sold		a b				
-	C	Net income or (loss) from						
	11 a b	Miscellaneous Revenu						
	С	All other revenue						
	е	Total. Add lines 11a-11d Total revenue. See instru	··········			5.	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column	(A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	26,150.	19,613.	4,707.	1,830.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	26,938.	20,203.	4,849.	1,886.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,768.	5,826.	1,398.	544.
. 11	Fees for services (non-employees)				
	a Management				
	D Legal		1,414.	254	017
	Lobbying	1,003.	1,414.	254.	217.
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	j Other	354.	177.	177.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology			·	
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	733.	733.		
19	Conferences, conventions, and meetings				
20	Interest	5,485.	4,388.	823.	274.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,270.	6,202.	1,489.	579.
23	Insurance	1,587.	1,190.	286.	111.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
_	below.)RAINBOW HOUSE	9,801.	7,351.	1 222	1 107
	CONTRACT SERVICES	5,556.	5,556.	1,323.	1,127.
	GUEST HOUSE OPERATIONS	5,248.	5,248.		
	SUPPLIES	4,439.	3,329.	799.	311.
	OTHER	4,332.	3,249.	780.	303.
	All other expenses.	1,736.	1,666.	51.	19.
	Total functional expenses. Add lines 1 through 24f	110,282.	86,145.	16,936.	7,201.
	Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			, , , , , ,	Form 990 (2009)

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		(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing	7,845.	1	15,447
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	50
5	Receivables from current and former officers, directors, trustees, key employee and highest compensated employees. Complete Part II of Schedule L	s,	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)))		
	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis. 10a 193, 30			
	Complete Part VI of Schedule D			
l t	D Less: accumulated depreciation	9. 52,919.	10 c	11 CEO
11	Investments — publicly-traded securities	32,313.	11	44,650
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11	•••	13	
14	Intangible assets	• •	14	
15	Other assets. See Part IV, line 11.	• •		
16	Total assets. Add lines 1 through 15 (must equal line 34)		15	60 147
17	Accounts payable and accrued expenses	00,764.	16	60,147
18	Grants payable.		17	
19	Deferred revenue.		18	
20	Tax-exempt bond liabilities		19	
21			20	
22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule I			
23	of Schedule L		22	
1	Secured mortgages and notes payable to unrelated third parties		23	44,507
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D.	5,536.	25	
26	Total liabilities. Add lines 17 through 25	56,742.	26	44,507
	Organizations that follow SFAS 117, check here X and complete lines			
07	27 through 29 and lines 33 and 34.			
27	Unrestricted net assets		27	15,640
28	Temporarily restricted net assets.		28	-41
29	Permanently restricted net assets.		29	
	Organizations that do not follow SFAS 117, check here ► and complete			
į	lines 30 through 34.			
30	Capital stock or trust principal, or current funds.		30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances		33 .	15,640
	Total liabilities and net assets/fund balances	60,764.	34	60,147

Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: X Accrual Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a Χ **b** Were the organization's financial statements audited by an independent accountant?..... 2b X c 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 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Both consolidated and separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Χ За **b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits..... 3b

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

REC	CONCILIATION MIN	IISTRIES, INC						58-1	.59383	7	
Par	t Reason for Pu	blic Charity Stat	us (All organizations	s must	comp	lete th	is parl	t.) See	instru	ctions	
The	organization is not a priv	ate foundation becau	ıse it is: (For lines 1 throເ	ugh 11, d	check or	nly one b	ox.)				
1	A church, convention	on of churches or ass	ociation of churches des	cribed ir	section	170(b)(1)(Á)(i).				
2	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ.)		, - ,					
3	A hospital or coope	rative hospital servic	e organization described	in section	on 1 70 (b	Υ1 ΥΑΥί	ii).				
4	A medical research	organization operate	ed in conjunction with a h	ospital c	lescribe	in sect	 ion 170	/ЬΥΊΥΔ	Viii\ Ent	ar the hospit	alla
	name, city, and stat	te:									
5	An organization open 170(b)(1)(A)(iv). (Co	erated for the benefit	of a college or university	owned	or opera	ited by a	gover	nmental	unit desc	cribed in sec	tion
6 7	An organization that	local government or t normally receives a (A)(vi). (Complete Pa	governmental unit descril substantial part of its su art II.)	bed in s pport fro	ection 1: om a gov	70(b)(1)(⁄ernmen	A)(v). tal unit	or from	the gene	eral public de	escribed
8			1 70(b)(1)(A)(vi). (Complet	e Part II)						
9	X An organization that from activities related investment income:	t normally receives:	(1) more than 33-1/3 % or tions — subject to certain ess taxable income (less s	f its sup	port fron						
10	An organization org	anized and operated	exclusively to test for pu	blic safe	ty. See	section	509(a)(4	4).			
11	An organization organization organization	anized and operated	exclusively for the benef lescribed in section 509(a zation and complete lines	it of, to	perform	the fund	diana ad		ry out the 609(a)(3).	purposes o Check the l	f one or oox that
	aType I	b Type II	c Type II						d 🗌	Type III- (Other
е	By checking this both than foundation man 509(a)(2).	x, I certify that the or nagers and other tha	ganization is not controllen one or more publicly su	ed direct upported	tly or ind organiz	irectly b ations d	y one o escribe	r more d in sec	disqualifi tion 509(a		
f	If the organization re	eceived a written det	ermination from the IRS t	that is a	Type I,	Type II	or Type	III supp	orting or	ganization,	
g			tion accepted any gift or			n any o	f the fol	lowing p	ersons?		
	6	-P									Yes No
	(i) a person who below the gov	directly or indirectly (verning body of the si	controls, either alone or tupported organization?	ogether	with per	sons de	scribed	in (ii) a	nd (iii)	11 - (3)	
			ribed in (i) above?								
			described in (i) or (ii) ab								·
h			he supported organization				• • • • • •	• • • • • • •	• • • • • • • •	11 g (iii)	
			1	T		Γ		, 			
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in col. In your erning ment?	(v) Did y the organ col. your su	ization in (i) of	organizat	Is the tion in col. zed in the S.?	(vii) Amount	of Support
				Yes	No	Yes	No	Yes	No		
									-		***************************************
Total											

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 RECONCILIATION MINISTRIES, LNC 58-1593837 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.... 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 4 Total. Add lines 1-through 3.... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) ► **7** Amounts from line 4...... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on...... Other income. Do not include gain or loss from the sale of capital assets (Explain in Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions)...... First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ... Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)...... % Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16 a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box

b 10%-facts-and-circumstances test — **2008.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization...........

the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.....

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	162 000				,	
_	Gross receipts from	162,909.	129,979.				292,888.
2	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
	purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513			·			
4	Tax revenues levied for the organization's benefit and						0.
_	either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge				-		0
_		1.62.000	120 070	0	0		0.
	Total. Add lines 1 through 5 Amounts included on lines 1.	162,909.	129,979.	0.	0.	0.	292,888.
/ 6	2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	0
_	year Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
		0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						202 000
Soo	7c from line 6.)						292,888.
	tion B. Total Support					T	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	162,909.	129,979.	0.	0.	0.	292,888.
10 a	dividends, payments received on securities loans, rents, royalties and income form similar sources	42.	35.				77
b	Unrelated business taxable	42.	33.				77.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c	: Add lines 10a and 10b	42.	35.	0.	0.	0.	77.
11	Net income from unrelated business activities not included inline 10b,					'	
	whether or not the business is regularly carried on						0.
12	whether or not the business is regularly carried on						
	whether or not the business is regularly carried on						0.
12 13 14	whether or not the business is regularly carried on	s for the organiza	tion's first, second	I, third, fourth, or	fifth tax year as a	a section 501(c)(3)	0.
13 14	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and			I, third, fourth, or	fifth tax year as a	a section 501(c)(3)	0.
13 14 Sec	whether or not the business is regularly carried on	blic Support I	Percentage				0. - 292,965.
13 14 Sec 15	whether or not the business is regularly carried on	blic Support I 09 (line 8, column	Percentage (f) divided by line	13, column (f))		15	0. - 292,965.
13 14 Sec 15 16	whether or not the business is regularly carried on	blic Support I 09 (line 8, column 2008 Schedule A,	Percentage (f) divided by line Part III, line 15	13, column (f))		15	0. - 292,965.
13 14 Sec 15 16	whether or not the business is regularly carried on	blic Support I 09 (line 8, column 2008 Schedule A, vestment Inco	Percentage (f) divided by line Part III, line 15 me Percentag	e 13, column (f))		15	0. - 292,965.
13 14 Sec 15 16 Sec	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for	blic Support I 09 (line 8, column 2008 Schedule A, vestment Inco or 2009 (line 10c, o	Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided	e 13, column (f)) e by line 13, colum	n (f))		0. - 292,965.
13 14 Sec 15 16 Sec 17 18	whether or not the business is regularly carried on	blic Support I 09 (line 8, column 2008 Schedule A, vestment Inco or 2009 (line 10c, or com 2008 Schedule e organization did	Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided e A, Part III, line	e 13, column (f)) e by line 13, colum 17	n (f)).		0. · 292,965.
13 14 Sec 15 16 Sec 17 18 19 a	whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 13-1/3 support tests — 2009. If the	blic Support I 09 (line 8, column 2008 Schedule A, /estment Inco or 2009 (line 10c, of om 2008 Schedule e organization did ox and stop here. e organization did	Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided e A, Part III, line I not check the bo The organization I not check a box	e 13, column (f)) e by line 13, column 7	n (f)). line 15 is more th	15 16 17 18 an 33-1/3%, and I ganization	0 292,965

Schedule /	A (Form 990 ջյ	990-EZ) 2009	RECON	CILIATION	N MINISTE	RIES,	INC _	••	58-1593837 equired by Part ormation. See	Page 4
PartIV	Suppleme	ental Inform	nation. Co	mplete this	part to pro	ovide th	ne expla	nations r	equired by Part	t II. line 10:
	Part II, lin	e 17a or 17	b; and Pa	art III, line 1	2. Provide	any ot	her addi	tional int	ormation. See	instructions.
					· 	- 				
	*									
	•									
						. — — —				
	·									

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

2009

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

KE	CONCILIATION MINISTRIES, INC			58-1593837	
Pa	ttl Organizations Maintaining Dono	r Advised Funds or Otl	her Similar Funds or A	counts Complete	if
more Th	Organizations Maintaining Dono the organization answered 'Yes' t	to Form 990, Part IV, lir	ne 6.	counts complete	11
		(a) Donor advised		Funds and other accou	
1	Total number at end of year			. 4.140 4.14 04.101 40004	
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)			· · · · · · · · · · · · · · · · · · ·	
4	Aggregate value at end of year				
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the	assets held in donor advised		
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the	s, and donor advisors in writing	ng that grant funds may be		∐ No
	purpose conferring impermissible private bene-	nt//			No
Pa	rt II Conservation Easements Comple	ete if the organization a	inswered 'Yes' to Form	990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held by	the organization (check all th	at apply).		
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of an historic	cally important land are	a
	Protection of natural habitat		Preservation of certified h	istoric structure	
	Preservation of open space		The second secon		
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservatio	n contribution in the form of a	a conservation easemer	nt on the
				Held at the End of th	e Year
á	a Total number of conservation easements		2a		
ı	Total acreage restricted by conservation easen	nents	2b		
•	Number of conservation easements on a certifi	ied historic structure included	in (a)		
•	d Number of conservation easements included in	n (c) acquired after 8/17/06	2d		
3	Number of conservation easements modified, tyear ►	transferred, released, extingui	shed, or terminated by the or	ganization during the ta	ЭX
4	Number of states where property subject to con	nservation easement is locate	d ►		
- 5	Does the organization have a written policy reg	garding the periodic monitoring	g, inspection, handling of viola	ations,	
6	and enforcement of the conservation easemen Staff and volunteer hours devoted to monitorin during the year			Yes	No
7	Amount of expenses incurred in monitoring, insuring the year	specting, and enforcing conse	ervation easements \$		
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	quirements of section	Yes	No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.			ا ا	
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica wered 'Yes' to Form 99	I Treasures, or Other S 0, Part IV, line 8.	imilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial statemer	ic exhibition, education, or res	search in furtherance of public	nce sheet works of art, service, provide, in Pa	historical art XIV,
ł	 If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items: 	ic exhibition, education, or res	search in furtherance of public	service, provide the fo	llowing
	(i) Revenues included in Form 990, Part VIII,	line 1		▶\$	
	(ii) Assets included in Form 990, Part X	·			
2	If the organization received or held works of ar amounts required to be reported under SFAS	t, historical treasures, or othe 116 relating to these items:	r similar assets for financial g	gain, provide the following	ng
á	a Revenues included in Form 990, Part VIII, line	1		▶\$	
	Accests included in Form 990 Part Y			- ċ	

Schedule (Form 990) 2009 RECONO	CILIATION MI	NISTRIES,	INC	58-159	3837		Page 2
Part III Organizations Maintair	ning Collection	s of Art, Hist	torical Treasures,	or Other Similar As	sets ((contii	าued)
3 Using the organization's acquisitior items (check all that apply):	accession and oth	ner records, chec	ck any of the following t	hat are a significant use	of its co	ollectio	n
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future generat	ions						
Provide a description of the organizer XIV.							
5 During the year, did the organization assets to be sold to raise funds rat	n solicit or receive her than to be mair	donations of art ntained as part o	, historical treasures, of the organization's col	r other similar lection?	Yes	ſ	No
Part IV Escrow and Custodial 9, or reported an amou	Arrangements nt on Form 990	Complete if), Part X, line	organization answ 21.	ered 'Yes' to Form	990, P	art IV	, line
1 a Is the organization an agent, truste included on Form 990, Part X?	e, custodian, or oth	ner intermediary	for contributions or oth	er assets not	Yes	Γ	No
b If 'Yes,' explain the arrangement in	Part XIV and com	plete the followir	ng table:				
					Amoun	t	
c Beginning balance							
d Additions during the year		· · · · · · · · · · · · · · · · · · ·		1d			
e Distributions during the year				1e			
f Ending balance				1f			
2a Did the organization include an am-	ount on Form 990,	Part X, line 21?	• • • • • • • • • • • • • • • • • • •		Yes		No
b If 'Yes,' explain the arrangement in							
Part V Endowment Funds Com	plete if organiz	zation answe	red 'Yes' to Form	990, Part IV, line 10).		***************************************
L.	(a) Cürrent year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e)	Four year	s back
1 a Beginning of year balance							
b Contributions							
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of	of the year end bala	ance held as:			<u> </u>	····	<u></u>
a Board designated or quasi-endowm	•	<u> </u>					
b Permanent endowment							
c Term endowment ►	<u> </u>						
3a Are there endowment funds not in t	—— ° he possession of tl	he organization t	that are held and admir	nistered for the	Г		1
organization by:						Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations							
b If 'Yes' to 3a(ii), are the related org					. 3b		<u></u>
4 Describe in Part XIV the intended u							
Part VI Investments-Land, Bu				T T			
Description of investment	(ir	t or other basis rvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book V	alue
1 a Land			4 8 8 4				
b Buildings			152,959.	129,125.			<u>,834.</u>
c Leasehold improvements			7,000.	700.			<u>,300.</u>
d Equipment			29,950.	18,348.			<u>,602.</u>
e Other			3,400.	486.		2	,914.

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Schedule **D** (Form 990) 2009

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009 RECONCILIATION MIN Part VII Investments—Other Securities See Fo	ISTRIES, INC	58-15	593837 Page :
(a) Description of security or category (including name of security)	(b) Book value	ine 12. N/A (c) Method of value Cost or end-of-year materials	uation
Financial derivatives.		Cost of end-of-year ma	arket value
Closely-held equity interests			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			
Part VIII Investments-Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation arket value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part X, I	ine 15) N/A		
(a) Desc	cription		(b) Book value
	70.000		
Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part >		<u> </u>	
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) / imount	*	

TEEA3303L 02/02/10

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

^{2.} FIN 48 Footnote. In Part XIV, 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.

		dule D (Form 990) 2009 RECONCILIATION MINISTRIES, INC	8-15	93837	Page•4
		IXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	-	N/A	- 3
		Total revenue (Form 990, Part VIII,column (A), line 12)			
		Total expenses (Form 990, Part IX, column (A), line 25).			
		Excess or (deficit) for the year. Subtract line 2 from line 1			
	4	Net unrealized gains (losses) on investments			
	5	Donated services and use of facilities			
	6	Investment expenses.			
	7	Prior period adjustments.			
	8	Other (Describe in Part XIV)			
		Total adjustments (net). Add lines 4 through 8			
		Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	5 3 4	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Datas	DT /7	
33	1	Total revenue, gains, and other support per audited financial statements with Revenue per	Retur	n N/A	
		Total revenue, gains, and other support per audited financial statements	. 1		
		Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
		Net unrealized gains on investments	_		
		Donated services and use of facilities	_		
		Recoveries of prior year grants	_		
		Other (Describe in Part XIV)	_		
		Add lines 2a through 2d			
		Subtract line 2e from line 1	. 3		
		Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
		Investments expenses not included on Form 990, Part VIII, line 7b	_		
		Other (Describe in Part XIV)	_		
		Add lines 4a and 4b			
B/C		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			
		XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		N/A	
		Total expenses and losses per audited financial statements	. 1		
		Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	а	Donated services and use of facilities	_		
	b	Prior year adjustments	_		
	c	Other losses			
	d	Other (Describe in Part XIV)	7		
	е	Add lines 2a through 2d	. 2e		
	3	Subtract line 2e from line 1	. 3		
	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	а	Investments expenses not included on Form 990, Part VIII, line 7b			
	Ь	Other (Describe in Part XIV)			
		Add lines 4a and 4b	. 4c		
		Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)			
	arl	XIV Supplemental Information			
lir	ne 4	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pa nation.	lines 1 rt to pro	b and 2b; Pa ovide any add	rt V, ditional
_					
_					
	_				
_					

Schedule D	(Form 990) 2009 RECONCILIATION MINESTRIES, INC	58-1593837	Page 5
Part XIV	Supplemental Information (continued)		
2.00	goappiemental information (continued)		
- -			
		·	

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Schedule **D** (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

RECONCILIATION MINISTRIES, INC	58-1593837
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
ADVOCACY & EDUCATION- WORKING WITH FAMILIES OF PRISONERS TO WORKING WITH FAMILIES WITH FAMILIES OF PRISONERS TO WORKING WITH FAMILIES WITH WITH FAMILIES WITH FAMILIES WITH WITH FAMILIES WITH WITH FAMILIES WITH WITH WITH WITH WITH WITH WITH WITH	RK COOPERATIVLEY TO
BRING THEIR CONCERNS TO THE DEPT. OF CORRECTION AS WELL AS PROV	IDE EDUCATIONAL
PRESENTATIONS AND PUBLICATIONS TO THE PUBLIC ABOUT FAMILIES AND	CHILDREN OF
PRISONERS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
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Schedule 0 (Form 990) 2009		D 6
Name of the organization	Employer identification number	Page 2
RECONCILIATION MINISTRIES, INC	58-1593837	
1.00	30-1393637	
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12/31/09		2009 F	EDER	AL B	00K	DEP	2009 FEDERAL BOOK DEPRECIATION SCHEDULE	\TION	SCHE	DULE				P/	PAGE 1
				RECO	NCILI	ATION	RECONCILIATION MINISTRIES, INC	IES, INC						58-1	58-1593837
NO. DESCRIPTION	DATE — ACQUIRED.	DATE SOLD	COST/ BASIS	BUS. PCIB	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	1 1 1	CI RATE.	CURRENT DEPR.
FORM 990/990-PF															
AUTO / TRANSPORT EQUIPMENT															
7 AUTO	8/20/06		19,131							19,131	9,565	S/L HY	. 22	.20000	3,826
TOTAL AUTO / TRANSPORT EQUIP BUILDINGS			19,131		0	0		0	0	19,131	6,565				3,826
1 GUEST HOUSE 2 RAINBOW HOUSE	6/01/92		90,600							90,600	90,600	S/L HY	15	.05000	0 2,518
TOTAL BUILDINGS FURNITURE AND FIXTURES	•		140,959		0	0	0	0	0	140,959	120,856				2,518
10 CENTRAL AIR SYSTEM	10/29/07		3,400	l						3,400	729	S/L HY	7	.14290	486
TOTAL FURNITURE AND FIXTURE IMPROVEMENTS			3,400		· O	0	0	0	0	3,400	729				486
11 IMPROVEMENTS	6/15/07		2,000							2,000	700	S/L HY). 31	.06670	467
TOTAL IMPROVEMENTS LAND			7,000		0	0	0	0	0	7,000	700				467
3 LAND	6/01/96		12,000	j					-	12,000					0
TOTAL LAND			12,000		0	0	0	0	0	12,000	0				0