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 2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2003 calendar year, or tax year beginning 2003, and ending D Employer Identification Number R Check if applicable RECONCILIATION MINISTRIES, INC 58-1593837 Address change IRS label or print or type. See PO BOX 90827 Telephone number Name change NASHVILLE, TN 37209 Initial return specific instruc-Accounting method: Cash Final return tions. Other (specify) Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Application pending H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates Web site: ► N/A H (C) Are all affiliates included? (If 'No,' attach a list See instructions) Organization type ► |X| _{501(c)} 3 ◀ (insert no) (check only one H (d) Is this a separate return filed by an Check here ► If the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000. The organization need not file a return with the IRS; but if the organization Group Exemption Number received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Check ► If the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 79, 496. to attach Schedule B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Part I Contributions, gifts, grants, and similar amounts received: 78,190. a Direct public support. . . 1 a 1_b **b** Indirect public support 1 c c Government contributions (grants) 78,190. noncash \$ 78,190. 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments Interest on savings and temporary cash investments 1,306 5 5 Dividends and interest from securities 6a Gross rents . 6a **b** Less: rental expenses 6 c c Net rental income or (loss) (subtract line 6b from line 6a) 7 7 Other investment income (describe .. . (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory 8b **b** Less: cost or other basis and sales expenses c Gain or (loss) (attach schedule) 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here of contributions a Gross revenue (not including 9a reported on line 1a). **b** Less: direct expenses other than fundraising expenses 9с c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10b) 10 c 11 11 Other revenue (from Part VII, line 103) 79,496. 12 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 77,417. 13 Program services (from line 44, column (B)). 17,600. 14 14 Management and general (from line 44, column (C)) 15 6,002. 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule). 101,019. 17 17 Total expenses (add lines 16 and 44, column (A)) -21,523. Excess or (deficit) for the year (subtract line 17 from line 12) 18 18 60,362. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 2,787. See Statement 1 Other changes in net assets or fund balances (attach explanation) 41,626

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Page 2

Form 990 (2003)

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. Part II

| | 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 \$ |] | İ | Ì | | |
| | non-cash \$) | 22_ | | <u></u> | | |
| 23 | Specific assistance to individuals (att sch) | 23 | | | | |
| 24 | Benefits paid to or for members (att sch) | 24 25 | 51,832. | 38,926. | 9,330. | 3,576. |
| 25 | Compensation of officers, directors, etc | 26 | 31,032. | 30/320. | | |
| 26 27 | Pension plan contributions | 27 | | | | |
| 28 | Other employee benefits | 28 | | | | |
| 29 | Payroll taxes. | 29 | 5,194. | 3,885. | 940. | 369. |
| 30 | Professional fundraising fees | 30 | | | | |
| 31 | Accounting fees | 31 | 3,184. | 1,592. | 1,592. | |
| 32 | Legal fees | 32 | | | | |
| 33 | Supplies | 33 | 1,166. | 873. | 219. | 74. |
| 34 | Telephone | 34 | 884. | 672. | 159. | 53. |
| 35 | Postage and shipping. | 35 | 1,218. | 916. | 224. | 78. |
| 36 | Occupancy. | 36 | | | | |
| 37 | Equipment rental and maintenance | 37 | 114. | 82. | 20. | 12. |
| 38 | Printing and publications | 38 | 1,172. | 879. | 209. | 84. |
| 39 | Travel | 39 | | | | |
| 40 | Conferences, conventions, and meetings | 40 | | | | |
| 41 | Interest | 41 | 3,321. | 2,457. | 605. | 259. |
| 42 | Depreciation, depletion, etc (attach schedule). | 42 | 9,538. | 7,232. | 1,726. | 580. |
| 43 | Other expenses not covered above (itemize) | | | | | 04.7 |
| 8 | See Statement 2 | 43a | 23,396. | 19,903. | 2,576. | 917. |
| ŀ | | 43b | | | | |
| • | | 43c | | | | |
| • | | 43 d | | | | |
| (| | 43e | | | | |
| 44 | Total functional expenses (add lines 22 - 43) | | | ļ | | |
| | Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 44 | 101,019. | 77,417. | 17,600. | 6,002. |
| Join | Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 t Costs. Check. | SOP 9 | 8-2. | | | |
| Are | t Costs. Check . If you are following any joint costs from a combined educational | SOP 9 | 8-2. aign and fundraising soli | citation reported in (B) F | rogram services? | ► Yes X No |
| Are | t Costs. Check. If you are following any joint costs from a combined educationals. es, enter (i) the aggregate amount of these | SOP 9 | 8-2. Paign and fundraising solutions Posts \$ | citation reported in (B) F | Program services? | Yes X No ram services |
| Are If 'Ye | t Costs. Check . If you are following any joint costs from a combined educational es,' enter (i) the aggregate amount of these ; (iii) the amount all | SOP 9 | 8-2. Paign and fundraising solutions Posts \$ | citation reported in (B) F | rogram services? | Yes X No ram services |
| Are If 'Ye \$ to Fe | any joint costs from a combined educational es, enter (i) the aggregate amount of these ; (iii) the amount all undraising | SOP 9 al camp joint of located | 8-2. aign and fundraising solicosts \$ to Management and ger | citation reported in (B) F | Program services? | Yes X No ram services |
| Are If 'Ye to Fe | if you are following any joint costs from a combined educational es,' enter (i) the aggregate amount of these ; (iii) the amount all indraising \$ | SOP 9 Il camp joint of | 8-2. laign and fundraising solicosts to Management and ger Accomplishments | citation reported in (B) F | Program services? | Yes X No ram services e amount allocated |
| Are If 'Yo \$ to Fo | if you are following any joint costs from a combined educational es, enter (i) the aggregate amount of these ; (iii) the amount all indraising \$ | SOP 9 Il camp joint of | 8-2. Paign and fundraising solutions \$ to Management and ger Accomplishments See Stateme | citation reported in (B) F | Program services? | Yes X No ram services e amount allocated |
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| Are If 'Yo \$ to Form What All of clien | t Costs. Check . If you are following any joint costs from a combined educational es,' enter (i) the aggregate amount of these ; (iii) the amount all indraising \$ I Statement of Program Sent is the organization's primary exempt purparganizations must describe their exempt purparent enter exempt purparent exempt exempt purparent exempt exempt purparent exempt | SOP 9 Il camp Joint coated Jose P Jose J J Jose | 8-2. align and fundraising solicosts \$ to Management and ger Accomplishments See Statemer achievements in a clear are anot meanust also enter the amount of the control of the contro | nt 3 and concise manner. Statisurable. (Section 501(c) nt of grants & allocations T HOUSING FOR | Program services? | Yes X No ram services e amount allocated |
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Part IV Balance Sheets (See Instructions)

| Note | : Where i | required, attached schedules and amounts within should be for end-of-year amounts only | the description | (A) Beginning of year | | (B) End of year |
|-----------------------|------------------|---|-----------------------------------|---------------------------------|------|---------------------------|
| Т | | sh - non-interest-bearing | | 3,269. | 45 | 15,202. |
| | | rings and temporary cash investments | | | 46 | |
| | 47 n Acc | counts receivable | 47 a | | | |
| - 1 | | s: allowance for doubtful accounts | 47 b | | 47 c | |
| | D Les | s. allowance for doubtful accounts | 7/0 | | | |
| | 48a Ple | dges receivable | 48a | | | |
| | | s: allowance for doubtful accounts | | 48c | | |
| ı | 49 Gra | ants receivable | | | 49 | |
| | 50 Red | ceivables from officers, directors, trustees, and ke | y | | | |
| ŝ | em | ployees (attach schedule) | | | 50 | |
| A S E T S | 51 a Othe | er notes & loans receivable (attach sch) | 51 a | | | |
| s | b Les | ss: allowance for doubtful accounts | 51 b | | 51 c | |
| | 52 Inv | entories for sale or use | | | 52 | |
| | | paid expenses and deferred charges. | ····· | 05 640 | 53 | 075 |
| | | estments – securities (attach schedule) | , L., L., L. | 25,640. | 54 | 975. |
| | 55 a Inve | estments – land, buildings, & equipment: basis | 55a 158,912. | | | |
| | b Les | s: accumulated depreciation ach schedule) Statement .4. | 55b 99,442. | 69,009. | 55 c | 59,470. |
| - 1 | | estments – other (attach schedule) | | 337005. | 56 | |
| | | nd, buildings, and equipment: basis | 57a | | | |
| | | • | | | 1 1 | |
| | | s; accumulated depreciation ach schedule). | 57 b | | 57 c | <u> </u> |
| | 58 Oth | er assets (describe > |). | | 58 | |
| | | al assets (add lines 45 through 58) (must equal li | ne 74) | 97,918. | 59 | 75,647. |
| | 60 Acc | counts payable and accrued expenses | | | 60 | |
| ابا | 61 Gra | ants payable | | | 61 | |
| الم | 62 Def | ferred revenue | | | 62 | |
| B | 63 Loai | ns from officers, directors, trustees, and key employees (attach | schedule) | | 63 | |
| A B L L T | 64 a Tax | c-exempt bond liabilities (attach schedule) | | | 64a | |
| - 1 | b Mor | tgages and other notes payable (attach schedule) | | 37,555. | 64b | 34,021. |
| E S | 65 Oth | ner liabilities (describe >. |). | <u> </u> | 65 | |
| | 66 Tot | tal liabilities (add lines 60 through 65) | | 37,556. | 66 | 34,021. |
| | Organizati | ons that follow SFAS 117, check here ► X a | nd complete lines 67 | | | |
| F | thre | ough 69 and lines 73 and 74. | | | | |
| - 1 | 67 Uni | restricted | | 60,362. | 67 | 41,626. |
| Ş | 68 Ter | mporarily restricted | | | 68 | |
| AMMIHW W | 69 Per | rmanently restricted | | | 69 | |
| Ř | Organizati | ons that do not follow SFAS 117, check here 🕨 | and complete lines | | 1 | |
| | 70 | through 74. | | | | |
| UZC. | | pital stock, trust principal, or current funds \dots | | | 70 | |
| | | ıd-ın or capıtal surplus, or land, buıldıng, and equ | | | 71 | |
| Ř | 72 Re | tained earnings, endowment, accumulated incom | e, or other funds | | 72 | |
| B4-L4Z0W | 73 <u>T</u> o | tal net assets or fund balances (add lines 67 throi column (A) must equal line 19; column (B) must | ugh 69 or lines 70 through | 60,362. | 73 | 41,626. |
| Š | | tal liabilities and net assets/fund balances (add lii | | 97,918. | 74 | 75,647. |
| - 1 | /4 10 | fai iimpiiifiaa aiim iiot maastalimiim muuliteaa (aaa 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.

BAA

Form 990 (2003) RECONCILIATION MINISTRIES, INC

| Par | t IV-A Reconciliation of Rever Financial Statements w per Return (See instruct | ith | Revenue | Pa | rt IV-B Reconcili Financial per Retur | Statements wit | ses h E | per Audited xpenses |
|--------------|--|------------|--|------|---|--|------------|--|
| a | Total revenue, gains, and other support per audited financial statements | a | 82,281. | a | Total expenses and financial statements | losses per audited | a | 101,019. |
| b | Amounts included on line a but not on line 12, Form 990: | | | b | Amounts included of on line 17, Form 990 | | | |
| (1) | Net unrealized gains on investments . \$ 2,785. | | | (| (1) Donated services and use of facilities \$ | 3 | | |
| (2) | Donated services and use of facilities \$ | | | (| (2) Prior year adjust- ments reported on line 20, Form 990 \$ | <u> </u> | | |
| | Recoveries of prior year grants | | | | 3) Losses reported on line 20, Form 990 \$ 4) Other (specify): | 3 | | |
| (4) | | | | ` | | | | |
| | Add amounts on lines (1) through (4) . | b | 2,785. | | Add amounts on lines (1) | through (4) | ь | |
| С | Line a minus line b | c | 79,496. | c | Line a minus line b. | | C | 101,019. |
| d | Amounts included on line 12, Form 990 but not on line a: | | | d | Amounts included or Form 990 but not on | n line 17, line a: | | |
| (1) | investment expenses not included on line 6b, Form 990 \$ | | | (| 1) Investment expenses not included on line 6b, Form 990 \$ | 1 | | |
| (2) | Other (specify): | | | | 2) Other (specify): | | | |
| ν-, | | | | ` | | | [] | |
| | \$\$ | | | | \$ | | | |
| | Add amounts on lines (1) and (2) | d | | | Add amounts on line | es (1) and (2) | d | |
| е | Total revenue per line 12, Form 990 (line c plus line d) | е | 79,496. | е | Total expenses per 990 (line c plus line | line 17, Form | e | 101,019. |
| Parl | | | | m | | | ensa | |
| <u> </u> | (A) Name and address | | 3) Title and average ho per week devoted to position | | (C) Compensation (if not paid, enter -0-) | (D) Contributions employee benef plans and deferre compensation | to it | (E) Expense account and other allowances |
| ALI | CE ARCENEAUX | E | xecutive Direc | | 37,068. | | 0. | 0. |
| NAS | HVILLE TN | 4 | 0 | | | | | |
| / | AC MULANDA | ╀ | | | 0 | | _ | 0. |
| | AS MUHAMMAD HVILLE TN | | resident one | | 0. | | 0. | · · · · · · · · · · · · · · · · · · · |
| | | - | | | | | | |
| | | \dagger | | | | | | - |
| | | 1 | | | | | | |
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| | | 1 | | | | | | |
| | | T | | | | | | |
| | | + | | | | | | |
| 75 | Did any officer, director, trustee, or k than \$100,000 from your organization \$10,000 was provided by the related If 'Yes,' attach schedule — see instru | an orga | d all related organizatio anizations? | gate | e compensation of more of which more than | | ▶ [| Yes X No |

| Form | m 990 (2003) RECONCILIATION MINISTRIES, INC 58-159383 | 7 | <u> </u> | ⊃age 5 |
|------------|---|------|-----------|--|
| P | art VI Other Information (See instructions.) | | Yes | No |
| 76 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 76 | | Х |
| 77 | · · · · · · · · · · · · · · · · · · · | 77 | | X |
| | If 'Yes,' attach a conformed copy of the changes. | | | |
| 78 | a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?. | 78a | | Х |
| | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 78b | N | A |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the | | | |
| ,,, | year? If 'Yes,' attach a statement | 79 | | X |
| 80 | a Is the organization related (other than by association with a statewide or nationwide organization) through common | | | |
| | membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? | 80 a | | X |
| ļ | b If 'Yes,' enter the name of the organization ► N/A | | | |
| | and check whether it is exempt or nonexempt. | | | |
| | a Enter direct and indirect political expenditures. See line 81 instructions | | | ! |
| ŀ | b Did the organization file Form 1120-POL for this year? | 81 b | | X |
| 82 | a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at | | | |
| | substantially less than fair rental value? | 82 a | · | <u> X</u> |
| 1 | b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | | |
| | | | v | ŀ |
| | a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| | b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | <u> X</u> | |
| 841 | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| i | of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were | 041 | N | , , |
| 85 | not tax deductible? | 84b | N | |
| | b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85 b | N | |
| • | | 835 | | <u> </u> |
| | If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | ĺ |
| | Dues, assessments, and similar amounts from members | | | |
| | Section 162(e) lobbying and political expenditures | | | ĺ |
| | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | - 1 | ĺ |
| | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | - | - 1 | |
| | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85 g | N | /A |
| | of section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of | | | |
| • | dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85 h | N | /A |
| 86 | 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on | | | |
| | line 12 | | | ĺ |
| t | Gross receipts, included on line 12, for public use of club facilities | | - 1 | |
| 87 | 501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A | | | |
| Ł | Gross income from other sources. (Do not net amounts due or paid to other sources | | | <u>.</u> |
| , | against amounts due or received from them.) | 1 | - 1 | ĺ |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? | İ | 1 | |
| | or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | 88 | l | Х |
| 89 a | is 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: | - | | |
| | section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0. | | | |
| Ŀ | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction | | Ī | |
| | during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement | | [| v |
| | explaining each transaction | 89 b | l | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | Λ |
| _ | I Enter: Amount of tax on line 89c, above, reimbursed by the organization | | | $\frac{0.}{0.}$ |
| | 1 of the state of | | | <u> </u> |
| | Number of employees employed in the pay period that includes March 12, 2003 (See instructions.). | 90.6 | | |
| | The books are in care of RECONCILIATION MINISTRIES INC Telephone number | 200 | | <u>~</u> |
| <i>-</i> 1 | Located at > 702 51ST AVE NORTH, NASHVILLE, TN ZIP +4 > 37209 | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here | | ; | FTT |
| ~~ | and enter the amount of tax-exempt interest received or accrued during the tax year 92 | / 1 | | N/A |
| BAA | | Form | | 2003) |

| 1 4914 | THE PARTY SIS OF INCOME TO TO THE | | ousiness income | | ection 512, 513, or 514 | (E) |
|---------|--|---|--|--|--|--|
| Note: E | Enter gross amounts unless ise indicated | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | (E) Related or exempt function income |
| 93 | Program service revenue: | | | | | |
| а | | | | | | |
| b | | | | | | |
| C | | | | | | |
| q | | | | | - | |
| f | Medicare/Medicaid payments | | - | | | |
| | Fees & contracts from government agencies | | | | | |
| | Membership dues and assessments | | | | | |
| 95 | Interest on savings & temporary cash invmnts | | | | | |
| 96 | Dividends & interest from securities | | | | | 1,306. |
| | Net rental income or (loss) from real estate: | | | | | |
| | debt-financed property | | | | | |
| | not debt-financed property | | | | | |
| | Net rental income or (loss) from pers prop | <u> </u> | | - | | |
| | Other investment income | | | | | |
| 100 | other than inventory | | | | | |
| 101 | Net income or (loss) from special events . | | | | | |
| | Gross profit or (loss) from sales of inventory . | | <u> </u> | | | |
| | Other revenue: a | | | | | |
| b | | | | | | |
| ب C | | | | | · | · · · · · · · · · · · · · · · · · · · |
| u | | | | | | - |
| 104 | Subtotal (add columns (B), (D), and (E)) | | | 111 | | 1,306. |
| | Total (add line 104, columns (B), (D), a | nd (E)) | | | , | 1,306. |
| | ine 105 plus line 1d, Part I, should equi | | | | | |
| Part | VIII Relationship of Activities t | o the Accom | plishment of Ex | empt Purpos | es (See instructions.) | |
| Line I | of the organization's exempt purpo | | | | | |
| 96 | ALL REVENUE USED TO M | | | | | |
| | FAMILIES OR FOR A MIN | ISTRY OF W | EEKLY SUPPORT | GROUPS OF | RELATIVES OF | PERSONS WHO |
| | ARE INCARCERATED. | | | | | |
| | | | | | | |
| Part | IX Information Regarding Tax | able Subsidi | aries and Disre | garded Entiti | es (See instructions.) | , |
| | (A) | (B) | (0 | າ | (D) | (E) |
| Na | me, address, and EIN of corporation, | Percentage of | | activities | Total | End-of-year |
| | partnership, or disregarded entity | ownership intere | | | income | assets |
| N/A | | | 8 | | | |
| | | | क्षे १ | | | |
| | | | 8 | | | |
| Dark | X Information Regarding Tra | nefere Asso | | onal Benefit | Contracts (See inst | ructions.) |
| | id the organization, during the year, receive any ful | | | | | . Yes X No |
| | ed the organization, during the year, reserve any relief | | | | | Yes X No |
| | te: If 'Yes' to (b), file Form 8870 and Fo | | | _ porcorior borro | | |
| | Under penalties of perjury, I declare that I ha true, correct; and complete Declaration of pi | ve examined this retu eparer (other than off | m, including accompanyin icer) is based on all inform | g schedules and state ation of which prepar | ments, and to the best of my er has any knowledge | knowledge and belief, it is |
| | | | | | | , |
| | | | | | Date 8/17 | 12004 |

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

2003

OMB No 1545-0047

Name of the organization Employer identification number RECONCILIATION MINISTRIES, 58-1593837 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense hours per week devoted to position employee paid more than \$50,000 account and other allowances compensation None Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services

RECONCILIATION MINISTRIES

Schedule A (Form 990 or 990-EZ) 2003

INC

58-1593837

Page 2

| | IV-A Support Schedule (: You may use the worksheet in the | | | • | | | nting. |
|--------------|--|---|---|--|--|--------------------------|---|
| Cale begi | ndar year (or fiscal year | (a) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | | (e) Total |
| 15 | Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 69,330. | 88,725. | 114,985. | 79, | 544. | 352,584. |
| | Membership fees received | | | | | | |
| 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 | | | | | | |
| 18 | | 2,421. | 3,229. | 3,307. | 9, . | 782. | 18,739. |
| 19 | Net income from unrelated business activities not included in line 18 | | | | | | |
| 20 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | |
| 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 | | | | | | |
| 22 | Other income, Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | | |
| 23 | Total of lines 15 through 22 . | 71,751. | 91,954. | 118,292. | 89,3 | | 371,323. |
| 24 | Line 23 minus line 17 | 71,751. | 91,954. | 118,292. | 89,3 | | 371,323. |
| 25 | Enter 1% of line 23 | 718. | 920. | 1,183. | | 93. | |
| | Organizations described on lines | | er 2% of amount in co | * ** | . N/A. 🕨 | 26 a | |
| b | Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a | or 1999 through 2002 exceed | led the amount shown in lii | r than a governmental unit one 26a. Do not file this list | with your | 26ь | |
| С | Total support for section 509(a)(1) |) test: Enter line 24, c | olumn (e) | | ▶ | 26 c | |
| d | Add: Amounts from column (e) fo | r lines: 18 | | 19 | | | |
| | | 22 | | 26b | | 26 d | |
| | Public support (line 26c minus line | | | | | 26 e | |
| | Public support percentage (line 2 | | d by line 26c (denom | inator)) | <u>. </u> | 26f | * |
| | Organizations described on line 1 For amounts included in lines 15, name of, and total amounts received such amounts for each year: | 16, and 17 that were | received from a 'disq , each 'disqualified p | ualified person,' preperson.' Do not file this | are a list for you s list with your r | ır reco eturn. | rds to show the Enter the sum of |
| | (2002)0. | (2001) | 0. (2000) | 0 | _ (1999) | | 0. |
| b | For any amount included in line 1 show the name of, and amount re \$5,000. (Include in the list organize computing the difference between (the excess amounts) for each ye | eceived for each year, zations described in lii n the amount received | that was more than t nes 5 through 11. as t | the larger of (1) the ar well as individuals.) D | mount on line 25 o not file this lis | 5 for th st with | ie year or (2) vour return. After |
| | (2002) 0. | (2001) | 0. (2000) | 0 | . (1999) | | 0. |
| C | (2002) 0. Add: Amounts from column (e) fo | r lines: 15 | 352,584. | 16 | | | |
| | 17 | 20 | | 21 | | 27 c | 352,584. |
| d | Add: Line 27a total | <u>0.</u> ar | d line 27b total | | <u> </u> | 27 d | 0. 352,584. |
| e | Add: Line 27a total Public support (line 27c total minutoral support for section 509(a)(2) Public support percentage (line 2) | us line 27d total) | | أحسأ | | 27 e | 352,584. |
| f | Total support for section 509(a)(2) |) test: Enter amount fi | rom line 23, column (| e) - 2/1 | 3/1,323. | 27- | 94.95 % |
| g | Public support percentage (line 2 Investment income percentage (li | /e (numerator) divide | a by line ∠/ī (denomi merator) divided by li | паког)) | | 2/g 27h | 94.95 8 5.05 % |
| | Unusual Grants: For an organization | | | | | | |
| | list for your records to show, for enature of the grant. Do not file thi | each vear, the name o | if the contributor, the | date and amount of t | he grant, and a | brief d | escription of the |

| | (To be completed ONLY by schools that checked the box on line 6 in Part IV) | N/A | | |
|------|---|------|-----|--|
| | | | Yes | No |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | 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, and scholarships? | 30 | | |
| 31 | 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.) | | | |
| | Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? | 32 a | | |
| | Records incleaning the racial composition of the student body, faculty, and administrative stair: Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32 b | | |
| C | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32 c | | |
| c | d Copies of all material used by the organization or on its behalf to solicit contributions? | 32 d | | |
| | 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: | | | |
| 8 | s Students' rights or privileges? | 33a | | |
| ь | Admissions policies? | 33b | | |
| C | Employment of faculty or administrative staff? | 33 c | | |
| d | Scholarships or other financial assistance? | 33 d | | |
| 8 | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33 g | | |
| h | Other extracurricular activities? | 33h | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34 a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34 b | | |
| 35 | 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. | 35 | | |

Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

| | | <u> </u> | | | | · | | | 14/ 11 |
|-----|---|----------------------------------|--|------------------------------|---------|---------------|-------|-----------------------------------|--------------------------------------|
| Che | ck ► a | if the organization belongs | to an affiliated group. | _Check ► | b | ıf you o | check | ed 'a' and 'limited contr | ol' provisions apply. |
| | | | obbying Expenditus' s' means amounts paid of | | | | | (a) Affiliated group totals | (b) To be completed for ALL electing |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | 36 | | organizations |
| 37 | | | | | | | 37 | | |
| | | | | rect lobbyling). | | ŀ | | | |
| 38 | 8 Total lobbying expenditures (add lines 36 and 37) | | | | | | 38 | <u> </u> | <u> </u> |
| 39 | 39 Other exempt purpose expenditures | | | | | | 39 | | |
| 40 | Total ex | kempt purpose expenditures (a | add lines 38 and 39) | | | | 40 | | |
| 41 | Lobbyin | ng nontaxable amount. Enter th | ne amount from the follo | owing table – | | | | | |
| | If the ar | mount on line 40 is — | The lobbying nonta | t <mark>axable a</mark> mour | nt is - | - [| | , | |
| | Not ove | r \$500,000 | 20% of the amount | nt on line 40 | - | \neg \mid | | • | |
| | Over \$500 | 0,000 but not over \$1,000,000 | \$100,000 plus 15% of t | the excess over \$5 | 00,000 | | | | |
| | Over \$1,0 | 00,000 but not over \$1,500,000 | \$175,000 plus 10% of t | the excess over \$1 | ,000,0 | xo ├- [| 41 | | |
| | Over \$1,5 | 00,000 but not over \$17,000,000 | \$225,000 plus 5% of the | ne excess over \$1, | 500,00 |) [| | | |
| | Over \$1 | 17,000,000 | \$1,000,000 | | - | | | | |
| 42 | Grassro | oots nontaxable amount (enter | 25% of line 41) | | | l | 42 | | |
| 43 | Subtrac | t line 42 from line 36. Enter -0 | - if line 42 is more than | line 36 | | [| 43 | | |
| 44 | Subtrac | t line 41 from line 38. Enter -0 | - if line 41 is more than | line 38 | | [| 44 | | |
| | Caution | : If there is an amount on eith | ner line 43 or line 44, you | u must file Foi | rm 47 | '20 [| | | |

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

| | | | Lobbying Expen | ditures During 4 -Year A | veraging Period | |
|----|---|-------------|--------------------|--------------------------|--------------------|---------------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) 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 | | | | | |

Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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:

- Volunteers
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)
- c Media advertisements
- d Mailings to members, legislators, or the public
- · Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

| if yes to any of the above, also attach a statement diving a detailed description of the loopying activ | o any of the above, also attach a statement giving a detailed description of the lobi | oving activitie |
|---|---|-----------------|
|---|---|-----------------|

| | Yes | No | Amount |
|----|-----|----|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ٠. | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2003

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

| 51 Did to | he reporting organization | directly or in | ndirectly engage in any of the followin | g with any other organization described ng to political organizations? | ın sectio | n 501(d | c) |
|-----------------|--|-----------------------------|--|---|--------------|-------------|----------|
| | | | to a noncharitable exempt organization | | | Yes | No |
| | • | - | | | 51 a (i) | | X |
| | | | | | a (ii) | | Х |
| | r transactions: | | | | | | |
| (i) S | Sales or exchanges of ass | sets with a n | oncharitable exempt organization | | b (i)_ | | Х |
| (ii)F | Purchases of assets from | a noncharita | able exempt organization | | b (ii) | | X |
| (iii)F | Rental of facilities, equipm | ent, or othe | r assets | | b (iii) | | Х |
| (iv)F | Reimbursement arrangem | ents | | | b (iv) | | X |
| (v)L | oans or loan guarantees. | | | | b (v) | | X |
| | | | ip or fundraising solicitations | | b (vi) | | Χ |
| c Shari | ing of facilities, equipmen | t, mailing lis | ts, other assets, or paid employees. | | С | | X |
| difthe the g | answer to any of the abo oods, other assets, or ser ransaction or sharing arra | ive is Yes, rvices given | complete the following schedule. Coll by the reporting organization. If the co | umn (b) should always show the fair ma organization received less than fair mark ods, other assets, or services received: | rket value i | n n | |
| (a) Line no. | (b) Amount involved | | (c) noncharitable exempt organization | (d) Description of transfers, transactions, and s | | | |
| | | Name of | Hondriantable exempt organization | Description of transfers, transactions, and s | maring arrai | iyement. | <u> </u> |
| N/A | | | | | | | |
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| | <u>!</u> | <u> </u> | | <u></u> | | | |
| | | | liated with, or related to, one or more her than section 501(c)(3)) or in secti | tax-exempt organizations on 527? | ► Ye | s X | No |
| DII TE | s,' complete the following | scriedule. | (h) | (c) | | | |
| | (a) Name of organization | | (b) Type of organization | (c) Description of relations | ship | | |
| N/A | | | | | | | |
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2003 **Federal Statements** Page 1 RECONCILIATION MINISTRIES, INC 58-1593837 Statement 1 Form 990, Part I, Line 20 Other Changes in Net Assets or Fund Balances INCREASE IN FMV.... 785. Total \$ Statement 2 Form 990, Part II, Line 43 Other Expenses (A) (D) (B) (C) Program Management Services & General Fundraising Total CONTRACT SERVICES
DIRECT PROGRAM COSTS
GUEST HOUSE MAINTENANCE
GUEST HOUSE OPERATIONS 3,557. 3,557. 2,680. 2,680. 75. 75. 2,874. 2,874. INSURANCE 1,680. 2,240. 412. 148. OTHER 5,214. 3,943. 5,094. 934. 337. 6,756. 432. 1,230. RAINBOW HOUSE 19,903. \$ 2,576. \$ 917. Total \$ <u> 23,396.</u> \$ Statement 3 Form 990, Part III Organization's Primary Exempt Purpose HELP FAMILIES OF INCARCERATED INDIVIDUALS Statement 4

Statement 4
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

| Category | Basis | Accum. Deprec. | Book Value |
|-------------------------------|-------------|----------------|---------------|
| Machinery and Equipment Total | \$ 158,912. | \$ 99,442. | \$ 59,470. |
| | \$ 158,912. | \$ 99,442. | \$ 59,470. |



Reconciliation Ministries, Inc. 2003 Board of Directors

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Larry Bryant, Secretary

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James S. F. Boyd, Treasurer

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James Floyd

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Sherry Jean Williams, Community Shares Representative

1010 Mitchell Road Nashville, TN. 37206 615-226-0099 Retired Postal Worker

Mariah Wooten

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