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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning January 1 **, 2009, and ending** December 31 **, 20** 09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Reconciliation Services

Number and street (or P.O. box, if mail is not delivered to street address) — Room/suite
3101 Troost Avenue

City or town, state or country, and ZIP + 4
Kansas City, MO 64109-1845

D Employer identification number
36-4580402

E Telephone number
816-931-4751

F Group Exemption Number ▶

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ **www.rs3101.org**

J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ **223,849**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	211,082
	2	Program service revenue including government fees and contracts		2	12,767
	3	Membership dues and assessments		3	0
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ _____)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	223,849
Expenses	10	Grants and similar amounts paid (attach schedule)		10	23,454
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	184,462
	13	Professional fees and other payments to independent contractors		13	4,330
	14	Occupancy, rent, utilities, and maintenance		14	11,656
	15	Printing, publications, postage, and shipping		15	3,154
	16	Other expenses (describe ▶ **see attachment 1 (community festival, educational exhibit)**)		16	10,528
	17	**Total expenses.** Add lines 10 through 16 ▶		17	237,584
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(13,735)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	21,241
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	7,506

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	24,728	22	14,370
23	Land and buildings	0	23	0
24	Other assets (describe ▶ _____)	0	24	0
25	**Total assets**	24,728	25	7,506
26	**Total liabilities** (describe ▶ **(A) Payroll liability due in January 2010; (B) A/P**)	(3,487)	26	(6,864)
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	21,241	27	7,506

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **See Attachment 1**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	**Mental Health (See Attachment 1)**		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	50,344
29	**Emergency Assistance/Case Management (See Attachment 1)**		
	(Grants $ 23,454) If this amount includes foreign grants, check here ▶ ☐	29a	144,709
30	**Community Building (See Attachment 1)**		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	42,531
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	237,584

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Carla Hutchinson MSW, LCSW 3914 Washington, Kansas City, MO 64109	Board President, 10 hr/wk	0	0	0
Cecilia Garret, MLA 7733 W 55th, Kansas City, MO 64129	Board Vice-Pres, 5hr/wk	0	0	0
Clifford O'Bryan 9746 Overbrook Rd., Shawnee Mission, KS 66206	Board Treasurer, 2 hr/wk	0	0	0
Mother Brigid McCarthy 3015 Forest Ave. Kansas City, MO 64109	Asst. Treas, 20 hr/wk	0	0	0
Robert Andrews 9200 Indian Crk Pkwy, Overland Park, KS 66210	Brd Sec'y/Counsel 2hr/w	0	0	0
Victoria Jones, MLA 22400 NE 112th St., Independence, MO 64068	Recording Sec'y, 5hr/wk	0	0	0
Jeanetta Issa, MPA 503 E 23rd St., Independence, MO 64055	Board Member, 2 hr/wk	0	0	0
Karen Zecy 1933 Troost, Kansas City, MO 64108	Board Member, 3 hr/wk	0	0	0
Rev. Rose Whitfield P.O.Box 480078, Kansas City, MO 64148	Board Member, 2 hr/wk	0	0	0
Dr. Kevin Mott 12411 W 119 Ter, Apt 615, Overland Park KS 66213	Board Member, 2 hr/wk	0	0	0
Tirhas Kidane 1740 Paseo Blvd., Kansas City, MO 64108	Board Member, 5 hr/wk	0	0	0
Cindy Beasley 4133 W. 100th Place, Overland Park, KS 66207	Board Member, 5 hr/wk	0	0	0
Richard Nelson 801 W. 64th Terrace, Kansas City, MO 64113	Board Member, 2 hr/wk	0	0	0
Hagos Andebrhan 4611 N.E. 63rd Terrace, Kansas City, MO 64112	Board Member, 2 hr/wk	0	0	0
Mother Nicole Oakes, BSN 3015 Forest Ave, Kansas City, MO 64109	Board. Member; 50 hr/wk	0	0	0
Fr. Paisius (David) Altschul, MSW, LCSW 3101 Troost Ave., Kansas City, MO 64109	Exec. Dir. 50 hr/wk	40,000	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 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			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ N/A

42a The organization's books are in care of ▶ Mother Brigid McCarthy Telephone no ▶ 816-931-4751

Located at ▶ 3101 Troost Avenue, Kansas City, MO ZIP + 4 ▶ 64109-1845

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☑ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶

Sign Here

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

Mother Brigid McCarthy — Signature of officer — Date 12/22/2010

Mother Brigid McCarthy, Assistant Treasurer and Bookkeeper — Type or print name and title — 12/22/2010

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
Reconciliation Services	**36 4580402**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year 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 any "unusual grants.")	1,055	5,775	136,699	64,747	211,082	419,358
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	1,055	5,775	136,699	64,747	211,082	419,358
5 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)						16,060
6 **Public support.** Subtract line 5 from line 4.						403,298

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,055	5,775	136,699	64,747	211,082	419,358
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						419,358

12 Gross receipts from related activities, etc (see instructions) 12 12,767

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . ▶ ☐

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 . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Amended 990EZ for 2009

For:
Reconciliation Services
3101 Troost Avenue
Kansas City, MO 64109
EIN: 36-4580402

Lines Amended

A. The lines changed in the Amended **990EZ** are the following:

1. Line 2
2. Line 19
3. Line 20
4. Line 22
5. Line 23
6. Line 24
7. Line 25
8. Line 26
9. Line 27
10. Line 28a
11. Line 29a
12. Line 30a
13. Line 32

B. The lines changed in **Attachment 1** are the following:

1. The third paragraph "Part 1 Net Assets Other Changes Line 20" has been deleted.

C. The lines changed in **Schedule A** are the following:

1. Part II, Line 1
2. Part II. Line 4
3. Part II, Line 7
4. Part II, Line 11
5. Part II, Line 12

These changes are in accordance with the independent auditor *JMA Chartered* of Kansas City.

Thank you for your patience.

Mother Brigid McCarthy

Mother Brigid McCarthy
Reconciliation Services Bookkeeper
December 24, 2010

Attachment 1 to Reconciliation Services 2009 990EZ

Part 1 Expenses, Line 10

Reconciliation Services spent the following amounts to provide services for needy individuals:

Utilities	$3,665
Housing	$6,192
Transportation	$3,283
ID/Document Assistance	$7,512
Other Emerg. Assistance	$2,802
Total	**$23,454**

Part 1 Expenses, Line 16

Reconciliation Services spent the following for community building, neighborhood education, and prejudice reduction:

Troost Avenue Festival:	$ 234
200 Years on Troost Exhibit and Workshop	$10,294
Total	**$10,528**

Part III Statement of Program Service Accomplishments

Organization's Primary Exempt Purpose

In the Reconciliation Services (RS) By Laws, our opening sentence is as follows: "The purposes of Reconciliation Services are to promote community development, to heal racial and ethnic divisions, and to overcome personal and institutional discrimination; to provide comprehensive social services, focusing especially on prevention and treatment of addictions, prevention of and treatment for domestic violence, abuse, and related trauma; as well as providing for case management, emergency assistance, and referrals." The numbers for emergency services, mental health, and community building all document the continuity of RS primary exempt purposes.

28. Emergency Assistance

In August of 2009, Reconciliation Services (RS) began a new program called "Therapists on the Go". These are clinically trained Master level social workers who not only assist with case management but also provide brief, solution-focused therapy for clients who have "fallen through the cracks" of the existing social support network. Between August 1 and December 31, 2009 RS served 94 clients with this program. The clients reported an average reduction of their level of needs by 60% as a result of this program.

Reconciliation Services in 2009 served 14,266 meals to the poor and needy in the area of Troost Avenue. Our pantry fed 5,300 people that are homeless or live below 150% of the Federal Poverty Level. Our document assistance program helped obtain 3,008 documents necessary for the poor to obtain housing, utilities, jobs, and health care.

RS directly disbursed $23,454 as listed on line 10 above. This of course does not include the salaries of the case managers and therapists, which is included on line 12.

29. Mental Health

In 2009, our part-time psychologist provided 25 intensive psychological assessments, two part-time licensed clinical social workers provided 430 individual therapy sessions, and our part-time

certified substance abuse counselor (level 2) began two new 12-step programs. These were services provided for clients without cash grants to their needs.

30. Community Building

As a result of facilitation efforts from Reconciliation Services, we were able to have our 5th annual Troost Avenue Festival with over 3,000 in attendance. Especially significant is that participants came from both sides of Troost Avenue, historically referred to as the racial dividing line of the city. In addition, up to 40 participants gathered on a weekly basis at RS to discuss issues such as education, environment, crime, safety, economic stimulus, entrepreneurial plans, and creating an overall development plan for creating a true sense of village in the surrounding blocks of RS central facility at 3101 Troost Avenue. Community Building expenses are listed on line 16 as $10,528, with the breakdown above.