

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public

OMB No 1545-0047

Open to Public

		evenue Service		► Information	about Form 990 and its inst	ructions is at wv	ww.irs gov	/form990			Inspection	
A	For	the 2013 c	alendar	year, or tax year begin	ning 10/01	, 2013, a	and ending	9/	30		, 2014	_
В	Chec	k if applicable	С						D Employ	er Iden	lification Number	
	\Box	Address chang	se RE	ECONCILED WORLD	, INC.				46-3	3250	801	
	П	Name change	In/	D BOX 1131	,				E Telepho			_
	\blacksquare	Initial return	WE	HEATON, IL 6018	7				(30	1) 8	87-7263	
	Н	Terminated							(30.		707 7205	_
		Amended retu							G Gross re	.aa.nta	\$ 686,314	
	-	Application pe	<u> </u>	Name and address of principa	officer ANNA HO			H(a) Is this	a group return			
	'	Application pe	~	AME AS C ABOVE	TOMES ANNA IIO				subordinates			NO No
	Ta	x-exempt stat		501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or	T T527	If 'No,'	attach a list	(see in	structions)	
<u>'</u>		/ebsite: ►			7 (11.00.11.0)	4347(a)(1) 01					•	
_			1	RECONCILEDWORLI		11			exemption nu			_
K		m of organiza		Corporation Trust	Association Other	I L Ye	ear of formation	on 201	3 mis	tate of	legal domicile AZ	_
Pa	art I		mary	the ergenization's missi	on or most significant of	otivities. DE	CONTE				(DIII) DIII CO.	
	1				on or most significant a		CONCILE				(RWI) <u>EXISTS</u> _	· –
9					AND COMMUNITY-							_
퍨					<u>CLOPMENT THROUG</u> CE WITH AND TRA							_
Governance	2				n discontinued its opera							_
ලි	3				ning body (Part VI, line		osea or mo	ie tilait 2	.570 01 165 1	3		5
					of the governing body		1b)		Ì	4		5
ties	5	Total nu	mber of	individuals employed in	calendar year 2013 (P	art V, line 2a)	ı			5		6
Activities &	6	Total nu	mber of	volunteers (estimate if	necessary)					6		7
¥					Part VIII, column (C), lii				{	7 a	0	Ī.
		b Net unre	lated bu	usiness taxable income	from Form 990-T, line 3	34				7 b		١.
	_				*1.5			P	rior Year		Current Year	
ē	8			nd grants (Part VIII, line	•						686,314	
Revenue	9	-		e revenue (Part VIII, line	= :			<u> </u>				
ě	10			me (Part VIII, column (A	nes 5, 6d, 8c, 9c, 10c, a	and 11a)		<u> </u>				_
-	12				(must equal Part VIII, o		no 12)	<u> </u>			606 214	
<u>։</u> —	13				X, column (A), lines 1-3		12)	+			686,314	_
ĺ	14			or for members (Part I)	• • •	3)		<u> </u>	-		196,008	•
1	15			•	e benefits (Part IX, colu	mn (A) lines	5.10)				1.00 020	_
se					•	itili (A), iitles	3-10)	-			169,826	•
ens	16			draising fees (Part IX, o	, , ,							_
Expense:	•	b Total fur	ndraising	g expenses (Part IX, col	umn (D), line 25) 🟲	3:	<u>1,148.</u>					
) Э	17		•	(Part IX, column (A), lir	1	-,					107,756	; <u>.</u>
i i	18				equal Part IX, column (A), <u>lin</u> e 25)					473,590	· .
	19	Revenue	e less ex	kpenses. Subtract line 1	8 from line 12		··				212,724	
o de de					18: 110	F 1 2015	, C	Beginnir	ng of Curren		End of Year	
900	31			art X, line 16).	AUU Dij	17 \$ 2010	្តែ		1	00.	228,223	
¥ .	21	Total lia	bilities (Part X, line 26)	1211		1			0.	15,399	١.
2 i	22	Net asse	ets or fu	nd balances Subtract li		- 1			1	00.	212,824	
Pi	art II	l Sign	ature I	Block		A A	•					
Und	ler pen	altres of perju	ry I declar	re that I have examined this retu	irn including accompanying sch all information of which prepare	nedules and statem	nents, and to the	ne best of in	ıy knowledge	and bel	ief, it is true, correct and	_
	piere	Deciaration of	r prepara	(other than dricer) is based on	all illioithation of which prepare	inas any knowied	iye			1		_
		▶ -	Signature o						<u>8/17</u>	126	9/5	
	gn	I.	_							•		
пе	ere			GARDNER nt name and title			-	TREAS	SURER			
				arer's name	Preparer's signature		Date		I I	1.	PTIN	_
_		1				CDA	Date		Check _	_l ıf		
Pa		<u> </u>		ARLSON, CPA	JULIE CARLSON,				self-employe	d	P00128496	
	epa se O	I I	s name		LSON & ASSOCIAT	ES, CPA'S	<u> </u>		<u> </u>			
U:	se U	Firm'	's address		LLE RD STE 230				Firm's EIN		0) 000 000	
		- 1DC '	41		IL 60563-3539	-4			Phone no	(63		
					shown above? (see ins						X Yes No	_
RA	IA F	or Paperw	ork Red	luction Act Notice, see 1	he separate instruction	15.	TEE	A0113L 11	/08/13		Form 990 (201	ರ)

	990 (2013) RECONCILED WORLD, INC.	46-325080	1 Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the price	$\overline{}$	🖼
	Form 990 or 990-EZ?		Yes X No
_	If 'Yes,' describe these new services on Schedule O	, n	🗔
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices /	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported	ces, as measure grants and allocat	d by expenses tions to
4 a	(Code) (Expenses \$ 280,172. including grants of \$ 141,780.) (R	evenue \$)
	TRUTH-CENTERED TRANSFORMATION		
	-WE HELD OUR FIRST TWO TRAINING EVENTS IN NEPAL IN FEBRUARY 2014	FOR A TOTA	L OF 80
	PASTORS, WITH A VERY POSITIVE RESPONSE.		. -
	-PROVIDED ONGOING TRAINING TO MORE THAN 600 CHURCHES AT VARIOUS S	TAGES OF T	HE_6-YEAR_
	PROGRAM.		
	-LAUNCHED TCT-LOCAL TO TRAIN CHURCHES IN NORTH AMERICA IN THE ARE	<u>A OF CARIN</u>	G_FOR_THE
	VULNERABLE.		. -
			
			- -
	(Code) (Expenses \$ 44,662. including grants of \$ 13,200.) (R	avanua ė	
41	(Code (Expenses \$ 44,662. including grants of \$ 13,200.) (R	evenue \$	
	- HELD AN ANNUAL INTERNATIONAL ARTIST RESIDENCY PROGRAM		
	- PARTNERED WITH A LOW INCOME SCHOOL TO HOST AN ART CLASS FOR TEN	STUDENTS	
	- PARTNERED WITH ANOTHER NOT-FOR-PROFIT IN NEW DELHI TO PROVIDE M		WORKSHOPS
	FOR VULNERABLE GIRLS AND PEOPLE RESCUED FROM THE STREETS		
			·
4	c (Code) (Expenses \$ 44,453. including grants of \$ 7,000.) (R	evenue \$)
	WHOLISTIC DEVELOPMENT CENTER		
	- OPERATED A VOCATIONAL AND SPIRITUAL DEVELOPMENT PROGRAM FOR 23	YOUNG ADUL	TS_FROM
	TRIBAL AND LOW-INCOME BACKGROUNDS. CURRICULUM INCLUDES: ELECTRICI	AN STUDIES	AND
	CARPENTRY FOR MEN; COOKING, BAKING, HOUSEKEEPING AND MICRO-FINANCE	E FOR WOME	<u>N .</u>
			. – - – – – –
			- -
			. – – – – – –
		. -	-
		. -	-
			- -
	d Other program assumed (Decombs in Catalata O.)		
4	d Other program services (Describe in Schedule O) SEE SCHEDULE O		,
	(Expenses \$ 40,689. including grants of \$ 34,028.) (Revenue \$		
4	e Total program service expenses ► 409, 976.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B Schedule of Contributors (see instructions)?	2	X	
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes.' complete Schedule D, Part VI</i>	11a		Х
k	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11b		X
(c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	Х	
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	77	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
l	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV	28a		X
i	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R Parts II, III, IV, and V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R. Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
DA		Earn	agn i	(20.13)

Form 990 (2013) RECONCILED WORLD, INC.	46-3250801	P:	age
Part V Statements Regarding Other IRS Filings and Tax Compliance	40 3230001		age
Check if Schedule O contains a response or note to any line in this Part V			Γ
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	a 1	1	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and repor (gambling) winnings to prize winners?	table gaming		Х
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1	1 1	
ments, filed for the calendar year ending with or within the year covered by this return	a 6		
b If at least one is reported on line 2a, did the organization file all required federal employment tax	x returns? 2 t	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	ctions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	31		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other au financial account in a foreign country (such as a bank account, securities account, or other finan	thority over, a cial account)? 4a		X
b If 'Yes,' enter the name of the foreign country: ▶			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finar	ncial Accounts		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ar? 5 a	a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	ransaction? 5 t)	X
${f c}$ If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 0	;	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and colorit any contributions that were not tax deductible as charitable contributions?	did the organization 6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were		
7 Organizations that may receive deductible contributions under section 170(c).		1 1	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	y for goods and		
services provided to the payor?	7 a	a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71:	,	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was in			
Form 8282?	,i 7c	 	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	<u>1</u>		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	<u></u>	+ +	X
		+	
g If the organization received a contribution of qualified intellectual property, did the organization file Form as required?	70	,	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org Form 1098-C?	panization file a	1	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the excess business		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 8	+ +	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	91	اـــــــــــــــــــــــــــــــــــــ	X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ь		
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11	_1		
<u></u>	a		
b 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 Fo		3	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a	1	
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	b		
c Enter the amount of reserves on hand	С		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	2	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in School	edule O 14t	o	

		3250801		P:	age 6			
Par	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes				or			
	Schedule O See Instructions Check if Schedule O contains a response or note to any line in this Part VI				X			
Sect	tion A. Governing Body and Management							
			T	Yes	No			
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	5						
ь	Enter the number of voting members included in line 1a, above, who are independent	5						
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		2	•	X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n :	3		X			
4	Did the organization make any significant changes to its governing documents		_		X			
5	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	ļ 	4 5		<u> X</u>			
6 Did the organization have members or stockholders?								
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7 a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		7 b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				!			
а	The governing body?		8 a	Х				
b	Each committee with authority to act on behalf of the governing body?		8 b	Х				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	!	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the l	nternal Reve						
	Dilli	[-	_	Yes	No			
	Did the organization have local chapters, branches, or affiliates? If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure the organization of	e their	0а 0ь		X			
11 -	operations are consistent with the organization's exempt purposes? I Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u></u>	0 в 1 а	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHE	_	14	41				
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	- · ·	2a	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1	2 b	Х				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O	1	2 c	Х				
13	Did the organization have a written whistleblower policy?	1	3	Х				
14	Did the organization have a written document retention and destruction policy?	1	4	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ŀ						
	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	<u> </u>	5 a	X				
b	Other officers of key employees of the organization SEE SCHEDULE O	1	5 b	X				
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with the organization invest in a contribute assets to the organization of the organization invest in a contribute assets to the organization of the or		•		37			
b	taxable entity during the year? If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	 	6 a		X			
Sac	organization's exempt status with respect to such arrangements?	1	6Ь					
	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) inspection. Indicate how you make these available. Check all that apply	(3)s only) avai	lable	e for	public			
	Own website			CH.	0			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial s the public during the tax year SEE SCHEDULE O		e to					
	State the name, physical address, and telephone number of the person who possesses the books and records of the							
ВАА	CEDARSTONE PARTNERS 209 E. LIBERTY DRIVE WHEATON IL 60187 (630) 580		– – orm	9 90 (2013)			

orm 990 (2013) RECONCILED WORLD, INC.	46-3250801	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Condependent Contractors	mpensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) Name and Title Position (do not check more than one box, unless person is both an officer and a director/trustee) **(F) (B)** (D) Estimated amount of other compensation from the organization Reportable compensation from the organization (W-2/1099-MISC) Average hours per week (list Reportable compensation from elated organizations (W-2/1099-MISC) Officer Individual trustee employee any hours for related Institutional trustee (ey employee lighest compensated director organiza-tions below dotted and related organizations (1) MIDORI YANAGISAWA 1 CHAIRWOMAN o Х 0 0 0. (2) JOSH BUTLER 1 SECRETARY 0 Х 0 0 0. (3) DARROW MILLER 1 0 Х 0 0. DIRECTOR 0 (4) BARRY GARDNER 1 0 TREASURER Х 0 0 0. JOHN WATSON 1 DIRECTOR 0 Х 0 0 0. (6) ANNA HO 40 EXECUTIVE DIRECTOR Х 0 0 0. 0 <u>__(7)_</u> (8) (9) (10)(11)(12) (13) (14)

Average hours per week (list any hours for related line) (15) (16) (17) (18) (A) Average hours per week (list any hours for related line) (20) (20) (3) (4) Average hours per week (list any hours for related line) (4) Average hours per week (list any hours for related line) (5) (6) (6) (6) (6) (7) Reportable compensation from the organization and related organization should line organization and related organizations should line organization and related organizations. (7) (18) (19) (20)	Part VII Section A. Officers, Directors, Tru	stees, (B)	Ney	En		oye >)	es,	and	Hignest Com	ipensated Emp	loyees	(continued)
(19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29		Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					h an tee)	Reportable compensation from	Reportable compensation from	amou	timated int of other
(19) (20) (21) (23) (24) (25) 1b Sub-total (26) 1 b Sub-total (27) (28) 1 b Sub-total (29) (29) (29) (29) (29) (29) (29) (29)		(list any hours for related organiza - tions below dotted	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	fr orga	om the anization d related
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\$100,000 of compensation from the organization • 0	(A) Name and business addr	ess							(B Description) of services	((Compe	C) ensation
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\$100,000 of compensation from the organization • 0				_								-
	_ ,		nited	to th	nose	liste	d abo	ove)	who received more	than		
		D 0	TEF#	0102	L 11	/11/1	3			·· - ·	Form	990 (2013

-						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\mathbf{I}	1 a	Federated campaigns		1 a					
	b	Membership dues		1 b]			
	C	Fundraising events		1 c]			
		Related organizations		1 d					
	е	Government grants (contribution	ons).	1 e]			
		All other contributions, gifts, g similar amounts not included a		1f	686,314.				
		Noncash contributions included	l in lines la	-1f \$_					
_	h	Total. Add lines 1a-1f			Business Code	686,314.			
	2 a			-	Business Code	-			<u> </u>
	2 a b			+					
	c								
	d							,	
	e								
	f	All other program service	e revenu				.= =		
		Total. Add lines 2a-2f		L	•		.,,		
		Investment income (inc	luding dr	vidends	, interest and		-		
		other similar amounts).							
	4	Income from investmen	it or tax-e	exempt	boria proceeds				
	5	Royalties	(ı) R	'eal	(ii) Personal		-		
	٤.	Gross rents	(//	- Cai	(ii) i craonai	-			
		Less. rental expenses			 	-			
		Rental income or (loss)			-	-			
		Net rental income or (lo	L		<u> </u>	<u>-</u> •.		•	
		• 1	(ı) Sec	urities	(II) Other				
	/ a	Gross amount from sales of assets other than inventory				†			
	h	Less cost or other basis				1			
	~	and sales expenses							
	C	Gain or (loss)							
	d	Net gain or (loss)			<u></u>	•			
	8 a	Gross income from fund (not including \$	-						
		of contributions reporte	a on line	10)	_				
	L	See Part IV, line 18 Less direct expenses		1	a b	-			
		Net income or (loss) fro	om fundra	-	ٽـــــ ـــــــــــــــــــــــــــــــ	-			
	_	Gross income from gan See Part IV, line 19		•	a				<u></u>
		Less: direct expenses		ì		1			
		Net income or (loss) from	om gamir	ng activ	rities •				
		Gross sales of inventor	_	turns					
		and allowances			a	-			
		Less cost of goods sol		-	b	-			
L		: Net income or (loss) from Miscellaneous Reven		OI IIIVE	Business Code				<u> </u>
١.	11a								
	ııa b								
	-		-		·				·· -
	d								
l		Total. Add lines 11a-11	ld	L		•			
L		Total revenue. See ins				686.314			1

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r			omplete column (A)	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	196,008.	196,008.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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	157,016.	138,016.		19,000.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,810.	11,169.	95.	1,546.
11	Fees for services (non-employees)				
a	Management				
t	Legal	2,219.		2,219.	
c	; Accounting	12,556.		12,556.	
c	Lobbying				
€	Professional fundraising services See Part IV, line 17				
	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	27,851.	22,200.	5,651.	
13	` ` ` ` <u> </u>	1,536.	20.	1,516.	
14	Information technology	2,200.	20.	1,100.	1,100.
15	Royalties	2,200.		1,100.	1,100.
16	Occupancy				 -
17	Travel	45,736.	31,012.	5,453.	9,271.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10/700.	31,012.	3, 103.	
	Conferences, conventions, and meetings Interest	11,903.	10,824.	1,079.	
	Payments to affiliates			-	- ·
22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
	Insurance				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
á	OTHER	1,930.	696.	1,234.	
	PRINTING AND PUBLICATIONS	951.		720.	231.
	POSTAGE AND SHIPPING	508.	6.	502.	
	COMMUNICATIONS	366.	25.	341.	
	a All other expenses				
	Total functional expenses Add lines 1 through 24e	473,590.	409,976.	32,466.	31,148.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 100 1 98,223. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 130,000. 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Compléte Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net R Inventories for sale or use Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a **b** Less accumulated depreciation 10b 10 c 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 100 16 228,223 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25 0. 26 15,399. Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 100 27 17,551. 28 28 Temporarily restricted net assets 195,273. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 100 33 212,824 Total liabilities and net assets/fund balances 100. 34 34 228,223. BAA Form 990 (2013)

TEEA0111L 07/08/13

Forn	m 990 (2013) RECONCILED WORLD, INC. 46-	325080	1	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\square
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	86,3	314.
2	Total expenses (must equal Part IX, column (A), line 25)	2		73,5	
3	Revenue less expenses Subtract line 2 from line 1	3		12,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			100.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10					
	column (B))	10	2	12,8	<u> 324.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
1	b Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate			
	basis, consolidated basis, or both				1
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	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?	,	2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		- " -		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	L	
BAA	A		Forn	1 990	(2013)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the	he organization							Employer	ridentificat	ion number			
RECON	NCILED WORLD, I	NC.						46-32	250801	_			
Part I	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ii	nstruct	ions.			
The org	anization is not a priva												
1 [A church, convention	of churches or assoc	ation of churches desc	cribed in	section	170(b)	(i)(A)(I)						
2	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)									
3	A hospital or a coope	rative hospital service	e organization describe	d in sec	tion 170)(b)(1)(A)(iii).						
4	A medical research o	rganization operated	in conjunction with a h	ospital d	lescribe	d in sec	tion 17	0(b)(1)(A	I)(in) Er	nter the hos	spital's		
_	name, city, and state												
5	An organization operat 170(b)(1)(Cor		college or university own	ed or ope	erated by	a gover	nmenta	I unit des	scribed in	section			
6		3	vernmental unit descri										
7	⊣ in section 170(b)(1)(4	n organization that normally receives a substantial part of its support from a governmental unit or from the general public described section 170(bx1)x(A)xvi). (Complete Part II)											
8 _	A community trust de	scribed in section 17	0(b)(1)(A)(vi). (Complet	te Part I	1)								
_	An organization that normally receives (1) more than 33-1/3% 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 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)												
10		•	xclusively to test for pu		-		٠,,	• •					
11 [An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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												
e [anization is not controll an one or more publicly s								ns		
f	If the organization rece check this box	eived a written determir	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting c	organizati	on,			
g	Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fr	om any	of the fo	ollowing	persons	?			
											Yes No		
	below, the gove	erning body of the sup	ontrols, either alone or opported organization?	together	with pe	ersons d	escribe	d in (ii) i	and (III)	11g (i)			
	(ii) A family memb	er of a person describ	ped in (i) above?							11g (II)			
	(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11g (iii)			
h	Provide the following	information about the	e supported organization	n(s)							ļ		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in verning nent?	(v) Did yo the organi column (i supp	zation in	organiz colur	s the ration in in (i) ed in the S ?		t of monetary port		
				Yes	No	Yes	No	Yes	No				
(A)													
(B)													
									l i				
(C)													
(D)													
<u>(E)</u>					'				 				
Total		- A - A A I - L'	fortunation (5	000	200 57					000 . 000	57 0010		
BAA F	or Paperwork Reduction	IN ACT NOTICE, SEE the	instructions for Form	JU Or 5	ソソリーヒム。		•	scredule	A (Form	990 or 990	-EZ) 2013		

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 or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sect	ion A. Public Support						
	ndar year (or fiscal year ining in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				1		
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20			ne 11, column (f))	14	%
	Public support percentage from					15	%
16 a	33-1/3% support test – 2013. If and stop here. The organization	the organization qualifies as a pu	did not check the iblicly supported o	box on line 13, a organization	and the line 14 is :	33-1/3% or more,	check this box
b	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pu	did not check a bo ublicly supported o	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	re. Explain in Par	t IV how
	or more, and if the organization organization meets the 'facts-an	meets the 'facts- id-circumstances'	and-circumstance test The organiz	es' test, check this ation qualifies as	s box and stop he a publicly suppor	re. Explain in Par ted organization	t IV how the
18	Private foundation. If the organ	zation did not ch	eck a box on line	।ਤ, 16a, 16b, 17a		hadula A (Farm O	

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ion A. Public Support						
	ar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')					686,314.	686,314.
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	-		-		000,314.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the						0.
	organization without charge				1		0.
	Total. Add lines 1 through 5	0.	0.	0.	0.	686,314.	686,314.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
	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	0	0	0	0		
	•	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)						686,314.
	ion B. Total Support	(-) 2000 T	(b) 2010	(=) 2011	(d) 2012	(-) 2012	(O Takal
	lar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	0.	0.	0.	0.	686,314.	686,314.
_	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	0.	<u>0.</u> 0.
-	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total Support. (Add Ins 9,10c, 11 and 12)	0.	0.	0.	0.	686,314.	686,314.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, secon	d, third, fourth, o	r fifth tax year as		<u>► X</u>
	tion C. Computation of Pu						<u>-</u>
15	Public support percentage for 20	• •	• • • • • • • • • • • • • • • • • • • •	e 13, column (f))		15	%
16	Public support percentage from					16	૾ૢ
Sec	tion D. Computation of Inv						
17	Investment income percentage f			-	mn (f))	17	િ
18	Investment income percentage f	from 2012 Schedu	e A, Part III, line	17		18	%
	33-1/3% support tests – 2013. It is not more than 33-1/3%, check	k this box and sto	here. The organ	ization qualifies a	is a publicly suppo	orted organization	► 📙
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	6, check this box a	and stop here. The	e organization qui	alifies as a publicl	y supported organı	1/3%, and zation ► ☐
20	Private foundation. If the organi	ization did not che	ck a box on line 1	4, 19a, or 19b, c	neck this box and	see instructions	▶

Schedule A	(Form 990 or 990-EZ) 2013	<u> RECONCILED WORLI</u>), INC.	46-3250801	Page 4
Part IV	Supplemental Informat or 17b, and Part III, line (See instructions).	tion. Provide the expla e 12. Also complete th	anations required by Pa ils part for any additiona	art II, line 10, Part II, line 17a al information.	
					
					-
					
					-
					. – – – –

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

RE.C	CONCILED WORLD, INC.			46-3250801
Par	t Organizations Maintaining Don	or Advised Funds or Other Si	milar Funds or	Accounts.
	Complete if the organization ans	swered 'Yes' to Form 990, Part	: IV, line 6	
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
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 do are the organization's property, subject to the			Sed funds Yes No
6	Did the organization inform all grantees, don for charitable purposes and not for the benefimpermissible private benefit?	ors, and donor advisors in writing tha it of the donor or donor advisor, or fo	t grant funds can be r any other purpose	e used only conferring Yes No
Par				
	Complete if the organization ans	swered 'Yes' to Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held	by the organization (check all that app	oly)	
	Preservation of land for public use (e.g.,	recreation or education)	eservation of an hist	torically important land area
	Protection of natural habitat	Pre	eservation of a certi-	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	on in the form of a co	nservation easement on the
	last day of the tax year		_	
				Held at the End of the Tax Year
•	Total number of conservation easements		2a	
	b Total acreage restricted by conservation eas		2 5	·
•	c Number of conservation easements on a cer	tified historic structure included in (a)	2 0	·
•	d Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not	t on a historic 2 d	
3	Number of conservation easements modified, tratax year ▶	ansferred, released, extinguished, or terr	minated by the organi	ization during the
4	Number of states where property subject to cons	servation easement is located >		
5	Does the organization have a written policy and enforcement of the conservation easem		pection, handling of	violations, Yes No
6	Staff and volunteer hours devoted to monitoring		easements during the	e year
7	Amount of expenses incurred in monitoring, ins	pecting, and enforcing conservation ease	ements during the yea	ar
_	' 			0 (L) (A) (D) ()
8	Does each conservation easement reported and section 170(h)(4)(B)(II)?			∐Yes ∐No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote conservation easements	ts conservation easements in its revenue to the organization's financial staten	e and expense stater nents that describes	ment, and balance sheet, and s the organization's accounting for
Pa	Complete if the organization an	ections of Art, Historical Trea swered 'Yes' to Form 990, Par	sures, or Other t IV, line 8	Similar Assets.
1	a If the organization elected, as permitted und art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its fin.	er SFAS 116 (ASC 958), not to report held for public exhibition, education, or re	t in its revenue state esearch in furtherand	ement and balance sheet works of ee of public service, provide,
	b If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to report in	its revenue stateme	ent and balance sheet works of art, public service, provide the
	(i) Revenues included in Form 990, Part VI	II, line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art amounts required to be reported under SFA:	, historical treasures, or other similar ass S 116 (ASC 958) relating to these iter	sets for financial gain	, provide the following
	a Revenues included in Form 990, Part VIII, III			▶\$
	h Assets included in Form 990 Part X			► \$

Schedule D (Form 990) 2013 RECO				46-325	
Part III Organizations Mainta	ining Collection	is of Art, Histor	rical Treasures, o	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply)	i, accession, and othe	er records, check an	ly of the following that a	re a significant use of its	collection
a Public exhibition		d Loan o	r exchange programs		
b Scholarly research		e Other			
c Preservation for future gener					
4 Provide a description of the organiz Part XIII					
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or receiv	e donations of art	, historical treasures, c	or other similar assets	∏Yes ∏No
Part IV Escrow and Custodia					
line 9, or reported an	amount on Forn	n 990, Part X, I	ine 21.	5W 5F 5W 100 10 10 10 10 10 10 10 10 10 10 10 10	m 330, r arc rv,
1a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or o	other intermediary	for contributions or oth	ner assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII and co	mplete the followir	ng table		<u> </u>
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1 f	
2a Did the organization include an a b If 'Yes,' explain the arrangement			tion has been provided	I ın Part XIII	Yes No
Part V Endowment Funds. C	omplete if the o	rganization ans	swered 'Yes' to Fo	rm 990, Part IV, lin	e 10
•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance			_		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current yea	r end balance (line	e 1g, column (a)) held	as	
a Board designated or quasi-endown	ient ►	%			
b Permanent endowment ▶	96				
c Temporarily restricted endowmen	nt 🟲	ું જે			
The percentages in lines 2a, 2b,	and 2c should equa	al 100%			
3a Are there endowment funds not in togranization by	the possession of the	organization that ar	re held and administered	for the	Yes No
(i) unrelated organizations					3a(ı)
(ii) related organizations					3a(II)
b If 'Yes' to 3a(II), are the related of	organizations listed	as required on Sch	nedule R?		3b
4 Describe in Part XIII the intended	•	•			
Part VI Land, Buildings, and					· · · · · · · · · · · · · · · · · · ·
Complete if the organ		d 'Yes' to Form	990, Part IV, line	11a. See Form 990), Part X, line 10.
Description of property	(a) Co	st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			· · · · · · · · · · · · · · · · · · ·		
b Buildings					 -
c Leasehold improvements					
d Equipment				-	
e Other					
Total. Add lines 1a through 1e (Colum	nn (d) must equal F	orm 990, Part X. c	olumn (B) line 10(c))	•	0.
BAA	. ,			Schodi	ile D (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
B) Other		
(A)		
3)		
c)		
D)		
<u> </u>		
<u>F) </u>		
G) 		
(1)		
otal (Column (b) must equal Form 990, Part X, column (B) line 12)		
Part VIII Investments — Program Related.		N/A
(a) Description of investment type	(b) Book value	0, Part IV, line 11c. See Form 990, Part X, line
	(b) Dook value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4) (5)		
(6)		
<u>(7)</u> (8)		
(6)	1	<u> </u>
(0)		
(9)		
(10)		
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/	A
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered	N/I 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De	N/	A 0, Part IV, line 11d See Form 990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De	N/I 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2)	N/I 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	N/I 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4)	N/I 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	N/I 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 1
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(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' to F	N/i I 'Yes' to Form 991 scription B), line 15) orm 990, Part IV, line 1	O, Part IV, line 11d See Form 990, Part X, line 1 (b) Book value
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Schedu	le D (Form 990) 2013 RECONCILED WORLD, INC.	46-3250801	Page 4
Part)		er Return.	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 To	otal revenue, gains, and other support per audited financial statements	1	686,314.
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12		
a N	et unrealized gains on investments		
b D	onated services and use of facilities 2b		
c R	ecoveries of prior year grants 2c		
d O	ther (Describe in Part XIII)		
e A	dd lines 2a through 2d	2 e	
	ubtract line 2e from line 1	3	686,314.
	mounts included on Form 990, Part VIII, line 12, but not on line 1		
	evestment expenses not included on Form 990, Part VIII, line 7b		
	ther (Describe in Part XIII)		
	dd lines 4a and 4b	4 c	
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	686,314.
Part)	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
	otal expenses and losses per audited financial statements	1	473,590.
	mounts included on line 1 but not on Form 990, Part IX, line 25		
	onated services and use of facilities 2a		
	rior year adjustments 2b	─	
	other losses 2c	<u> </u>	
	other (Describe in Part XIII)		
	dd Imes 2a through 2d	2 e	470 500
	ubtract line 2e from line 1	3	<u>473,590.</u>
	mounts included on Form 990, Part IX, line 25, but not on line 1 avestment expenses not included on Form 990, Part VIII, line 7b		
	other (Describe in Part XIII) 4b		
	dd lines 4a and 4b	4 c	
5 T	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	473,590.
Part)	KIII Supplemental Information.		
Provide line 4,	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provid	b, Part V, de any additional info	ormation
P	<u>ART X - FIN 48 FOOTNOTE</u>		
R	WI'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FO	OR THE YEAR EI	NDED
S	EPTEMBER 30, 2014 IS SUBJECT TO EXAMINATION BY THE IRS, GENERALI	Y FOR THREE	YEARS
Α	FTER ITS FILING.		
			·
			.
			
BAA		Schedule D (F	orm 990) 2013

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is

at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RECONCILED WORLD, INC 46-3250801 General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The	e following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
PACIFIC - NEW			COMMUNITY	EMPLOYEE/PROG	
(1) ZEALAND	1	1	TRANSFORMATION	RAM SUPPORT	18,388.
E. ASIA -			COMMUNITY	EMPLOYEE/PROG	
(2) MYANMAR	1	1	TRANSFORMATION	RAM SUPPORT	13,813.
			SKILLS TRANING	EMPLOYEE/PROG	
(3) E. ASIA - LAOS	1	1	PROGRAM	RAM SUPPORT	34,474.
		_		EMPLOYEE/PROG	
(4) E. ASIA - INDIA	1	1	ARTS TRAINING	RAM SUPPORT	22,100.
(5)					
(6)					
(7)					· -
(8)					
	+				
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	4	4			88,775.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	4	4		<u> </u>	88,775.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

Page 2

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
€			E ASIA	ART EDUCTN	13,200. WIRE	WIRE			
8			E. ASIA	SKILLS DVLMT	7,000. WIRE	WIRE			
<u></u> 60			E. ASIA-INDIA	AUTISM	14,028. WIRE	WIRE			
€			E. ASIA-INDIA	GENDERCIDE	20,000. WIRE	WIRE			
9				COMMUNITY TR	51,780. WIRE	WIRE			
9			E. ASIA-VIETNAM	COMMUNITY	80,000. WIRE	WIRE			
6			E.ASIA-NEPAL	COMMUNITY TR	10,000. WIRE	WIRE			
 									:
9									
9									
E									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Fn	Enter total number of recipient organizations listed above that are	ons listed above that a		rities by the foreign	recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	ed as tax-exempt by	v the IRS, or for whi	ch	

2 Enter total number of recipient organizations listed above that are recognized as charitles by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2013

3 Enter total number of other organizations or entitles

BAA

TEEA3502L 06/26/13

Page 3

46-32508

Schedule F (Form 990) 2013 RECONCILED WORLD, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA € 0 ଡ € (5) 9 6 8 ව (10) (1) (12) (13) (14) (15) (JE)

Sche	dule F (Form 990) 2013 RECONCILED WORLD, INC. 4	6-3250801	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certa Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	ain Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certa Foreign Corporations (see Instructions for Form 5471)	ain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621. Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	ed Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865 Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes' the organization may be required to file Form 5713. International Boycott Report (see Instructions for Form 5713)	Yes	X No
BAA	TEEA3505L 06/26/13	Schedule F (F	orm 990) 2013

Schedule F	(Form 990) 2013	RECONCILED	WORLD,	INC.		46-3250801	Page 5
Part V	Supplemental	Information					
	Provide the in (accounting m method); Part applicable Als	formation requirethod, amounts III (accounting so complete this	red by Pa s of inves method) s part to	art I, Iine 2 stments vs ; and Part provide an	(monitoring of funds), Part l expenditures per region); Pa III, column (c) (estimated nu y additional information (see	, line 3, column (f) art II, line 1 (accounting mber of recipients), as instructions).	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

ecific questions on 2013

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

RECONCILED WORLD, INC.	46-3250801
FORM 990 - EXPLANATION OF AMENDED RETURN	
FORM 990 AMENDED TO CORRECT CERTAIN GOVERNANCE RELATED QUESTION	S IN SECTIONS IV, V,
VI, AND XII.	
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	·
RECONCILED_WORLD, INC. (RWI) EXISTS TO PARTNER WITH CHURCHES AN	ID COMMUNITY-BASED
ORGANIZATIONS TO PROMOTE SOCIAL JUSTICE AND ECONOMIC DEVELOPMEN	T THROUGH APPLICATION
OF DOCTRINE FROM THE BIBLE. RWI AIMS TO TO COLLABORATE WITH AN	ID TRAIN OTHER
NON-GOVERNMENTAL ORGANIZATIONS IN ITS METHODOLOGIES, INCLUDING	THE IMPORTANCE OF
NURTURING BIBLICAL TRUTH AND ADDRESSING PHYSICAL AND SPIRITUAL	NEEDS IN AN
INTEGRATED_WAY. RWI CREATES PROGRAMS THAT DEMONSTRATE THE APPL	ICATION OF BIBLICAL
DOCTRINE TO MAKE SIGNIFICANT IMPACT IN A VARIETY OF FIELDS, INC	CLUDING BUT NOT
LIMITED TO: DEVELOPMENT OF THE ECONOMIC POTENTIAL OF RURAL ARE	AS, VOCATIONAL
TRAINING, INTERVENTIONS FOR PERSONS WITH DISABILITIES, LEADERSH	HIP_DEVELOPMENT,_AND
OPPOSING VIOLENCE AGAINST WOMEN.	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
ENDING GENDERCIDE	·
- APPROACHED TWENTY PASTORS IN NEW DELHI WITH THE IDEA OF CONDU	CTING GENDER JUSTICE
WORKSHOPS; HALF CONSENTED TO PARTICIPATE IN THE PROGRAM.	
- CONDUCTED THE FIRST OF THESE WORKSHOPS AT A CHURCH OF APPROXI	MATELY 60 PEOPLE.
- HELD NINE UNIVERSITY CAMPUS SCREENINGS OF A DOCUMENTARY ABOUT	FEMALE INFANTICIDE.
329 PEOPLE SIGNED PLEDGES NOT TO PRACTICE DOWRY OR SEX-SELECTIVE	E ABORTION. 22
EXPRESSED INTEREST IN VOLUNTEERING.	·
ASHISH FOUNDATION FOR THE DIFFERENTLY ABLED	
- OPERATED AN EARLY INTERVENTION CENTER FOR 40 STUDENTS WITH AU	TISM (AGE 4-16 YRS).
- FSTARLISHED A VOCATIONAL AND LIFE SKILLS PROGRAM FOR 20 TEFNS	S AND YOUNG ADULTS

Schedule O (Form 990 or 990-EZ) 2013	Page 2				
Name of the organization RECONCILED WORLD, INC.	Employer identification number 46-3250801				
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION					
WITH AUTISM					
- PROVIDED HOME STUDIES AND COUNSELING FOR PARENTS OF ALL ASH					
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS					
FORM 990 WILL BE CIRCULATED AMONGST GOVERNING BOARD PRIOR TO FILING.					
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	EMENT OF CONFLICTS				
CONFLICT AVOIDANCE PROCEDURES OUTLINED IN SECTION 8.03 OF RECONCILED WORLD BYLAWS,					
INCLUDING DUTY TO DISCLOSE CONFLICTS, REVEIW OF ANY CONFLICTS BY THE REMAINING BOARD					
OF DIRECTORS, AND PROCEDURES FOR ADDRESSING ANY CONFLICTS OF INTEREST.					
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCE	ESS - CEO, TOP MANAGEMENT				
COMPENSATION AND APPROVAL FOR CEO, EXECUTIVE DIRECTOR, TOP MA	ANAGEMENT IS				
REVIEWED/APPROVED BY THE BOARD OR COMPENSATION COMMITTEE PRICE	OR TO FIRST PAYMENT OF				
COMPENSATION.					
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCE					
THE BYLAWS STATE "THE BOARD SHALL RELY UPON APPROPRIATE DATA	AS TO COMPARABILITY				
PRIOR TO APPROVING THE TERMS OF COMPENSATIONINCLUDING COMPENSATION LEVELS PAID					
BY SIMILARLY SITUATED ORGANIZATIONSFOR COMPARABLE POSITION	NS."				
FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAIL	ABLE FOR PUBLIC INSPECTION				
FINANCIAL AUDIT AND GOVERNANCE DOCUMENTS AVAILABLE TO THE PUB	BLIC UPON REQUEST VIA				
EMAIL TO: INFO@RECONCILEDWORLD.ORG					
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE				
FINANCIAL AUDIT AND GOVERNANCE DOCUMENTS AVAILABLE TO THE PUB	BLIC UPON REQUEST VIA				
EMAIL TO: INFO@RECONCILEDWORLD.ORG					

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you a	re filing for an Automatic 3-Month Extension, co	mplete only	Part I and check this box		<u> </u>	
• If you a	re filing for an Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II (on page 2 of th	ııs form)		
Do not con	nplete Part II unless you have already been grant	ed an autom	natic 3-month extention on a previously	filed Form 88	68	
corporation request an e Associated	filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in Par With Certain Personal Benefit Contracts, which rilling of this form, visit www.irs.gov/efile.and.click	ot automatic] t I or Part II v nust be sent) 3-month extension of time. You can ele with the exception of Form 8870, Informatio : to the IRS in paper format (see instruct	ectronically fi n Return for T	lle Form 8868 to ransfers	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).					
A corporati	on required to file Form 990-T and requesting an				rt I only ▶ □	
•	orporations (including 1120-C filers), partnerships		nd trusts must use Form 7004 to reques	t an extensio	, n	
	Name of exempt organization or other filer, see instructions			Employer identification number (EIN) or		
Type or print						
	RECONCILED WORLD, INC. Number, street and room or suite number If a P O box see instructions		46-3250801 Social security number (SSN)			
File by the due date for	le by the le date for I DO DOW 1101				occur, seemly manage (corr)	
filing your return See	PO BOX 1131 City town or post office state, and ZIP code For a foreign ad	dress see instru	uctions			
instructions	WHEATON, IL 60187					
	WHEATON, IL 00167					
Enter the F	Return code for the return that this application is f	or (file a sep	parate application for each return)		01	
Application Is For	pplication Return Code Splication			Return Code		
Form 990 or	Form 990 or Form 990-EZ 01 Form 990-T (corporation)			07		
Form 990-BL 02 Form 1041-A		Form 1041-A		08		
Form 4720	(ındıvıdual)	03	Form 4720 (other than individual)		09	
Form 990-PF 04 Form 5227		Form 5227		10		
Form 990-1	(section 401(a) or 408(a) trust)	05	5 Form 6069		11	
Form 990-	(trust other than above)	06	Form 8870		12	
Telepho If the o If this is check to the ext The ext The ext I require the ext The ext I fette I fette I fette	cone No (630) 580-5750 Irganization does not have an office or place of bits for a Group Return, enter the organization's four this box If it is for part of the group, ension is for lest an automatic 3-month (6 months for a corporation 5/15	Fax Nousiness in the control of the	be United States, check this box Exemption Number (GEN) and attach a list with the natifile Form 990-T) extension of time eturn for the organization named above and 10		► ☐ ne whole group, Ns of all members	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions		3a\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			3 b S	0.		
EFTF	nce due. Subtract line 3b from line 3a Include yo S (Electronic Federal Tax Payment System) Sec	e instruction	s	3 c \$	0.	
	you are going to make an electronic funds withd instructions.	rawal (direct	t debit) with this Form 8868, see Form 8	453-EO and f	Form 8879-EO for	