

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



Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	Fo	or the	2014 calen	dar year, or tax	year begin	ning 10/01		, 201	4, and ending	9 9	3 /3		, 2015		
В	Ch	eck if a	applicable	С								D Employer id	lentification nu	ımber	
		Address change RECONCILED WORLD, INC.											50801 _		
	ı	Nam	e change	PO BOX 113	31						Γ	E Telephone n	umber		
	ı	Initia	al return	WHEATON,	[L 6018	7						(301)	887-72	63	
	T	Final	return/terminated								Ī				
	T	Ame	ended return									G Gross receip	ots \$	858,	826.
	r	┥	lication pending	F Name and addre	ess of principa	l officer		-		H(a) Is t	this a	group return for	subordinates?	, , 	X No
	_		, ,	SAME AS C	ABOVE					H(b) Are	all s	ubordinates incl ttach a list (see	uded?	Yes	No
$\overline{\mathbf{I}}$		Tax-ex	empt status	X 501(c)(3)	501(c) ()◀ (insert no)	4947(a)(1)	or 527	" "	ino, a	ttach a list (see	e instructions)		
1			<u>-</u>	W.RECONCIL			,	1 (7,7		H(c) Gro	oup e	kemption numbe	er >		
K			of organization	X Corporation	Trust	Association Other	, >		L Year of formation	on 20	013	M State	of legal domic	le A 7.	
_	art		Summar		111-41		-	L							
L.		1 B	Briefly descri	be the organizat	tion's missi	on or most signifi	ant ac	ctivities.	RECONCIL	ED W	ORI	D, INC.	(RWI)	EXIST	rs
_						AND COMMUNI									
9	3	-	JUSTICE	AND ECONOM	IC DEVI	ELOPMENT THE	ÖÜĞİ	APPLI	CATION O	F DC	CT	RINE FRO	M THE E	3IBLE	
5						TE WITH AND									
9	[2 0	Check this bo	ox ► If the	organizatio	n discontinued its	operat	tions or di	sposed of mo	re tha	n 25	% of its net	assets		
o No	5					rning body (Part V						_ 3	·		5
٥	5					s of the governing						4			5
itio		-				n calendar year 20	14 (Pa	art V, line	2a)			5			10
Artivities & Governance				r of volunteers (CLUD	o 10 = 0			1	6	7a		0.
<	ן י	/a ı	lot unrolator	eu business ieve 4 husiness tavah	de income	Part VIII, column (from Form 990-T,	U, III	[®] REC	たりたり		1		7b		0.
_	+	D I	vet ui ii eiatet	u business taxac	ne meeme					<u> </u>	Pr	ior Year		rrent Ye	
		8 (Contributions	s and grants (Pa	rt VIII. line	1h)	쭱	JUL	2 2 2016	HÖ	 	686,314			826.
e				vice revenue (Pa			ĕ	200	2 B 2010	18	1	000,311			020.
Revenue	-	10 1	ovestment ir	ncome (Part VIII	. column (A). lines 3, 4, and	7 d). I				1				
æ	-	11 (Other revenu	ue (Part [`] VIII, coli	umn (A), lı	nes 5, 6d, 8c, 9c,	10 g , ar	nd @ @[DEN. U		<u> </u>				
	-	1 2 T	Total revenue	e - add lines 8	through 11	(must equal Part	VI II, c e	olumn-(A)	; line 12)		J	686,314	١.	858,	826.
	1	13 (Grants and s	similar amounts	paid (Part	IX, column (A), lır	es 1-3)				196,008	3.	300,	115.
	-	14 E	Benefits paid	d to or for memb	ers (Part I	X, column (A), line	4)								
	. -	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										169,826	5.	245,	020.
ğ	<u> </u>	1 6 a F	Professional	fundraising fees	(Part IX,	column (A), line 1	le)								
Evnonege	1	ьī	Total fundrai	sina expenses (Part IX. co	lumn (D), line 25)	-		34,331.	Ř.,		(\$	34		
Ž	[] .			al fundraising expenses (Part IX, column (D), line 25) ► 34,331. er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								107,756		161	,817.
			-	-		equal Part IX, col		1) line 25)			473,590			, 952 .
			•	s expenses Sub			411111 (7	y, inic 20,	,			212,724			, <u>932 .</u> , 874 .
8		13	- CVCITUC ICS.	3 CAPCIISCS OUL	All det inte	o nom me 12				Rogi	nnin	g of Current Ye		d of Yea	
ş	land.	20 1	Total assets	(Part X, line 16)	1					Degi		228, 223			,154.
Ą	اتت			es (Part X, line 2								15,399			, 456.
ž				•	•	ine 21 from line 2	1					212,824			, 698.
			***		Jubliacti	ine 21 hom line 2						212,024	t.]	304,	, 030.
_		<u>t II.</u>		re Block					statements and to	the best		v kasuladas as	d ballat it is tweet		
co	iaer mple	penaiti ete Dec	es of perjury 1 c claration of prep	parer (other than office	er) is based of	lurn, including accompai all information of which	prepare	r has any kno	owledge	the besi	l Oi m	y knowledge and	d bellet, it is th	Je, correct	i, and
_	_			<i>A</i>		and I					\top	1/18/	17.		
S	igr	,	Signat	ure of office		1					Dat	e /	7		
Н	er	e e	RAR	RY GARDNER											
•	•			or print name and title								-			
_	_		Print/Type	preparer's name		Proparer Sugnature	Cer	X L	Date			Check II	f PTIN		
D	aic	1	TITITE	CARLSON,	CPA	JULIE CARL		CPA	7/4/1	140		self-employed	P0012	28496	
		ı pare				LSON & ASSO		_	/////// A'S	- -			12 0012	.0170	-
		Onl				LLE RD STE		LU, CLI			-	Fırm's EiN ►	80-0090	907	
_	_ •		, , , , , , , , , , , , , , , , , , , ,			IL 60563-35					\dashv		630) 369		
M	av	the IF	RS discuss t			r shown above? (s		tructions)					X Y		No
						the separate instr		<u>.</u>	тс	EA0113L	05/0			orm 990	
0	~~	. 01	. apcimulk	resuppioni McC II	・シェンモ・コモビ	we separate mist		٠	100	_~vii3L	. 4312	.ur 1~	Г	UIIII JJ	- (CUI4

	990 (2014) RECONCILED WORLD, INC.	46-3250801	Page 2
Pai	<u>*</u>		
	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		
	Did the organization undertake any significant program services during the year which were not listed on the price		
_	Form 990 or 990-EZ?	Yes	s X No
	If 'Yes,' describe these new services on Schedule O		<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Ye	s 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 are required to report the amount of grants and allocation and report the grants are required to report the amount of grants and allocation and grants are required to report the amount of grants and allocation and grants are required to report the amount of grants and allocation and grants are required to report the amount of grants and allocation and grants are required to report the amount of grants and grants are required to report the amount of grants and grants are required to report the amount of grants and grants are required to report the amount of grants are required to report the grants are required to r	ices, as measured by is to others, the total	y expenses expenses,
	and revenue, if any, for each program service reported		
	a (Code) (Expenses \$ 287,378. including grants of \$ 148,500.) (R		· · ·
	SEE SCHEDULE O		
	SEE SCHEDOLE O		
		- 	
41	(Code) (Expenses \$107,651. including grants of \$17,065.) (Fig. 2010)	levenue \$)
	CREATE COMMISSION	ATTIL A LOW TAN	
	COMPRISED OF INTERNATIONAL ARTIST RESIDENCY PROGRAM, PARTNERING TO SCHOOL TO HOST ART CLASSES, AND PARTNERING WITH ANOTHER NOT-FOR-		
	TO PROVIDE MONTHLY ART WORKSHOPS FOR VULNERABLE GIRLS AND PEOPLE		
	STREETS	TESCOED FROM	
4 0	c (Code:) (Expenses \$ 82,529. including grants of \$ 65,050.) (F	Revenue \$)
	DISASTER RELIEF		
	RELIEF ASSISTANCE FOR THE NEPAL EARTHQUAKE AND FLOOD IN MYANMAR.		
	IN PARTNERSHIP WITH DISCIPLE NATIONS ALLIANCE, WE PROVIDED CORRUC	GATED METAL S	HEETING_
	TO SEVERAL COMMUNITIES TO ENABLE THEM TO BUILD 250+ SEMI-PERMANE		
	THROUGH OCTOBER 2015. SOME FUNDING WAS CARRIED OVER AND USED TO	PURCHASE BLAN	<u>KETS_IN_</u>
	NOVEMBER 2015 (2016 FISCAL YEAR).		
4	d Other program services (Describe in Schedule O) SEE SCHEDULE O		
	(Expenses \$ 130,505. including grants of \$ 69,500.) (Revenue \$)
	e Total program service expenses ► 608,063.		
BAA	TEEA0102L 05/28/14	Fo	rm 990 (2014)

Form 990 (2014) RECONCILED WORLD, INC.

Part IV Checklist of Required Schedules

			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	Х	
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		X
0	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
1	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.	. <u>~</u>		* / / / / / / / / / / / / / / / / / / /
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 ⁹ <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
I	b 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	11 b		х
(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? If 'Yes,' complete Schedule D, Part VIII	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
	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	11 f	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	37	X
14.	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	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
19	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
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) RECONCILED WORLD, INC.

Part V Checklist of Required Schedules (continued)

٠,		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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), 501(c)(4), and 501(c)(29) 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
b	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 'Yes', complete Schedule L, Part II	26		Х
<u>?</u> 7	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
28	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)		,	,
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current,or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
c	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	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	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	Х	
ЗАА		Forn	990	(2014

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	10 5200001		-9-
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	1 1 1 1 1 1	- C #
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	2.0	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	jaming 3		X
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	10		
	ments, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? 10 2	ь Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))	58. ž.,	W. W.
3	a 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	3	b	
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority			v
	financial account in a foreign country (such as a bank account, securities account, or other financial activities account, or other financial activities account, or other financial account, securities account, or other financial account a	ccount)? 4:	B	X
	b If 'Yes,' enter the name of the foreign country.	,		* X
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	· ·		اگر دا
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5:	+	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		1	Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. 5	c	
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	6:	a	Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	s were 6	ь	
7	Organizations that may receive deductible contributions under section 170(c).	*		3 (1998) 3 (1998)
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g services provided to the payor?	oods and		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	b	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	ed to file	С	Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		1 2 3 4	## S
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract? 7	e	X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act? 7	f	Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizar Form 1098-C?			
8		onsoring 7	<u> </u>	1
_	organization have excess business holdings at any time during the year?	8		X
9		<u> </u>	1021.	,
_	a Did the sponsoring organization make any taxable distributions under section 4966?	9.	<u> </u>	
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9		
	Section 501(c)(7) organizations. Enter.	2 4	5 S.	% ·
	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 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources			2000
	against amounts due or received from them)	1,7		100
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	4 1? 12	а	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			188 j
	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
	a is the organization licensed to issue qualified health plans in more than one state?	13	a	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	* ,		30
	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	, ** şi 	18	
	c Enter the amount of reserves on hand	* ,	1,3	
	a Did the organization receive any payments for indoor tanning services during the tax year?	14	a	X
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule</i>	0 14	b	

Form 990 (2014) RECONCILED WORLD, INC. 46-3250801 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 b Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents SEE SCH O since the prior Form 990 was filed? 4 Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 X 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, X stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 a Did the organization have local chapters, branches, or affiliates? 10a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12_b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Х Schedule O how this was done 12 c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O X 15 a X **b** Other officers or key employees of the organization SEE SCHEDULE O 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16 a b 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 take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request X Other (explain in Schedule O) SEE SCH. O Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O

20

State the name, address, and telephone number of the person who possesses the organization's books and records

CEDARSTONE HOLDINGS, LLC 209 E. LIBERTY DRIVE

WHEATON IL 60187 (630) 580-5750

Form	990	(2014)	RECONCILED	WORLD.	TNC
	999	12017)	MECONCIDED	MONTD.	INC.

46-3250801

Page 7

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A) Name and Title	(B) Average hours per	thar	osition (do not ch an one box, unle is both an office director/trust			ss perso and a ee)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MIDORI YANAGISAWA	1					- 4	_	_		
CHAIRWOMAN	0	Х		X				0.	0.	0.
(2) JOSH_BUTLERSECRETARY	10	Х						0.	0.	0.
(3) DARROW MILLER	1									
DIRECTOR	0	X						0.	0.	0.
(4) BARRY GARDNER TREASURER	1	v		v		1			0	0
(E) TOTIN MATECON	0	Х	\vdash	Х				0.	0.	0.
SECRETARY		Х		Х				ο.	0.	0.
(6) ANNA HO	40									
EXECUTIVE DIR.	0			X				0.	0.	0.
(8)										
(9)										
(10)										
(11)										_
(12)	 -									
(13)										
(14)								_		
								<u> </u>	L	1

	(B)	I Ey	<u> </u>	ipio		cs, (анц	i nighest con	ipensated Em	Dioyees (continued)
(A) Name and title	Average hours per week	box. offic	unle er ar	heck ess pe nd a o	erson direct	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)			,							
(20)										
(21)					-					
(22)										
(23)					-					
(24)										
(25)										
1 b Sub-total		— —		1			>	0.	0	. 0.
c Total from continuation sheets to Part VII, Section 17	on A						>	0.	0	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to those I	ısted	abo	ve) v	who	recei	ved	0. more than \$100,00	0 0 of reportable com	
from the organization 0										
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru th individu	istee, <i>ial</i>	key	y en	nplo	yee,	or h	nighest compensa	ted employee	Yes No 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,00	mpe	ensa If 'Y	ition Yes'	and com	oth <i>plet</i>	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio	n fr chec	om dule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	epen	den	t co	ntra	ctors	tha	it received more t	han \$100,000 of	
compensation from the organization. Report compen (A) Name and business add		the c	alen	dar	year	endı	ng v	(B))	(C) Compensation
ivame and business add	ress							Description	of services	Compensation
							-			
Total number of independent contractors (including t \$100,000 of compensation from the organization)		ited to	o the	ose l	liste	abo	ve)	who received more	than	

		Check if Schedule O contai	ns a respo	onse or note to an	y line in this Part V	III		
\$					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns. Membership dues Fundraising events Related organizations. Government grants (contributions) All other contributions, gifts, grants, a similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f		858,826.	050 026			
		Total. Add lilles 1a-11		Business Code	858,826.	~_~		**
Program Service Revenue	2a b c d e f	All other program service reve	enue					
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		•		A AMERICA S		
	b	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)		•				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	Securities	(ii) Other				
Other Revenue	8 a	Gross income from fundraising (not including \$ of contributions reported on life See Part IV, line 18 Less direct expenses Net income or (loss) from fundraising	ine 1c) a)				
0	9 a	Gross income from gaming a See Part IV, line 19	_					
	l	Less direct expenses Net income or (loss) from gai	ti mina setu	DL	<u>** ****</u>			
	10 a	Gross sales of inventory, less and allowances Less. cost of goods sold	_	intes		*		£ .
		Net income or (loss) from sal	es of inve	ntory. •	- ###################################			
		Miscellaneous Revenue		Business Code	, i , ,		٠	
	11 a b							
	d	All other revenue			<u> </u>			-
	i i	Total. Add lines 11a-11d		Þ				
	12	Total revenue. See instruction	ns	•	858,826.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV. line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 300,115 300,115 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees 0 0 0 0. 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. 227,626 Other salaries and wages 187.817 17.631 22.178. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 14,027 1,349 17,394 2,018. 11 Fees for services (non-employees) a Management **b** Legal c Accounting 12,900 12,900 **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amt exceeds 10% of line 25, column 50,824 34,912 15,912 (A) amount, list line 11g expenses on Schedule 0). Advertising and promotion Office expenses. 13 2,648. 1,892 756 Information technology 1,609 805 804 15 Royalties Occupancy 16 17 Travel 80,472 59,829 11,321 9,322. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials Conferences, conventions, and meetings 9,215 6,948 2,267 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not 24 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) a OTHER 197 2,188 9 b POSTAGE AND SHIPPING 305 555 860 PRINTING AND PUBLICATIONS 732 732 360 d COMMUNICATIONS 30 330 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 706,952 608,063 64,558 34,331 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 (A) Beginning of year (B) End of year 98,223 Cash - non-interest-bearing 1 323,613. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 40,000. 3 130,000 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 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 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 .541 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1.0 10 a **b** Less accumulated depreciation 10b 10 c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 228,223 371,154. Accounts payable and accrued expenses 17 17 15,399 6,456 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities. Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties 24 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 15,399 26 26 Total liabilities. Add lines 17 through 25 6,456 Organizations that follow SFAS 117 (ASC 958), check here > # 1 X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 17,551 27 Unrestricted net assets 27 66,237. 28 Temporarily restricted net assets 195,273 28 298,461 Permanently restricted net assets 29 33 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 212,824 33 364,698. 34 Total liabilities and net assets/fund balances 34 228,223 371,154.

BAA

Forn	n 990 (2014) RECONCILED WORLD, INC.	46-3250801	Page 12					
Pai	t XI ∮ Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	858,826.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	706,952.					
3	Revenue less expenses Subtract line 2 from line 1	3	151,874.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	212,824.					
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	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	364,698.					
Pai	★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 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	eviewed on a						
ı	were the organization's financial statements audited by an independent accountant?		2b X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sbasis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis	separate						
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c X					
_	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 Sii Audit Act and OMB Circular A-133?	ngle	3a X					
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3 b					
BAA			Form 990 (2014)					

TEEA0112L 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2014

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

REC	ONCILED WORLD, IN	IC.				46-3250801					
		Charity Status (All o	rganizations must o	omplet	te this	part.) See instruct	ions.				
		foundation because it is									
1	A church, convention of	churches, or association of c	hurches described in sect	ion 170(t)(1)(A)(i	i).					
2	A school described in	section 170(b)(1)(A)(ii). (At	tach Schedule E)	•		•					
3	\vdash	ative hospital service organ	•	tion 1 70	КРХ1Х А	Yiii).					
4	<u> </u>	ganization operated in conj				•••	iter the hospital's				
7	name, city, and state	ganization operated in conj	unction with a nospital c	103011500	ı III 300	(1011 17 (15 X 1 X 1 X 11) =	ner the hospitals				
5		d for the benefit of a college plete Part II)	or university owned or ope	rated by	a gover	nmental unit described in	section				
6											
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
8											
9	from activities related to	mally receives (1) more thar its exempt functions — subjed unrelated business taxab ction 509(a)(2). (Complete	ect to certain exceptions, a le income (less section !	and (2) no	o more t	han 33-1/3% of its suppo	rt from gross				
10		ized and operated exclusive	•	-							
11	☐ or more publicly suppo	ized and operated exclusive orted organizations describe that describes the type of s	ed in section 509(a)(1) o	r section	n 509(a)	(2). See section 509(a)	t the purposes of one (3). Check the box in				
а	Type I. A supporting org organization(s) the power complete Part IV, Section 1.	anization operated, superviseer to regularly appoint or elections A and B.	ed, or controlled by its sup it a majority of the director	ported or s or trust	rganızatı tees of t	on(s), typically by giving he supporting organizatio	the supported n You must				
b	Type II. A supporting of management of the support	organization supervised or oporting organization vested in , Sections A and C.	controlled in connection the same persons that co	with its ontrol or i	support manage	ed organization(s), by the supported organization	naving control or on(s) You				
С	Type III functionally inte organization(s) (see in	grated. A supporting organiza structions) You must com	tion operated in connection plete Part IV, Sections A	n with, an A, D, and	id function	onally integrated with, its s	supported				
d	Type III non-functionally functionally integrated instructions) You must	y integrated. A supporting ord The organization generall st complete Part IV, Section	ganization operated in cor y must satisfy a distribut ns A and D, and Part V.	inection v tion requ	with its s Jiremen	supported organization(s) t and an attentiveness i	that is not requirement (see				
е	Check this box if the o	rganization received a writ non-functionally integrated	ten determination from t	he IRS t							
f	Enter the number of supp		,, 5 5								
		rmation about the supporte	ed organization(s)								
	(i) Name of supported organization	(u) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) İs organızatı In your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)											
Total	ı										

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

Part | 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 If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f)	Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-			
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	T***						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)							
11	Total support. Add lines 7 through 10	* · · ·						
12	Gross receipts from related activ	vities, etc (see ins	tructions)				12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)		▶ 🗌
Sec	tion C. Computation of Pu	blic Support P	ercentage					<u></u>
	Public support percentage for 20	• •	``	ne 11, column (f))			14	%
15	Public support percentage from	2013 Schedule A,	Part II, line 14				15	%
	33-1/3% support test — 2014. If and stop here. The organization	qualifies as a put	olicly supported o	rganization				▶ 📙
b	33-1/3% support test - 2013. If and stop here. The organization	the organization d n qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 16 rganization	Sa, and line 15 is	33-1/3% or m	ore, check th	nis box ►
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explain in	Part VI how	-
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a id-circumstances'	and-circumstance test The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	r e. Explain in ted organizatio	Part VI how	the ►
18	Private foundation. If the organ	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and se	e instructions	s ► [

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)

Sec	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')				686,314.	858,826.	1,545,140.
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				000,0221	330,020	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						0.
5	frie value of services of facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0.	0.	686,314.	858,826.	1,545,140.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
Ь	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.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
_	Public support (Subtract line		4 6 1 2 7	U.	M 300 -	200 × 10	
	7c from line 6)	\$ 1 min	*** *** *** **	·		· · · · · · · · · · · · · · · · · · ·	1,545,140.
	tion B. Total Support	4.2010	42.0011	() 0010	4 N 0012	4 > 0014	<u> </u>
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	0.	0.	0.	686,314.	858,826.	1,545,140.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
	Total support. (Add lines 9, 10c, 11 and 12)	0.	0.	0.	686,314.	858,826.	1,545,140.
14	First five years. If the Form 990 organization, check this box and	is for the organiza I stop here	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3) ► X
Sec	tion C. Computation of Pu					 -	
15	Public support percentage for 20	-	•	e 13, column (f))		15_	%
16	Public support percentage from	2013 Schedule A,	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	<u> </u>			
17	Investment income percentage t			•	mn (f))	17	%
18	Investment income percentage f	irom 2013 Schedu	le A, Part III, line	17		18	%
19 a	33-1/3% support tests – 2014. I is not more than 33-1/3%, check	f the organization this box and sto i	did not check the p here. The organ	box on line 14, a	and line 15 is mor	e than 33-1/3%, a	ind line 17
t	33-1/3% support tests - 2013. If line 18 is not more than 33-1/3%	f the organization	did not check a b	ox on line 14 or li	ine 19a, and line	16 is more than 3	3-1/3% and
20	Private foundation. If the organi						►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes.' explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
 - **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in **Part VI**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes, complete Part I of Schedule L (Form 990)
- 9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**
 - **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**
- 10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer (b) below
 - **b** Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	,	A. 7%	Sart.
	<u></u>		
	1		
	ķ, , ¢	Mar.	
	2		
		*X.	* b
			لــــــــــــــــــــــــــــــــــــــ
	3a		
	<i>y</i>		
	Ý.		
	3b		
	~ #	4 (
		2 4	, A
- [3c		
	4 a		
	-70	\$ 10	7
			J 7 -
	4b		
	, 🦏		29
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4c	/	
	4.	3× . 534	3 7 1
	. Y		
			10
	5a		
	*	<u> </u>	
	5b		
	30		-
	5с		
		1	
	6	Į.	
		·" 🔻	
		*	
	7		
	<u> </u>	1 1/4	. }
•			
	8	**************************************	<u> </u>
		la_	
	9a		<u></u>
	\$m.		
	9ь		
	-	ģ.	
	9с	-	
,]		.
,	10a	<u> </u>	
		 	
	t	I	1 1

10b

	ddie χ (1 dim 330 di 330 Ez) zota Reconciled World, inc.	1		age .
Pai	t IV* Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	n #	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		, W	
	governing body of a supported organization?	11a		
ı	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities			
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		¥4,
Sec	tion C. Type II Supporting Organizations			,——. <u>.</u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		* * *
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3		27 18.
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	\$ 7% p	. **	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	4 5		
_	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u>-166</u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
,	The organization satisfied the Activities Test Complete line 2 below			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns)		
2	Activities Test Answer (a) and (b) below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	*	, 4	
	substantially all of its activities	2a		-
1	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for	*	ķ.	*
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	*	*	-
i	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

1 `		ovemb	er 20, 1970 See instruction	ons. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		_
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	: *65 *6',		
a	Average monthly value of securities	1a		_
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	i Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI)	• *		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·	
4	Enter greater of line 2 or line 3	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions)	egrate		
BAA			Schedule A (For	m 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	ions (continued)	
Sect	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	,	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required).			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is responsive (provide o	details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			_
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		* * * * * * *	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014		* (* 3	
а			* * * * * * * * *	
b				
С	Will the	244 3 4 7		
е	From 2013		<u> </u>	
f	Total of lines 3a through e		La come de la come de	
g	Applied to underdistributions of prior years			~ · 4 / / /
h	Applied to 2014 distributable amount	<u> </u>	* *	
i	Carryover from 2009 not applied (see instructions)	11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			*
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		4. 2. 5 4.	
8	Breakdown of line 7		4	* *** * * * * * * * * * * * * * * * * *
а		* * * /	*	e e and e e e e e
ь			# 1 pm; 1.	. 8.4
		dis a solution of the solution	»	` ** *** ** *
C	Excess from 2013			* *** ** *
	Excess from 2014			*

BAA

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Employer identification number

RECONCILED WORLD, INC. 46-3250801 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a). 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 **►** S (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 ►Ś b Assets included in Form 990, Part X ▶\$

Schedule 5 (Form 990) 2014 RECOM	ACTIEN MOT	. חזפ	TNC			16-3	3250801		Page 2
Partilla Organizations Mainta	ining Collec	tions	of Art, Histo	orical	Treasures, or				
3 Using the organization's acquisition items (check all that apply)									
a Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e Other						
c Preservation for future gener	ations						_	_	
4 Provide a description of the organiz Part XIII	ation's collectio	ns and e	explain how they	/ furthe	r the organization's	exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or r han to be main	eceive o	donations of ar as part of the o	t, histo organiz	orical treasures, of ation's collection?	r other similar asse	ets Yes		No
Escrow and Custodia line 9, or reported an	I Arrangeme amount on f	ents. C	Complete if 1990, Part X,	the or	rganization ans 21.	swered 'Yes' to	Form 990,	Part	IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian	, or othe	er intermediary	for co	ontributions or oth	er assets not inclu	ded Yes		
b If 'Yes,' explain the arrangement	in Part XIII an	d comp	lete the follow	ing tab	le		Amount		
c Beginning balance						1 c	Amount	.	
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	amount on Forr	n 990 F	Part X line 21	for es	crow or custodial		Yes		No
b If 'Yes,' explain the arrangement						•	□ 163	-	վ.,,
bit ites, explain the arrangement	in ruit XIII O	neen ne	TO IT THE CAPICI	iduoii	nas scon provido	a iii i aic xiii		<u></u>	_
Part V: Endowment Funds. C	omplete if t	he ora	anızatıon ar	nswer	ed 'Yes' to For	m 990, Part IV	, line 10.		
	(a) Current y		(b) Prior yea		(c) Two years back			ur 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 					<u></u> -				
f Administrative expenses									
g End of year balance				l					
2 Provide the estimated percentag		it year e		ne 1g,	column (a)) held	as			
a Board designated or quasi-endowm			⁹⁶						
b Permanent endowment	%		•						
c Temporarily restricted endowmen			-% 						
The percentages in lines 2a, 2b,	and 2c should	equal 1	00%						
3a Are there endowment funds not in	the possession (of the or	ganization that	are hel	d and administered	for the	Г	Yes	No
organization by: (i) unrelated organizations							3a(i)	163	140
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related	organizatione I	ictad ac	required on S	chadul	a P2		3b		-
4 Describe in Part XIII the intended	•		•				30	_	<u> </u>
Part VII Land, Buildings, and			tion's endowin	ent iui	143				
Complete if the organ			Yes' to Form	n 990), Part IV, line	11a. See Form	990, Part	X, lın	ne 10.
Description of property			or other basis restment)		Cost or other casis (other)	(c) Accumulated depreciation	(d) B	ook va	alue
1 a Land							£.		
b Buildings	[
c Leasehold improvements	Γ								
d Equipment	Γ								
e Other									
Total. Add lines 1a through 1e (Colum	nn (d) must eg	ual Forr	n 990, Part X,	colum	n (B), line 10c)		•		0.
BAA			-			S	chedule D (Fo	rm 990	2014

Part VII. Investments – Other Securities.		N/A				
Complete if the organization answered						<u> 12.</u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	uation Cost or end-of-	year marke	t value	
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)	· · · · · · · · · · · · · · · · · · ·					
(E)						
(F)						
(G)						
(H)		_				
		, 20 8	^ 4/× × *********************************			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)),			<u> </u>	
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' to Form 990	N/A . Part IV. line 11c.	See Form 99	0. Part	X. line	e 13.
(a) Description of investment type	(b) Book value	(c) Method of valuat	ion: Cost or end-c	of-year m	narket v	alue
(1)			-1			
(2)						
(3)					· · · · · ·	
(4)						
(5)						
(6)						
(7)						
(8)	, .					
(9)						
(10)						
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			*: 4 APM-5***		- War.	<u>. </u>
Part X Other Assets. Complete if the organization answered	N/A	1 Dort IV/ Jupo 11d	Soo Form 00	n Dart	Y line	o 15
	scription	, raitiv, lille itu	. 366 01111 99		ook valu	
(1)	ocription .			(=)=(2011 1414	
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u> (8)	·					
(9)						
(10)						
Total. (Column (b) must equal Form 990, Part X, column (i	B), line 15)		>			
Part X Other Liabilities.	2),					
Complete if the organization answered 'Yes' to Fi	orm 990, Part IV, line 1	le or 11f. See Form 990), Part X, line 25			
(a) Description of liability	(b) Book value		* ,		* 3	
(1) Federal income taxes			* '*		š	ķ.
(2)		*	<	* t		
(3)			å	*		7 👯 🔭
(5)		——————————————————————————————————————	A. J. X	*		
(6)					Ĭ	20.4
(7)		*	**		\$;
(8)			***		ź	
(9)				à		
(10)		***	*	*		ĺ
(11)						
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	•		***		#	

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

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

SEE PART XIII [X]

Schedule D (Form 990) 2014 RECONCILED WORLD, INC.		46-3250801	Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With Rever		
Complete if the organization answered 'Yes' to Form 9		-	
1 Total revenue, gains, and other support per audited financial statements		1	858,826.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		5-3	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c	F 1	
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3 (858,826.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12)	5 (858,826.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
Complete if the organization answered 'Yes' to Form 9	90, Part IV, line 12	a.	
1 Total expenses and losses per audited financial statements		1	706,952.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2 e	

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4 a

4 b

PART X - FIN 48 FOOTNOTE

RWI'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEAR ENDED SEPTEMBER 30, 2014 IS SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER ITS FILING.

BAA

706,952.

706,952

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.

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

2014
Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

RECONCILED WORLD, INC.

Employer identification number

46-3250801

Rart Is General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No.

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	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
	-		COMMUNITY	EMPLOYEE/PROGRAM	
(1) PACIFIC - NEW ZEALAND	1	1	TRANSFORMATION	SUPPORT	17,524.
			COMMUNITY	EMPLOYEE/PROGRAM	
(2) E. ASIA - MYANMAR	1	1	TRANSFORMATION	SUPPORT	13,159.
				EMPLOYEE/PROGRAM	
(3) E. ASIA - LAOS	1	1	SKILLS TRANING PROGRAM	SUPPORT	34,474.
V , 21 110011				EMPLOYEE/PROGRAM	<u> </u>
(4) E. ASIA - INDIA	1	1	ARTS TRAINING	SUPPORT	48,683.
(7 B. Helli 110211	-			00110111	
(5)					
<u> </u>			-		
(6)					
<u> </u>	-				
(7)					
			-		
(8)					
(0)					
(0)					
(9)					
(10)					
(10)					
443					
(11)					
a.m.					
(12)					
(13)	-				
		ļ			
(14)					
(15)			-	 	_
(16)					
-					
(17)					
3a Sub-total	4	4	* 4 · * *	· · · · · · · · · · · · ·	113,840.
			- 22 ***	907 907	
b Total from continuation sheets to Part I			**	* .	
c Totals (add lines 3a and 3b)	4	4			113,840.
3 Totalo (dad lilico od dila ob)	4	4	F 000		113,040.

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 RECONCILED WORLD, INC.

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.

(9) (9) (9) (9) (9) (9) (9) (9) (9) (10) (11) (12) (12) (13) (14) (15) (15) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18		(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)
	~	1 %		¥	TRAINING	20,000.	WIRE			
1 -1 -1 -1 -1 -1 -1 -1 1 1 1 1 1 1	ຸ ຄ	**	**	E. ASIA	ART EDUCTN	17,065.	WIRE			
	ء ا		***	г <u>л</u>	SKILLS	21,000.	WIRE			
1 -1 -1 -1 -1 -1 1 1 1 1 1 1		And the second s		<u>ы</u>	AUTISM	3,500.	WIRE			
	۾ ا			ASIA	GENDERCIDE	45,000.	WIRE			
1 -1 -1 -1 1 1 1 1 1 1	[E. ASIA-MYANMAR	TRAINING	54,100.	WIRE			
1 -1 -1 1 1 1 1 1 1		, , , , , , , , , , , , , , , , , , ,		E. ASIA-NEPAL	EARTHQUAKE RLF	65,050.				
		, «,		<u>.</u> .	TRAINING	33, 400.	WIRE			
				E. ASIA-VIETNAM	TRAINING COMMUNITY	41,000.	WIRE			
			**							
	_									
	_									ļ
	_		**							
1 1 1	_	1,444								
l a	_									
Enter total number of recipient organizations listed above that are recognized as charities 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. Finer total number of other organizations or entities.			****							
Enter total number of other organizations or entities	the End	er total number of recipient organizations of grantee or counsel has provided a	ions listed above that ar section 501(c)(3) equ	re recognized as cha iivalency letter	rities by the foreig	yn country, recogniz	ed as tax-exempt b	y the IRS, or for whic	4	0
	П	er total number of other organization	ons or entities						Ì	6

Page 3

46-3250801

Schedule F (Form 990) 2014 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
6							
(2)							
69							
(4)							
(5)							
(9)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							:
(15)							
(16)							
(1)							
(18)							
ВАА			TEE A 25.031 06.13.14			Schedule F	Schedule F (Form 990) 2014

	edule F (Form 990) 2014 RECONCILED WORLD, INC.	46-3250801	Page 4
Pa	rt 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 Ce 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, do not file with Form 990)	ertain 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 Ce Foreign Corporations (see Instructions for Form 5471)	ertain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual 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)	ified 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)	n 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, do not file with Form 990)	Yes	X No

TEEA3505L 06/16/13

Schedule **F** (Form 990) 2014

BAA

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RECONCILED WORLD, INC.

Employer identification number 46-3250801

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

RECONCILED WORLD, INC. (RWI) EXISTS TO PARTNER WITH CHURCHES AND COMMUNITY-BASED ORGANIZATIONS TO PROMOTE SOCIAL JUSTICE AND ECONOMIC DEVELOPMENT THROUGH APPLICATION OF DOCTRINE FROM THE BIBLE. RWI AIMS TO TO COLLABORATE WITH AND 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 APPLICATION OF BIBLICAL DOCTRINE TO MAKE SIGNIFICANT IMPACT IN A VARIETY OF FIELDS, INCLUDING BUT NOT LIMITED TO: DEVELOPMENT OF THE ECONOMIC POTENTIAL OF RURAL AREAS, VOCATIONAL TRAINING, INTERVENTIONS FOR PERSONS WITH DISABILITIES, LEADERSHIP DEVELOPMENT, AND OPPOSING VIOLENCE AGAINST WOMEN.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

TRUTH CENTERED TRANSFORMATION - CHURCH TRAINING PROGRAM

US: A SMALL GROUP CURRICULUM WAS CREATED. WE PILOTED MODULE 1 WITH THREE CHURCHES AND SMALL GROUPS.

NEW ZEALAND: WE TAUGHT A VISION CONFERENCE IN AUCKLAND FOR 40 PASTORS IN NOVEMBER 2014. FROM THERE WE HAVE SEEN DOORS STARTING TO OPEN AND ARE PILOTING THE PROJECT AT ONE CHURCH.

SOUTHEAST ASIA: WE CURRENTLY HAVE 800 CHURCHES AT VARIOUS STAGES OF TRAINING (TCT CONSISTS OF 10 TRAININGS OVER FIVE YEARS). WE SELECTED AND TRAINED 40 NEW TRAINERS LAST YEAR. SEVERAL HUNDRED CHURCHES REACHED THE THREE-YEAR (FIVE TRAININGS) MARK OF THE PROGRAM IN 2015; WE BEGAN MID-TERM EVALUATIONS WITH THESE CHURCHES.

TCT EXPANSION: A THREE-YEAR STRATEGY WAS CREATED AND FUNDING SECURED FOR IMPLEMENTATION. WE MADE SIX SITE VISITS TO NEW IMPLEMENTING PARTNERS: UGANDA (3 PARTNERS), DR CONGO, SOUTH SUDAN, HYDERABAD.

Employer identification number

46-3250801

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

WHOLISTIC DEVELOPMENT CENTER

- OPERATES VOCATIONAL AND SPIRITUAL DEVELOPMENT PROGRAM FOR YOUNG ADULTS FROM TRIBAL AND LOW-INCOME BACKGROUNDS. CURRICULUM INCLUDES: ELECTRICIAN STUDIES AND CARPENTRY FOR MEN; COOKING, BAKING, HOUSEKEEPING AND MICRO-FINANCE FOR WOMEN.

ENDING GENDERCIDE - - ENGAGING YOUNG PEOPLE AND CHRISTIANS WITH ISSUES OF GENDER VIOLENCE AND GENDER INJUSTICE IN INDIA.

WE HELD A TOTAL OF 18 AWARENESS EVENTS, OF WHICH 6 PROGRAMS WERE DONE IN COLLEGES, 2
IN SCHOOLS AND 8 WITH STUDENTS AND YOUTH GROUPS OF CHURCHES.

WE BUILT A DATA-MANAGEMENT SYSTEM, WHICH HAS A LIST OF 206 VOLUNTEERS NOW. 77 ARE ACTIVE VOLUNTEERS WHO HAVE PARTICIPATED IN OUR ORGANIZED EVENTS THIS YEAR. WE WORKED WITH OUR VOLUNTEERS TO COMPLETE A TOTAL OF 6 AWARENESS ACTIVITIES - A MIXTURE OF LIVE AND VIRTUAL EVENTS. 50 VOLUNTEERS PARTICIPATED IN THE HOSPITAL VISITS PROGRAM TO GIVE GIFTS OF BABY QUILTS TO AROUND 220 NEWBORN GIRLS IN 4 DELHI HOSPITALS.

WE PLACED 18 STUDENTS IN SUMMER INTERNSHIPS WITH COMMUNITY-BASED ORGANIZATIONS THAT WORK WITH VULNERABLE WOMEN AND CHILDREN.

WE TRAINED 24 CHURCHES ON GENDER VIOLENCE AND INJUSTICE AND ON THE ROLE OF THE CHURCH IN HELPING VICTIMS AND SPEAKING OUT AGAINST IT.

ASHISH FOUNDATION FOR THE DIFFERENTLY ABLED

- OPERATES AN EARLY INTERVENTION CENTER FOR STUDENTS WITH AUTISM (AGE 4-16 YRS).
- OPERATES A VOCATIONAL AND LIFE SKILLS PROGRAM FOR TEENS AND YOUNG ADULTS WITH AUTISM.

DECONCELED MODES

COMPENSATION.

RECONCILED WORLD, INC.

Employer identification number

46-3250801

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

~ PROVIDED HOME STUDIES AND COUNSELING FOR PARENTS OF ALL ASHISH STUDENTS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

AT IT'S BOARD MEETING IN AUGUST 2015, THE BOARD DELETED THE PROVISION TO HAVE A REPRESENTATIVE OF ITS FOUNDING ORGANIZATION, FOOD FOR THE HUNGRY, ON THE BOARD.

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 ENFORCEMENT OF CONFLICTS

CONFLICT AVOIDANCE PROCEDURES OUTLINED IN SECTION 8.03 OF RECONCILED WORLD BYLAWS, INCLUDING DUTY TO DISCLOSE CONFLICTS, REVIEW 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 PROCESS - CEO & TOP MANAGEMENT COMPENSATION AND APPROVAL FOR CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT IS REVIEWED/APPROVED BY THE BOARD OR COMPENSATION COMMITTEE PRIOR TO FIRST PAYMENT OF

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BYLAWS STATE "THE BOARD SHALL RELY UPON APPROPRIATE DATA AS TO COMPARABILITY

BY SIMILARLY SITUATED ORGANIZATIONS...FOR COMPARABLE POSITIONS."

FORM 990, PART VI. LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

PRIOR TO APPROVING THE TERMS OF COMPENSATION....INCLUDING COMPENSATION LEVELS PAID

FINANCIAL AUDIT AND GOVERNANCE DOCUMENTS AVAILABLE TO THE PUBLIC 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 PUBLIC UPON REQUEST VIA

EMAIL TO: INFO@RECONCILEDWORLD.ORG