Form 990

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury
Department of the freasury
Internal Revenue Service
Internal nevenue service

Τ

A	For th	e 2022 calendar year, or tax year beginning and e	ending	-	
B	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name	e Doing business as		**-***04(02
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ŕ
	Final returr	3101 TROOST AVE		816-678-0	0488 DI
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,408,223.
	Amer returr	ded KANSAS CITY, MO 64109		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer. FATILLR OODIIN MATIL	WS	for subordinates	? Yes X No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) o	or 🚺 527	lf "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
K	Form o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2005 N	State of legal domicile: MO
Pa	art I	Summary			
~	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{THE}}$	DRGANI	ZATION'S MIS	SSION IS TO
DCe		CULTIVATE A COMMUNITY SEEKING RECONCILIAT:	ION TC	TRANSFORM	TROOST
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
es és	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	37	
vitie	6	Total number of volunteers (estimate if necessary)		6	628
Activities & Governance	7 a	tal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	et unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		9,066,765.	10,994,491.
Revenue	9	Program service revenue (Part VIII, line 2g)		52,023.	12,763.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		47,595.	8,026.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		223,552.	270,343.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		9,389,935.	11,285,623.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,779,673.	2,485,702.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		1,497,310.	1,703,802.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 326,77	/2.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		759,438.	5,973,444.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,036,421.	10,162,948.
	19	Revenue less expenses. Subtract line 18 from line 12		5,353,514.	1,122,675.
or	E		Be	ginning of Current Year	End of Year
Assets	1 20	Total assets (Part X, line 16)		8,537,442.	11,495,879.
tAs	-	Total liabilities (Part X, line 26)		955,887.	2,731,635.
-Se		Net assets or fund balances. Subtract line 21 from line 20		7,581,555.	8,764,244.
	art II	Signature Block			
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
-	FATHER JUSTIN MATHEWS, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check DTIN
Paid	JASON D. LOUK JASON D. LOUK	11/02/23 self-employed P00541486
Preparer	Firm's name MARR AND COMPANY, P.C.	Firm's EIN **-***0039
Use Only	Firm's address 1401 EAST 104TH STREET, SUITE 100	
	KANSAS CITY, MO 64131	Phone no. (816) 363-8700
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	3-22 I HA For Paperwork Reduction Act Notice, see the separate instruction	ns. Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) RECONCILIATION SERVICES	**-***0402	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	TRUTNO	
	THE ORGANIZATION'S MISSION IS TO CULTIVATE A COMMUNITY SE RECONCILIATION TO TRANSFORM TROOST FROM A DIVIDING LINE I		
	GATHERING PLACE, REVEALING THE STRENGTH OF ALL. ITS VISIO		
	KANSAS CITY, NO LONGER DIVIDED BY TROOST, IS REVEALED AS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	s, the total expenses, ar	าด
4a		- \$)
	REVEAL SOCIAL & MENTAL HEALTH SERVICES - PROFESSIONAL CAS		T (
	SERVICES ARE PROVIDED FOR CLIENTS RESIDING IN THE KANSAS	CITY	
	METROPOLITAN AREA, WITH A PRIMARY FOCUS ON CLIENTS LIVING		
	NEIGHBORHOODS EAST OF TROOST AVENUE. SERVICES INCLUDE HOU		
	UTILITIES ASSISTANCE, ID AND DOCUMENT ASSISTANCE, FINANCI		
	ASSISTANCE THROUGH THE KANSAS CITY MEDICINE CABINET, REFE AGENCIES, AND OTHER GENERAL CASE MANAGEMENT SERVICES. IN	I 2022 THIS	HER
	PROGRAM ACHIEVED THE FOLLOWING:	2022 1115	
	- OVER 3,730 UNDUPLICATED CLIENTS WERE SERVED		
	- 2,234 INDIVIDUALS RECEIVED \$465K-PLUS IN UTILITIES ASSI	STANCE	
	- 65 RECEIVED MEDICAL & DENTAL SERVICE (EXCLUDED FROM 990		
4b	(Code:) (Expenses \$ 536,524. including grants of \$ 279,692.) (Revenue)
	ECONOMIC COMMUNITY BUILDING PROGRAMS - THE FOSTER GRANDPA (A PARTNERSHIP WITH THE SENIOR CORPS, WHICH IS PART OF TH		
	FOR NATIONAL AND COMMUNITY SERVICE) RECRUITS, TRAINS AND		
	LOW-INCOME SENIOR ADULTS TO VOLUNTEER WITH AT RISK AREA Y		22
	THIS PROGRAM ACHIEVED THE FOLLOWING:		
	- 68 LOW-INCOME SENIOR VOLUNTEERS SERVING IN RECONCILIATI		1
	FOSTER GRANDPARENTS PROGRAM CONTRIBUTED 50,057 HOURS MENT		
	PROVIDING EMOTIONAL SUPPORT TO OVER 300 STUDENTS IN THE K		
	MISSOURI SCHOOL DISTRICT, AND AT OTHER COMMUNITY LOCATION OPERATION BREAKTHROUGH AND THE FAMILY COURT, AS WELL AS A		
	SCHOOLS IN JACKSON, CLAY AND PLATTE COUNTIES. THE MONETAR		
4c	(Code:) (Expenses \$767,259. including grants of \$100,211.) (Revenue)
	HEALTHY COMMUNITY INITIATIVES - THELMA'S KITCHEN, A DONAT	E-WHAT-YOU-	CAN
	CAFE'. IN 2022 THIS PROGRAM ACHIEVED THE FOLLOWING:		
		TIONALLY,	
	VOLUNTEERS CONTRIBUTED APPROXIMATELY 2,546 HOURS SERVING ESTIMATED VALUE FOR THESE SERVICES IS \$21,613.	MEALS. THE	
	ESIIMATED VALUE FOR THESE SERVICES IS \$21,013.		
<u> </u>			
4d	Other program services (Describe on Schedule O.)	X	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 4,269,657.)	
-+0		Form 9	90 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION(S		(_)

Form	aan	(2022)

1 Is the organization excited in section 501(k) or 4947(k) (bither than a pixtule foundation)? 1 X 2 Is the organization engage in direct or index object of Contributors? See Instructions 2 X 3 X 2 Sector 501(k) or cancing the control term object object of Contributors? See Instructions 2 X 4 Sector 501(k) organization. Dift the organization engage in lobbying activities on behalf of or inoppositon to candidates for public office? If "Yes," complete Schedule Q, Part I 4 X 5 Sector 501(k) organization. Dift the organization engage in lobbying activities on behalf of or inoppositon south sets of 10(k) 00(k) (Si C) (Si C) Si C) Si C) (Si C) (Si C) (Si C) Si C) Si C) (Si C) (Si C) (Si C) Si C) (Si C) (Si C) (Si C) (Si C) Si C) (Si C) (Si C) (Si C) Si C) (Si C) (S				Yes	No
2 bit the organization engage in direct political campaign activities on behal of or in opposition to candidate for public official "" rise," complete Schedule C, Part I 3 X 4 Section 501(b(k)) organizations. Did the organization engage in lobbing activities, or have a section 501(h) election in effect direct political campaign activities, or have a section 501(h) election in effect direct political integration engages in lobbing activities, or have a section 501(h) election in effect direct political integration engages in lobbing activities, or have a section 501(h) election in effect direct political integration engages in lobbing activities, or have a section 501(h) election in effect direct political integration engages in lobbing activities, or have a section 501(h) election in effect direct political integration engoties in the enganization engoties in any other organization engoties in envolution activities. The "science" integratical integration engoties in the engages in electropic integration engoties in envolution in the activities in the engages in the engages in electropic integration engoties in the engoties into envolution of a mounts in an integration engoties in anount in the Ti X, line 21, for escow or custodial account liability, serve as a custodian for amounts not listed in Part X, on provide corell counseling, dent management, cordit repair, or debt engotiations services? 9 X 10 Did the organization engoti an amount for through a related organization, hold assets in donor-relative effective D, Part V 10 X 11 If the organization report an amount for through a related in gamization, hold assets in gootice in the distribution enviose? 9 X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 Dit the organization engage in dered or indered policial campaign activities on behalf of or in opposition to candidates for public of ICAS (<i>P</i>) regin traditions. Did the organization engage in tobbying activities, or have a section 501(h) election in effect during the tax year? <i>H</i> 'Yes, 'complete Schedule C, Part II. Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect during the tax year? <i>H</i> 'Yes, 'complete Schedule C, Part II. Did the organization matchina and yound or advised time funds or an account factor asserts in building assements to provide advice on the distribution or investment of amounts in such funds or accounts? <i>H</i> 'Yes, 'complete Schedule D, Part II. Did the organization matrix collections of vorks of at, historical treasures, or other similar asset? <i>H</i> 'Yes, 'complete Schedule D, Part II. Did the organization relevant of through a related organization, hold assets in donorrestricted endowments or in quasis endowments? <i>H</i> 'Yes, 'complete Schedule D, Part IV. Did the organization report an amount for leaded organizations. In the securities in Part X, line 10? <i>H</i> 'Yes, 'complete Schedule D, Part IV. Did the organization report an amount for insetting assemts is to donorrestricted endowments or in quasis endowments? <i>H</i> 'Yes, 'complete Schedule D, Part IV. Did the organization report an amount for insetting assections is N'Far, 'then complete Schedule D, Part IV. Did the organization report an amount for leaded organizations. In Part X, line 10? <i>H</i> 'Yes, 'complete Schedule D, Part VI. Did the organization report an amount for insetting assection is Part X, line 10? <i>H</i> 'Yes, 'complete Schedule D, Part VI. Did the organization report an amount for insetting assection is Part X, line 10? <i>H</i> 'Yes, 'complete Schedule D, Part VI. Did the organization report an amou		If "Yes," complete Schedule A			
a Sectors OF(k3) organizations. Do 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 a x b Ib the organization as defined in PK vProc. 'Be 179' (%c)' organization that receives membership dues, assessments, or similar amounts as defined in PK vProc. 'Be 179' (%c)' organization that receives membership dues, assessments, or similar amounts as defined in PK vProc. 'Be 179' (%c)' organization that receives membership dues, assessments, or similar amounts as defined in PK vProc. 'Be 179' (%c)' organization that receives membership dues, assessments, or similar amounts as defined in PK vProc. 'Be 179' (%c)' organization that receives membership dues, assessments, or similar amounts as defined in PK vProc. 'Be 179' (%c)' organization that receives membership dues, assessments, or the environment, historic lard asses, or historic at manute in amounts in successful funds or accounts for Mink do nor share the right to provide arXiv, organization amount in Part X, line 12, the similar assets? If 'Yes,' complete Schedule D, Part II X B lot the organization induction of the organization, hold assets in donor-restricted endowments' or in quasie moort for the lowing questions is 'Yes,' then complete Schedule D, Part V 10 X B lot the organization report an amount for investments - other securities in Part X, line 120', If 'Yes,' complete Schedule D, Part VI 11a X B lot the organization report an amount for investments - other securities in Part X, line 120', If 'Yes,' complete Schedule D, Part VI 11a X B lot the organization report an amount for other assets in Part X, line 12	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) arguitzations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year/if "res," complete Schedule C, Part II. 4 X b Is the organization a section 501(h) 501(c)(b), 50	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section S(16)(5), or S01(6)(5), or S01(6), or S01			3		X
5 Is the organization ascience 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98192 (***) **complete Schedule D, Part IIII. S X 6 Did the organization maintain any done advised funds or anocunts for which donos have the right to provide advice on the distribution or investment of anocunts in such funds or accounts? If **ps, *complete Schedule D, Part II 6 X 7 Did the organization maintain any done advised funds or anocunts for which donos have the right to provide advice on the distribution or investment of anocunt in such funds or accounts for which donos have the right to provide advice on the distribution or investment of an including seasements to preserve open space, the environment, historic land areas, or historic structures? If **se, *complete Schedule D, Part II 7 X 8 X 0 Did the organization neories and anocunt in Part X, line 21, for escrew or custodial account liability, serve as a custodian for anocunts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? 9 X 10 L X 10 X 11 the organization services and anocunt for investments - other assets in Part X, line 12, If the service or rot of the total assets reported in Part X, line 167. If *vs, *complete Schedule D, Part X 10 X 12 Did the organization neport an amount for investments - other assets In Par	4				
similar amounts as defined in Rev. Proc. 88-197 // Yes," complete Schedule C, Part II 5 X 6 D0t the organization maintain any doore 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the environment, historic land area, or historic structures? // Yes, "complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // Yes," complete Schedule D, Part II 7 X 9 Did the organization infectity or through a related organization, hold assets in donor-restricted endowments or in quasia donowmerk? // Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes," complete Schedule D, Part X 11 X 13 X 10 X 11 X 14 Did the orga			4		<u> </u>
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 II 0 7 X 8 Did the organization receive on hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part VI 9 X 9 Did the organization region anount in Part X, line 21, for secret or custodial account liability, serve as a custodian for amounts on listed in part X, or provide credit counseling. debt management, credit repar, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 If 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 VI 11a X 112 Did the organization report an amount fo	5				
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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H</i> "Yes," complete Schedule D, Part III 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? 9 Did the organization controls of the Dawn of the Complete Schedule D, Part V. 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V. 11 If the organization report an amount for line Schedule D, Part X. 12 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? <i>H</i> "yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "yes," complete Schedule D, Part X 11 Did the organization separate or consolidated financial statements for the tax year? 11 Tite X 12 Did the organization separate or consolidated financial statements for the tax year? 11 Yes," complete Schedule D, Part X 12 Did the organization separate independent audited financial statements for the tax year? 11 Yes," complete Schedule D, Part X and XII is optional 13 X 14 Did the organization as achool described in section 1700/11/AVII? If 'Yes," complete Schedule D, Part X and XII is optional 15 X 16 Did the organization report on Part IX, column (A	7				
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 11 If the organization report an amount for inad, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 X Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 X 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 X 11a X 11 X Did the organization report an amount for investments for the tax year include a foothort that addresses the organization separate consolidated financial statements for the tax year? 111d X 11 X Did the organization neport an amount for invest lime 125? If "Yes," complete Schedule D, Part X 111d			7		
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 12 Did the organization report an amount for land, buildings, and equipment 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 X 13 X Did the organization report an amount for orber assets 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 X 11 X 14 X Did the organization report an amount for orber 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 X 11 X 14 X Did the organization report an amount for orber assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 X 15 Did the organization included in consolidated financial statements for the tax year? If Yes," anomplet Schedule D, Part X </th <td>8</td> <td></td> <td></td> <td></td> <td></td>	8				
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14a 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 14a X 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 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 II and IV 15 X 16 X 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20a X	40			Λ	v
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u> </u>
					<u> </u>
			21		x

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			Yes	No
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	X	
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? If "Yes," complete			
	Schedule J	23	X	
24a	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			77
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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? <i>If</i> "Yes," <i>complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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		Х
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		X
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		X
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
	הישטא אי סטורכענוב ט סטורגמווז מ ובסטטוזכ טו דוטנב נט מוזץ וווים ווז גווזה רמוג ע		Yes	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0		162	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	X	

Form	990 (2022) RECONCILIATION SERVICES **-**0	402	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u>X</u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business notatings at any time during the year?	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

-*0402 Page 6

Part VI	Governance, Management, and Disclosure. For	For each "Yes" response to lines 2 through 7b below, and for a "No" respons	e
	to line 8a, 8b, or 10b below, describe the circumstances, proc	processes, or changes on Schedule O. See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	15			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		x
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	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 ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	/es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	FATHER JUSTIN MATHEWS - 816-931-4751					
	3101 TROOST AVE, KANSAS CITY, MO 64109					

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	ed
	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

1a 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(F)		
Name and title	Average	Position (do not check more than one) than c	ne	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of		
	week		cer an	ia a ai	recio	r/trus	lee)	from	from related	other	
	(list any	ndividual trustee or director						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-1120)	and related	
	below	dual t	Institutional trustee	-	Key employee	ist col	er	1000 1120)		organizations	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0	
(1) FR. JUSTIN MATHEWS	40.00										
EXECUTIVE DIRECTOR	1.00			Х				139,598.	0.	25,488.	
(2) RYAN MYERS	1.00										
BOARD PRESIDENT	1.00	Х						0.	0.	0.	
(3) KOLETTE SCHNEIDER	1.00										
BOARD VICE PRESIDENT		Х						0.	0.	0.	
(4) QUINTON HUFFMAN	1.00										
BOARD TREASURER	1.00	Х						0.	0.	0.	
(5) MELISSA VER MEER, PH.D.	1.20										
BOARD SECRETARY		Х						0.	0.	0.	
(6) ELIZABETH DANFORTH	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) JOHN KREICBERGS	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(8) DAN SMITH	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(9) ESTHER KERSHAW	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(10) SHARON FREESE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(11) JANE MANIS	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(12) CAPT. JEFF HUGHLEY	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(13) RYAN BRUNTON	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(14) WILL PRYOR	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(15) JASON GINES, PHD	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(16) RONDA FREEMAN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
]									

	990 (2022) RECONCILI										*0402	Page	, 8
Par	t VII Section A. Officers, Directors, Trust (A) Name and title	ees, Key Emp (B) Average hours per week	ye (C) Position (do not check more than one box, unless person is both an						ompensated Employee (D) Reportable compensation from	continued) (E) Reportable compensatior from related	ion amount of		
		(list any hours for related organizations below line)	Individual trustee or director							C/ fi org an	compensation from the organization and related organizations		
													_
													_
			<u></u>										_
c d	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							139,598. 0. 139,598.		0.	5,488 0 5,488).
2	Total number of individuals (including but no compensation from the organization Did the organization list any former officer,											Yes N	<u>1</u> •
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the sur and related organizations greater than \$150	<i>ich individual</i> m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		X	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." comp</i> tion B. Independent Contractors	ccrue compen	satio	on fr	om	any	unre	late	ed organization or individ		5	X	2
1	Complete this table for your five highest con the organization. Report compensation for t (A)	he calendar ye	ear e	endir	ig w				the organization's tax y (B)	ear.	(0	C)	
		Name and business address NONE Description of services Compensation							_				
													_
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	0	ot lin	nitec	to t	thos 0		ted	above) who received m	ore than			

			Check if Schedule O	001110				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
								Total revenue	function revenue	business revenue	
ts	1	а	Federated campaigns		1a						
und			Membership dues								
Ă		с	Fundraising events		1c						
and Other Similar Amounts			Related organizations								
mi		е	Government grants (conti	ributio	ons) 1e		469,974.				
S		f	All other contributions, gifts,	grant	s, and						
the			similar amounts not included	l abov	e 1f		10,524,517.				
0 P		g	Noncash contributions included in	lines 1	a-1f 1g	\$	597,845.				
aŭ		h	Total. Add lines 1a-1f					10,994,491.			
							Business Code				
	2	а	SOCIAL LEADER E-COU	RSE			611430	10,562.	10,562.		
ð		b	ADMIN FEE FOR EMERG	ENCY	ASSIST	ANC	624200	2,201.	2,201.		
nu		с									
eve		d									
Revenue		е									
		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					12,763.			
	3		Investment income (inclue	ding o	dividends,	intere	est, and				
			other similar amounts)					36,678.			36,6
	4		Income from investment of	of tax	-exempt b	ond p	roceeds				
	5		Royalties	<u></u>							
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a	33	000.					
		b	Less: rental expenses \dots	6b	21	755.					
		с	Rental income or (loss)	6c	11	245.					
		d	Net rental income or (loss	;) <u></u> (11,245.	11,245.		
	7	а	Gross amount from sales of		(i) Secu	ities	(ii) Other				
			assets other than inventory	7a	72	193.					
		b	Less: cost or other basis								
b			and sales expenses			845.					
		С	Gain or (loss)	7c	-28	652.					
		d	Net gain or (loss)			···· <u>····</u>		-28,652.			-28,6
	8	а	Gross income from fundraisi								
5			including \$		of						
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses			8b	l				
			Net income or (loss) from		•						
	9	а	Gross income from gamir								
			Part IV, line 19								
			Less: direct expenses			9b					
			Net income or (loss) from			es					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold			10b	9				
+		С	Net income or (loss) from	sales	of invent	ory	Durin C i				
							Business Code	054 865			054 -
е			THELMA'S BOX LUNCH				722320	254,767.			254,7
(en		~	MISCELLANEOUS INCOM	Ľ			900099	4,331.			4,3
2		С									
e Be			All other revenue				1			1	
Revenue			All other revenue				<u>-</u>	259,098.			

Form 990 (2022)

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Form 990 (2022)

RECONCILIATION SERVICES 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						
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)		
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations		·				
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	2,485,702.	2,485,702.				
3	Grants and other assistance to foreign	, , .	, , .				
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
Ŭ	trustees, and key employees	165,085.	104,065.	41,663.	19,357.		
6	Compensation not included above to disqualified						
Ŭ	persons (as defined under section 4958(f)(1)) and						
	1050(-)(0)						
7	Other salaries and wages	1,265,502.	803,018.	315,134.	147,350.		
8	Pension plan accruals and contributions (include	1,205,502.	000,010.	515,154.	147,5500		
o	section 401(k) and 403(b) employer contributions)	12,834.	4,236.	6,412.	2,186.		
9		147,906.	96,540.	34,528.	16,838.		
9 10	Other employee benefits	112,475.	73,148.	26,443.	12,884.		
	Payroll taxes	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	20,330	12,004.		
11	Fees for services (nonemployees):						
	Management	3,487.		3,487.			
b	0	10,684.	7,021.	3,239.	424.		
C	0	10,004.	7,021.	5,255.	424.		
	Lobbying						
e	5						
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,						
g		7,783.	5,134.	1,594.	1,055.		
40	column (A), amount, list line 11g expenses on Sch 0.)	130,881.	13,920.	81,065.	35,896.		
12	Advertising and promotion	39,019.	24,477.	9,970.	4,572.		
13	Office expenses	32,317.	12,260.	9,819.	10,238.		
14	Information technology	52,517.	12,200.	9,019.	10,230.		
15	Royalties	272,019.	258,992.	9,706.	3,321.		
16		4,851.	4,458.	9,700.	393.		
17	Travel	4,051.	4,430.				
18	Payments of travel or entertainment expenses						
40	for any federal, state, or local public officials						
19 00	Conferences, conventions, and meetings	8,904.	5,936.	1,814.	1,154.		
20	Interest	0,904.	5,550.	±,014•	<u> </u>		
21	Payments to affiliates Depreciation, depletion, and amortization	46,130.	40,398.	4,523.	1,209.		
22		2,257.	1,505.	4,525.	301.		
23 24	Insurance Other expenses. Itemize expenses not covered	4,231.	1,505.	4J1 •	501.		
24	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column (A),						
-	amount, list line 24e expenses on Schedule 0.) CONTRIBUTIONS TO RS3101	4,990,088.		4,990,088.			
a L	OTHER PROGRAM SUPPLIES	218,691.	218,691.	±,990,000•			
b	CONTRACTED SERVICES	93,908.	77,320.	8,836.	7,752.		
с С	ADMINISTRATIVE EXPENSES	42,876.	11,540.	0,030.	42,876.		
d		69,549.	32,836.	17,747.	18,966.		
	All other expenses	10,162,948.	4,269,657.	5,566,519.	326,772.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	10,102,940.	=,209,037.	5,500,5190	540,114.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						

RECONCILIATION SERVICES

* * - * * * 0 402 Page 11

		Check if Schedule O contains a response or no	te to an	/ line in this Part X			
		· · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,050,445.	1	2,390,837.
	2	Savings and temporary cash investments			2,832,956.	2	435,283.
	3	Pledges and grants receivable, net			3,078,791.	3	648,477.
	4	Accounts receivable, net			7,416.	4	7,414,498.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				17,556.	9	65,838.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	730,250.			
	b	Less: accumulated depreciation	10b	257,400.	1,493,661.	10c	472,850.
	11	Investments - publicly traded securities			54,351.	11	64,246.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11		2,266.	13	3,850.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			8,537,442.	16	11,495,879.
	17	Accounts payable and accrued expenses			367,269.	17	151,635.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or forr	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrel	ated thir	d parties	438,718.	23	2,580,000.
	24	Unsecured notes and loans payable to unrelate	d third p	parties	149,900.	24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D		······ -		25	
	26	Total liabilities. Add lines 17 through 25			955,887.	26	2,731,635.
(0		Organizations that follow FASB ASC 958, cho	eck here	e X			
ces		and complete lines 27, 28, 32, and 33.			1 005 116		2 445 605
alan	27				1,227,146.	27	3,447,697.
ä	28	Net assets with donor restrictions			6,354,409.	28	5,316,547.
un		Organizations that do not follow FASB ASC 9	ck here				
Net Assets or Fund Balances		and complete lines 29 through 33.		L L L L L L L L L L L L L L L L L L L			
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
t A:	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances		······	7,581,555.	32	8,764,244.
	33	Total liabilities and net assets/fund balances			8,537,442.	33	11,495,879.

Form **990** (2022)

Part X | Balance Sheet

Form	990	(2022)

Part XI Reconciliation of Net Assets X Check If Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 25) 1 11, 285, 623. 2 Total expenses (must equal Part IX, column (A), line 25) 2 10, 162, 948. 3 1, 122, 675. 4 11, 228, 675. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7, 581, 555. 5 Net unrealized gains (lossee) on investments 6 9, 065. 6 0 6 9 7 Investment expenses 7 8 8 Prior period adjustments 8 9 50, 949. 10 Net assets or fund balances (explain on Schedule O) 9 50, 949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8, 764, 2444. Part XII Check if Schedule O contains a response or note to any line in this Part XII Ver 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 If the o		1990 (2022) RECONCILIATION SERVICES	**_*	**0402	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 11, 285, 623. 2 Total expenses (must equal Part IX, column (A), line 25) 2 10, 162, 948. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 122, 675. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7, 581, 555. 5 Net unrealized gains (losse) on investments 6 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50, 949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 50, 949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 50, 949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8, 764, 2444. Part XII Financial Statements and Reporting 10 1 Accounting method used to prepare the Form 990: Coash X Accrual Other 11 11 2a X 11 the organization changed its method of accounting fro	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 10,162,948. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,122,675. 4 7,581,555. Net unrealized gains (losses) on investments 5 9,065. 5 Donated services and use of facilities 6 7 7 7 7 8 Proir period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 50,949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8,764,244. Year XII Financial Statements and Reporting Check if Schedule 0 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,* explain on Schedule 0. 2a X Yes No Yes No 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other,* explain on Schedule 0. 2a X Yes No Separate basis, consolidated basis Both consolidated a		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 10,162,948. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,122,675. 4 7,581,555. Net unrealized gains (losses) on investments 5 9,065. 5 Donated services and use of facilities 6 7 7 7 7 8 Proir period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 50,949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8,764,244. Year XII Financial Statements and Reporting Check if Schedule 0 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,* explain on Schedule 0. 2a X Yes No Yes No 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other,* explain on Schedule 0. 2a X Yes No Separate basis, consolidated basis Both consolidated a						
3 Revenue less expenses. Subtract line 2 from line 1 3 1,122,675. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7,581,555. 5 Net unrealized gains (losses) on investments 5 9,065. 6 7 8 7 8 9 0ther changes in net assets or fund balances (explain on Schedule 0) 9 50,949. 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 50,949. 10 8,764,244. Part XIII Financial Statements and Reporting 10 8,764,2444. 7 28 Part XIII Financial Statements and Reporting 10 8,764,2444. 28 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 8,764,2444. 2a Wat the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1f "Yes," check a box below to indicate whether the financial statements for thy year were compiled or reviewed on a separa	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7,581,555. 5 Net unrealized gains (losses) on investments 5 9,065. 6 7 8 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50,949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8,764,244. Part XII Financial Statements and Reporting 10 8,764,244. 7 Check if Schedule O contains a response or note to any line in this Part XII 10 8,764,244. 9 Check if Schedule O contains a response or note to any line in this Part XII 10 8,764,244. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash S hot consolidated and separate basis D 1 Accounting method used to prepare the form 990: Cash S hot consolidated and separate basis	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 9,065. 6 7 6 7 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50,949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 9 50,949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 8,764,244. Yeart XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both:	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 on Schedule O) 9 50,949. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8,764,2444. Part XII Financial Statements and Reporting 10 8,764,2444. Check if Schedule O contains a response or note to any line in this Part XII 10 8,764,2444. Part XII Financial Statements and Reporting 10 8,764,2444. 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 Accountary If 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 reviewed on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X I Separate basis <td>4</td> <td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td> <td>4</td> <td></td> <td></td> <td></td>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash 1 Account Other Yes If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection process during the xyear, explain on Schedule O. 2a X	5	Net unrealized gains (losses) on investments	5	9	,0	65.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash 1 Account Other Yes If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection process during the xyear, explain on Schedule O. 2a X	6	Donated services and use of facilities	6			
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a					
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

I.

Name of the organization

RECONCILIATION SERVICES +***0402 +*-	Tun		RECO	NCTL.TATTON	SERVICES					*-***0402
The organization is not a private foundation because it is: (For Ines 1 through 12, check only one box) A school described in section 170(b)(1)A(i)), (Attach Schedule E (Form 990),) A hospital or a cooperative hospital service organization described in section 170(b)(1)A(iii), Enter the hospital's name, city, and state: C = A cognization operated in conjunction with a hospital described in section 170(b)(1)A(iii), Enter the hospital's name, city, and state: C = A cognization operated in companion with a hospital described in section 170(b)(1)A(iii), Enter the hospital's name, city, and state: C = A cognization operated growerment a quite described in section 170(b)(1)A(iv), C = A described in section 170(b)(1)A(iv), (Complete Part II), C = A described in section 170(b)(1)A(iv), (Complete Part II), C = A nagnization described in section 170(b)(1)A(iv), (Complete Part II), C = A nagnization described in section 170(b)(1)A(iv), (Complete Part II), C = A nagnization described in section 170(b)(1)A(iv), (Complete Part II), C = A nagnization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unreliated business taxable income (ses section 500(a)(2). See section 500(a)(3), Check the box on lines 12 and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supporting organization described in concello with supported organization(3), Check the box on lines 12 and togenization related avalisation operated, supervised, or controlled by its support for granization (3), Complete Part III, C = A nagnization formatized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 500(a)(1) or section 500(a)(2). See section 500(a)(3), Check the box on lines 12 and tho	Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction		0402
1 A chuch, convention of churches, or association of churches described in section 170(b)(1)(A)(b). 2 A choice described in section 170(b)(1)(A)(b). 3 A notical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(b). 4 A modial research organization to prove the hospital described in section 170(b)(1)(A)(b). 6 A coganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 A noganization that normally receives a substantial part of this support form a governmental unit of from the general public described in section 170(b)(1)(A)(v). 8 A community fust described in section 170(b)(1)(A)(v). Complete Part II.) 9 A norganization that normally reserves usual to a college or university. and state of the college or university: 10 A norganization that normally reserves (1) more than 33 1/3% of its support from contributions, membership fees, and gross necelpts from activities related to its eventpl functions; subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 504(a)(2). See section 504(a)(3). Check the box on lines 52 athrough 120 th described in section 504(a)(1) or section 504(a)(2). See section 504(a)(2). See section 504(a)(2). Check the box on lines 52 athrough 120 th described Part IV. Sections A and B. 11 An organization organization described in section 504(a)(1) or section 5										
2 A school described in section 170(b)(1)(A)(i). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state. 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). 7 M an organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 7 M 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)(V). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(V) operated in conjunction with a land-grant college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from cartivities related to the sempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 506(c)(4). 10 An organization organization described in section 508(c)(2). 11 An organization organization described in section 508(c)(2). 12 An organization organization described in section 508(c)(2). 13 An organization organ								1)(A)(i)		
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Part II

RECONCILIATION SERVICES

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.)

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022

RECONCILIATION SERVICES

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

(Complete only if you checked the box on line 10 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.)

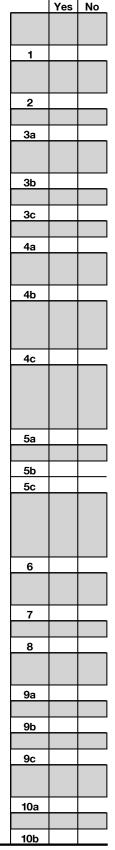
Section A. Public Support							
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e	2022	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ- ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(6)	2022	(f) Total
9 Amounts from line 6		(6) 2013	(0) 2020	(0) 2021		2022	(I) Iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)							
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	organizatio	on,
check this box and stop here		•					
Section C. Computation of Publ							
15 Public support percentage for 2022 (•	column (f))		15		%
16 Public support percentage from 202					16		%
Section D. Computation of Inves	stment Income	e Percentage					
17 Investment income percentage for 2					17		%
18 Investment income percentage from					18		%
19a 33 1/3% support tests - 2022. If the						and line 17	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion .		
b 33 1/3% support tests - 2021. If the	e organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than	33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted org	ganization	
20 Private foundation. If the organization	on did not check a	box on line 14, 19	<u>a, or 19b, check th</u>	nis box and see ins	struction	IS	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** 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 on line 9a) 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 on line 9a) 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b 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.)



1

2

No

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the		

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
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 s	upporting organization.
Section C. Ty	/pe II Supportir	ng Organizations

 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

 1
 Use the supported organization (s)

 1
 Use the support of t

Section D.	All Type III S	upporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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			
	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		
3	By reason of the relationship described on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the o	rganization used to satisf	y the Integral Part Test during	g the year (see instructions).
---	---	----------------------------	---------------------------------	--------------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с] The organization supported a governmental entit	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 substantially all of its activities.
- b Did the activities described on line 2a, above, 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 the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.

2a

Yes No

Schedule A (For	rm 990)	202
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Schedule A (Form 990) 2022 RECONCILIATION SERVICES Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	Type III Non-Functionally Integrated 509(a)(3) Support			
	heck here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructio
A	Il other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	ort-term capital gain	1		
2 Recove	ries of prior-year distributions	2		
3 Other g	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collectio	on of gross income or for management, conservation, or			
mainter	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - N	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instruct	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair ma	rket value of other non-exempt-use assets	1c		
d Total (a	idd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	<i>in detail in</i> Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	/ line 5 by 0.035.	6		
7 Recove	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimu	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
emerge	ncy temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 RECONCILIATIO	N SERVICES		*	*-***0402 Pag
_	t V Type III Non-Functionally Integrated 509		nizations (continu		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

g , explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	RECONCILIATION	SERVICES	**-***0402 Page 8
Part VI	line 1; Part IV, Section A Section D, lines 5	I Information. Provide the explana , lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 ction D, lines 2 and 3; Part IV, Section , 6, and 8; and Part V, Section E, lines	ations required by Part II, line 10; Part II, lin b, 9c, 11a, 11b, and 11c; Part IV, Section E E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 2, 5, and 6. Also complete this part for any	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	(See instructions.))		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

*	*	_	*	*	*	٥	4	٥	2	
						υ	4	υ	4	

|--|

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

RECONCILIATION SERVICES

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	HEALTHCARE FORWARD FOUNDATION 2300 MAIN ST, SUITE 304 KANSAS CITY, MO 64108	\$340,338.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	EVERGY - KCP&L 1200 MAIN ST KANSAS CITY, MO 64105	\$ <u>235,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF KANSAS CITY, MISSOURI 414 E. 12TH ST KANSAS CITY, MO 64106	\$ <u>1,635,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HALL FAMILY FOUNDATION 2480 E. PERSHING RD KANSAS CITY, MO 64108	\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MISSOURI HOUSING DEVELOPMENT COMMISSION 920 MAIN STREET, SUITE 1400 KANSAS CITY, MO 64105	\$234,256.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-15	SHERMAN FAMILY FOUNDATION 2000 SHAWNEE MISSION PKWY 320 MISSION WOODS, KS 66205	\$250,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization

Page **2**

Employer identification number

-*0402

	B (Form 990) (2022)		Page
Name of 0	organization		Employer identification number
RECON	CILIATION SERVICES		**-**0402
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
7	SOSLAND FOUNDATION		Person X Payroll
	4801 MAIN ST, SUITE 650	\$\$	00. Noncash (Complete Part II for noncash contributions.)
(a)	KANSAS CITY, MO 64112 (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
8	SUNDERLAND FOUNDATION 5700 w 112TH ST, SUITE 320 LEAWOOD, KS 66211	\$1,000,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
9	CAPITAL ONE NATIONAL ASSOCIATION 1680 CAPITAL ONE DRIVE MCLEAN, VA 22102	\$600,6	00. (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4 ENTERPRISE BANK & TRUST 1281 N WARSON RD	\$2,467,5	Person X Payroll
	ST LOUIS, MO 63132		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 JACK AND GLENNA WYLIE CHARITABLE	(c) Total contributior	(d) ns Type of contribution
11	FOUNDATION TRUST 4520 MAIN ST	\$500,0	
	KANSAS CITY, MO 64111		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
			Person Payroll

Schedule B (Form 990) (2022)

Noncash

(Complete Part II for

\$

Page 2

Schedule B (Form 990) (2022)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		_ \$	

Page 3

Employer identification number

Name of or	rganization			Employer identification number
RECON	CILIATION SERVICES			**-***0402
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	try For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gi	ift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		(0) 000 01 girt		
-		(e) Transfer of gi	 ift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gi	ift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi	ift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee

SCHEDULE D	Supplemental Financial Statements
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest informati

OMB No. 1545-0047
2022
ZUZZ
Open to Public
Inspection

Name of the organization

ed "Yes" on Form 990, I1d, 11e, 11f, 12a, or 12b. 90. and the latest information.

Employer identification number **-***0402

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal such as at and after a		
1	Total number at end of year		
2	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
3 4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ad funds
5	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		-
Pa			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form c	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h	i)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections or	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2022

<u>Sche</u>	dule D (Form 990) 2022 RECONCI	LIATION SE	RVICES				**_**	*0402	2 Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, o	r Other	Similar	^r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the following tha	t make sig	gnificant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	c	Loan d	or exchange progr	am					
b	Scholarly research	e	• Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how thev furt	her the organization	on's exem	not purpos	se in Part	XIII.		
5	During the year, did the organization solicit of									
-	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran						Part IV			
	reported an amount on Form 990, Pa		ere in the engui				, , .			
1a	Is the organization an agent, trustee, custod		liary for contrib	outions or other as	sets not ir	ncluded				
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII						······ ∟] 110
~			lowing table.					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on F							Yes	X	No
	If "Yes," explain the arrangement in Part XIII.					.y]
Par						0.				<u>.</u>
		(a) Current year	(b) Prior ye				ears back	(e) Four	years	back
1a	Beginning of year balance								-	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ŭ	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	ent year end balanc	e (line 1a, colu	mn (a)) held as:						
- -	Board designated or quasi-endowment	•	%							
h	Permanent endowment	%								
С		%								
U	The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse		ation that are h	old and administo	red for the	2				
ou	organization by:					5		l	Yes	No
	c							3a(i)		
	(i) Unrelated organizations							3a(ii)		
h	(ii) Related organizations							3b		
1	Describe in Part XIII the intended uses of the							30		
Par			wittent funds.							
	Complete if the organization answere). Part IV. line 1	11a. See Form 990). Part X. I	ine 10.				
	Description of property	(a) Cost or c		Cost or other		cumulate	ed l	(d) Boo	k valu	 e
	Description of property	basis (investr		basis (other)		preciation		(u) 200	valu.	
1a	Land	10	200.	. /				1	9,20	00.
	Buildings					78,02	25.		3,9	
	Leasehold improvements			267,681.	1	40,08			7,5	
	Equipment			46,369.		39,29			7,0	
	Other			- , - • • •		,=.			, -	
	. Add lines 1a through 1e. (Column (d) must e		X column (P)	line 10c)	1			47	2,8	50.
		gaan onn 330. Edil		<u></u>			····· · ·	D /		

Schedule D (Form 990) 2022

chedule D (Form 990) 2022 RECONCILIA

Schedule D (Form 990) 2022 RECONCILIAT	ION SERVICES	**	-***0402 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			1

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

X

Sche	dule D (Form 990) 2022 RECONCILIATION SERVICES			**_	***0402 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,480,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	9,065.		
b	Donated services and use of facilities	2b	47,403.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	137,914.		
е	Add lines 2a through 2d			2e	194,382.
3	Subtract line 2e from line 1			3	11,285,623.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	11,285,623.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		th Expenses per H	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,454,134.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		47,403.		
b	Prior year adjustments				
С	Other losses				
d	,	2d	233,871.		001 074
е	Add lines 2a through 2d			2e	281,274.
3	Subtract line 2e from line 1			3	5,172,860.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	· – – – –		-	
	Other (Describe in Part XIII.)	4b	4,990,088.		4 000 000
С	Add lines 4a and 4b			4c	4,990,088.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	10,162,948.
Pal	t XIII Supplemental Information.				

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.

PART X, LINE 2:

RECONCILIATION SERVICES QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS
ADOPTED THE PROVISIONS OF THE FASB ASC 740-10 AS IT MIGHT APPLY TO THE
ORGANIZATION'S FINANCIAL TRANSACTIONS. THE ORGANIZATION'S POLICY IS TO
RECORD A LIABILITY FOR ANY TAX POSITION THAT IS BENEFICIAL TO THE
ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS
MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO THE
TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING
AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH
POSITIONS AS OF DECEMBER 31, 2022 AND, ACCORDINGLY, NO LIABILITY HAS BEEN
ACCRUED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DEPRECIATION ALLOCATED TO NET RENTAL	14,436.
RENTAL EXPENSES ALLOCATED TO NET RENTAL	7,318.
GIK REPORTED RS3101 990	116,160.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	137,914.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
AUDIT/TAX DIFFERENCE - DEPRECIATION	1,864.
DEPRECIATION ALLOCATED TO NET RENTAL	14,436.
RENTAL EXPENSES ALLOCATED TO NET RENTAL	7,318.
EXPENSES REPORTED ON RS3101 990	210,253.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	233,871.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	4,990,088.

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if} the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistand d Individual answered "Yes"	d Other Assistance to Organizations, ts, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the Is	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ition.		Open to Public Inspection
Name of the organization	on RECONCILIATION		SERVICES				ш	Employer identification number * * - * * * 0 4 0 2
Part I General In	General Information on Grants and Assistance	d Assistance						
 Does the organiz criteria used to av 	Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	substantiate the		or assistance, the (grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	X
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	sedures for monito	oring the use of grant f	unds in the United	States.]
Part II Grants and recipient th	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Organiz 5,000. Part II can I	ations and Domestic be duplicated if additio	omestic Governments. Con if additional space is needed.	complete if the orga ed.	Inization answered "Y	es" on Form 990, Part IV	/, line 21, for any
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	d government org listed in the line 1	anizations listed in the					
Ι.								

Schedule I (Form 990) 2022

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Schedule I (Form 990) 2022 RECONCILIATION	SERVICES				**-***0402 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
KCMO WATER FUNDS & UTILITIES ASSISTANCE	2721	302,169.	154,133.	COST	
FOOD ITEMS / MEALS	6241	44,645 .	54,927	FMV	
ID AND DOCUMENT ASSISTANCE	3320	28,576.	.0		
TRANSPORTATION ASSISTANCE	315	4,879.	.0		
HOUSING AND RENTAL ASSISTANCE	<i>1</i> 6 <i>1</i>	1.337.749.	234_256	FMV	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column ((b); and any other ad	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAINTAINS DETAILED	D RECORDS	OF THE	NUMBER OF ME	MEALS SERVED	
COUNT BY WEEK AND THE NUMBER OF BAGS	OF	GROCERIES DIS	DISTRIBUTED T	THROUGH THE	
PANTRY. DETAILED RECEIPTS ELIGIBILITY	AND	RELATED DOC	DOCUMENTATION	IS	
MAINTAINED FOR ALL DISBURSEMENTS OF	RENTAL	ASSISTANCE,	, υτιιτΥ		
ASSISTANCE, ID/DOCUMENT ASSISTANCE,	TRANSPO	SPORTATION, A	AND STORAGE	AND OTHER	
ASSISTANCE. RECORDS ARE MAINTAINED	VIUNI NO	INDIVIDUALS REC	RECEIVING PHY	PHYSICAL AND	
HOUSEHOLD ITEMS DISTRIBUTED BY ITEM	AND	INDIVIDUAL. T	THE ORGANIZATION	ATION	
UTILIZES A WEB-BASED MANAGEMENT INF	INFORMATION	SYSTEM TO	TRACK	DETAILED	
232102 10-31-22					Schedule I (Form 990) 2022

Schedule I (Form 990) RECONCILIATION SERVICES					**_***0402 Page 2
istance to Domes		(Schedule I (Form 990), Part III.)	0), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OTHER	• 0	5,404.	25,341.	FMV	
PRESCRIPTIONS AND MEDICAL EQUIP/ASSISTANCE/SUPPLIES	280.	276.		созт	
FOSTER GRANDPARENT STIPENDS	•69	268,344.	0.		MKD - 07/12/21 12:22PM WORKSHEET SCHEDULE I
					Schedule I (Form 990)

232242 04-01-22 PARTICIPANT AND ASSISTANCE INFORMATION.

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	20	
•	-	Compensated Employees		ZU	22	•
Dene	demonst of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization	n	Employer id			nber
_		RECONCILIATION SERVICES	**_*	**040	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffeu	ir, chef)			
	If any of the st					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41		
•		provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicato which if ar	ny, of the following the organization used to establish the compensation of the organization's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s				
		ation of the CEO/Executive Director, but explain in Part III.	1110			
	Compensation					
	·	compensation consultant Compensation survey or study				
		ther organizations Approval by the board or compensation or	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
						X
b		ation?		5 b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					37
а	The organization?			<u>6a</u>		X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8	_	X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		<u></u> 9		0000

 $\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 RECON	IC I]	RECONCILIATION SEF	SERVICES		**_**0402	402		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplo	yees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	orm 9	oorted on Schedule J 90, Part VII.	, report compensati	on from the organize	ttion on row (i) and fror	n related organization	s, described in the inst	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	bri be	lividual must equal th	e total amount of Fc	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (I	=) amounts for that indi-	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FR. JUSTIN MATHEWS	(i)	139,598.	.0	0.	3,571.	21,917.	165,086.	•0
EXECUTIVE DIRECTOR	(ii)	0.	.0	.0	• 0	• 0	.0	.0
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(j)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(
	E							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(j)							
	(ii)							
							Schedi	Schedule J (Form 990) 2022

232112 10-18-22

Schedule J (Form 990) 2022 RECONCILIATION SERVICES	**-**0402 Page	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	ste this part for any additional information.	
	Schedule J (Form 990) 2022	2022

SCHEDULE	М
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

ſ ZU

Employer identification number

-*0402

22

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		28,681.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	7	100,845.	STOCK EXCHAI	NGE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	36,900	54,927.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>RENTAL ASSISTAN</u>)	X	12	234,256.				
26	Other (KC WATER CREDIT)	X	12	153,877.				
27	Other (PRESCRIPTIONS,)	X	12	25,003.				
28	Other (UTILITY CREDITS)	X	12	256.	COST			
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		— — — —	<u> </u>	
					1		'es	No
30a	During the year, did the organization receive by		•••••					
	must hold for at least 3 years from the date of		ntribution, and whi	ich isn't required to be used	for		_	37
	exempt purposes for the entire holding period?					30a		Х
	If "Yes," describe the arrangement in Part II.	alia		f and a state day of a set 1	iana0			v
31	Does the organization have a gift acceptance p				:ions?	31	\dashv	X
32a	Does the organization hire or use third parties of contributions?	or related or	ganizations to solid	cit, process, or sell noncash		32a		х

contributions?

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

b If "Yes," describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

32a

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



RECONCILIATION SERVICES

Employer identification number **-**0402

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FROM A DIVIDING LINE INTO A GATHERING PLACE, REVEALING THE STRENGTH OF

ALL. ITS VISION IS THAT KANSAS CITY, NO LONGER DIVIDED BY TROOST, IS

REVEALED AS A THRIVING AND VIBRANT COMMUNITY INSPIRING RECONCILIATION

ACROSS THE NATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND VIBRANT COMMUNITY INSPIRING RECONCILIATION ACROSS THE NATION.

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

- 3,332 RECEIVED MORE THAN \$40,800 IN ID ASSISTANCE

- 797 INDIVIDUALS RECEIVED APPROXIMATELY \$1,506,670 IN HOUSING

ASSISTANCE

OUR INNOVATIVE MENTAL HEALTH PROGRAM PROVIDES GROUP THERAPY, INDIVIDUAL

THERAPY, AND AFTERCARE SUPPORT, HELPING CLIENTS FIND HOPE AND HEALING

FROM DEPRESSION, TRAUMA, AND POST-TRAUMATIC STRESS SYNDROME (PTSD). IN

2022 THIS PROGRAM ACHIEVED THE FOLLOWING:

- 43 CLIENTS RECEIVED APPROXIMATELY 246 HOURS OF GROUP THERAPY

- 80 CLIENTS RECEIVED APPROXIMATELY 779 HOURS OF INDIVIDUAL THERAPY

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THESE SERVICES, NOT REPORTED IN 990 FINANCIAL STATEMENTS, WOULD BE

\$600,684. IN ADDITION, THESE LOW-INCOME SENIORS RECEIVED OVER \$270,000

Name of the organization

RECONCILIATION SERVICES

Employer identification number **-**0402

AN ESSENTIAL FINANCIAL SUPPLEMENT TO THEIR FIXED MONTHLY INCOMES.

FORM 990, PART VI, SECTION A, LINE 2:

THE ORGANIZATION'S EXECUTIVE DIRECTOR, FATHER JUSTIN MATHEWS, AND THE

COMMUNICATIONS AND GRANT MANAGER, JODI MATHEWS, ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE AND SENT VIA

EMAIL TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE A FORM TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST IF QUESTIONS ARISE RELATED TO POTENTIAL CONFLICTS OF INTEREST, A DISCUSSION IS HELD AT THE NEXT BOARD MEETING BEFORE ANY DECISIONS ARE MADE OR RELATED ACTIVITY BEGINS. THE BOARD MEMBER WITH THE POTENTIAL CONFLICT LEAVES THE BOARD MEETING DURING THE DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD MEETS TO DISCUSS COMPENSATION OF THE EXECUTIVE DIRECTOR. DURING THE MEETING, PROPOSED COMPENSATION IS COMPARED TO SIMILAR SITUATED EMPLOYEES AT COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS USING SALARY SURVEYS AND FORM 990S. DISCUSSIONS ARE DOCUMENTED AS PART OF THE ANNUAL BUDGETING PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT

OF INTEREST POLICY ARE PROVIDED UPON REQUEST FOR BUSINESS PURPOSES AS

APPROVED BY THE EXECUTIVE DIRECTOR

Schedule O (Form 990) 2022 Jame of the organization	Pace Pace Pace Pace Pace Pace Pace Pace
RECONCILIATION SERVICES	**-***0402
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UDIT/TAX DIFFERENCE DEP	-1,864.
NET ASSET ADJUSTMENT - BUILDING TRASNFER	52,813.
TOTAL TO FORM 990, PART XI, LINE 9	50,949.

SCHEDULE R (Form 990)	Comple	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	and Unrelated Pal ss" on Form 990, Part IV, lir	tnerships e 33, 34, 35b, 36	or 37.		OMB No. 1545-0047	1
Department of the Treasury Internal Revenue Service		Autach to Form 990 for instructions and the latest information.	Autach to Form 990. 90 for instructions and the latest	information.			Open to Public Inspection	
Name of the organization	on RECONCILIATION	01				Employer identificatio * * _ * * * 0 4 0 2	Employer identification number $* * - * * 0402$	
Part I Identificatio	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization answered "Yes"	on Form 990, Part IV, line 33					l
Name, addr of c	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	me End-of-year assets		(f) Direct controlling entity	I
								I
								I
								1
Part II organization	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization a	Inswered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one	or more related tax-ex	empt	ı I
Nam of re	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
RS3101 - 88-2397674 1006 LINWOOD BLVD KANSAS CITY, MO 64	74 64109	SUPPORT RECONCILIATION SERVICES	MISSOURI	501(C)(3)	LINE 12A, I	RECONCILIATION SERVICES		I
								I
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990. でなり ひんり ついいエエルロ	s for Form 990. エ				Schedule I	Schedule R (Form 990) 2022	2

SEE PART VII FOR CONTINUATIONS

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0.2 Page 2 ated) (k) and or Percentage and ownership No	more related	(i) Section 512(b)(13) controlled entity?			Schedule R (Form 990) 2022
* * 0 4 0 2 more related	(j) (j) (j) (j) (e) (j) (e) (j) (e) (j) (j) (j) (j) (j) (j) (j) (j	one or	(h) Percentage ownership	10		ile R (F
-0402 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	on Form 990, Part IV, line 34, because it had one or more related	(g) Share of P end-of-year c assets			Schedu
e 34, because	(h) Disproportionate allocations? Yes No	art IV, line 34	otal			
t IV, line) e of ets ets	о 990, Р	(f) Share of to income			
rm 990, Par	(g) Share of end-of-year assets	es" on Form	(e) Type of entity (C corp, S corp, or trust)			
" on For	(f) Share of total income	ered "Ye	Type of Corp.	CORP		
ed "Yes	(f) Share of tc income	n answe		U		
ation answer	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Complete if the organization answered "Yes"	(d) Direct controlling entity			
the organiza	(e) Predominan (related, ur excluded from sections 5	omplete if th	(c) Legal domicile (state or foreign country)	Ю		
	(d) Direct controlling entity	or Trust.	ivity	ION		
SERVICES as a Partnership ax year.	(c) Legal domicile (state or foreign country)	as a Corpo	Brin P	JOB CREATION		
RECONCILIATION ated Organizations Taxable as a partnership during the t	(b) Primary activity	anizations Taxable	7			
Schedule R (Form 990) 2022 RECONCILIATION SERVICES Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization	Part IV Identification of Related Organizations Taxable as a Corporation or Rust during the tax year.	(a) Name, address, and EIN of related organization	RS SOCIAL VENTURES INC 35-2547247 3101 TROOST KANSAS CITY, MO 64109		232162 09-14-22

Schedule R (Form 990) 2022 RECONCILIATION SERVICES

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Ŷ ⋈ × × ⋈ ⋈ ⋈ ⋈ ⋈ ⋈ × × × ⋈ × ⋈ ⋈ ⋈ × Yes ⋈ Ē þ 1 4 9 0 ٩ 1a 9 9 ŧ <u>1</u>g 무 ¥ 4 ₽ Method of determining amount involved Ŧ Ŧ Ŧ Reimbursement paid to related organization(s) for expenses If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Ø & FMV During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? CASH 4,990,088. (c) Amount involved **(b)** Transaction type (a-s) р Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) **q** Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) RS3101 c ٩ ÷ 0 ے × 0 2 ----Ŧ 3 <u></u> 4 (2) Schedule R (Form 990) 2022

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2 Page 4		(enue)	or Percentage م م ownership o				
**0402		oss re	(j) General or managing partner? Yes No				
)**-**		/ total assets or gr	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
		red by	(h) Dispropor- tionate allocations? Yes No				
	37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(g) Share of end-of-year _{al} assets <u>y</u>				
	990, Part IV, line	than five percent	(f) Share of total income				
	Form	l more	(e) Are all 501(c)(3) orgs.? Yes No				
	es" on	ductec	er partner 501(901) er vrs				
	ie organization answered "Yes" on Form 990, Part IV, line 37.	he organization con stment partnerships	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
VICES	mplete if the organi	iip through which th sion for certain inve	(c) Legal domicile (state or foreign country)				
RECONCILIATION SERVICES	o le as a Partnership. Co	ntity taxed as a partnersh tructions regarding exclus	(b) Primary activity				
Schedule R (Form 990) 2022 RECONC	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity				

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RECONCILIATION SERVICES

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

RS3101

EIN: 88-2397674

1006 LINWOOD BLVD

KANSAS CITY, MO 64109

PRIMARY ACTIVITY: SUPPORT RECONCILIATION SERVICES

DIRECT CONTROLLING ENTITY: RECONCILIATION SERVICES

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1	-

RENTALS
LDENTIAL

RESI	IDEN	RESIDENTIAL RENTALS						RENT	1						
As A	Asset No.	Description	Date Acquired	Method	Life	C Line o No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Ч	908 E 31ST ST	03/01/18	SL	27.50	MM 1 7	190,000.				190,000.	26,197.		6,909.	33,106.
	2	912 E 31ST ST	03/01/18	SL	27.50	MM 1.7	200,000.				200,000.	27,577.		7,273.	34,850.
	3	900 E 31ST ST (LOT)	03/01/18	Г			9,600.				9,600.			0.	
	4	904 E 31ST ST (LOT)	03/01/18	Г			9,600.				9,600.			0.	
	ъ	REPAIRS	04/04/19	ПS	27.50	MM 1.7	7,000.				7,000.	.069		255.	945.
		* TOTAL 990 RENTAL DEPR					416,200.				416,200.	54,464.		14,437.	68,901.
2281:	111 04-	228111 04-01-22													

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

228111 04-01-22