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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

		of the Treasur	,		benefit trust or private		•			Open to Public
Inter		nue Service		The organization may have			<u> </u>	orting req	uirements.	
<u>~</u>				year, or tax year beginn	nerican Rehabilitatior		nd ending		D Emplo	, 20 yer identification number
_		applicable	Please use IRS	Doing Business As	nerican Kenabintation	Wilnistne	es, inc.		43	1037106
_		change	label or print or		ox if mail is not delivered to street	addroce)	Room/suite			one number
	Name cl		type.		ok il maii is not delivered to street	addressj	noonvalle			
	Initial ref		See Specific	PO Box 1490 City or town, state or cou	ntry and ZID + 4				(417)	781-9100
	Termina		Instruc- tions	Joplin, MO 64802	nuy, and an + 4					
		ed return		ne and address of principal o	fficer			T	G Gross re	
ш	Application	on pending	i ivaii	ic and address of principal o				1		n for affiliates? Ves No
-	Tay-ov	empt status	. 77 -	-01/a\ / 2\ \d (mand an \)	4947(a)(1) or 527			1		included? LYes LNo
÷				501(c) (3)◀ (insert no.)	4947(a)(1) or 527			1		list (see instructions)
K		ite: ► wv			Other ►	l Van	r of formation		exemption nu	
	_	organization		oration Trust Association	□ Other ►	L rea	r or rormation		M State o	f legal domicile
	art I	Summ					Amoria	an Dahak	ilitation	Ministry is a
Governance		para-chi Ministric Christ's	urch ou es. We church	the organization's mis- utreach organization. also have Internation h in supplying needs t If the organization discor	We serve prisons through our American	oughout to or female Missiona	the USA, a sex traffic ary Outrea	nd Interr ked victi ch depar	nationally ms. ARM tment.	through Branch
رق محم	3			ng members of the gov					3	8
Activities &	4			pendent voting member		-	/I. line 1b)		4	
ξ	5			f employees (Part V, Im			-		5	19
Ç	6			f volunteers (estimate if	•				6	268
_	1			elated business revenue	·	n (C). line	12		7a	
				usiness taxable income				•	7b	
								Рпог Ү	еаг	Current Year
	8	Contribu	tions ar	nd grants (Part VIII, line	e 1h)			1	,152,729	1,411,919
Revenue	9			e revenue (Part VIII, line				. ·- <u>-</u>	633,467	553,719
eve	10	•		me (Part VIII, column (•				6,498	2,476
ď	11			Part VIII, column (A), Iir		and 11e)			25,714	10,334
				idd lines 8 through 11 (m			e 12)	1,	818,408	1,978,448
	13	Grants a	nd sımi	ilar amounts paid (Pari	DE CORMA AF Mes 1	-d)			142,648	74,828
				or for members (Part		2]			0	0
ses	15	Salaries.	other co	ompensation, empleyee l	benefits (Part IX, column	(A), lines 5	5–10)		417,547	473,797
Expenses	16a			draising fees (Pagax, o		7 1	'		. 0	0
Ĕ	b			expenses (Part X, colu	1111	<i>~</i> [,
								1,	,251,564	1,185,303
	18	Total exp	enses.	(Part IX, column (A), III Add lines 13–17 (mus	POLICE PART X COUM	≓A). line 2	25).	1,	811,759	1,733,928
	19	Revenue	less ex	penses. Subtract line 18	from line 12				6,649	244,520
٥ و	S						Beg	ginning of C		End of Year
Assets or	20	Total ass	ets (Pa	art X, line 16)				1,	,507,715	1,654,384
AB	21		•	Part X, line 26)					32,405	56,960
Net	22			ind balances. Subtract	line 21 from line 20.			1,	475,310	1,597,424
P	art II	Sign	ature	Block		·	·			
Sig He	gn ere	and belie	f, it is tru Wall ature of c	iam wadell, 7	examined this retum, includin claration of preparer (other the	g accompan an officer) is	ying schedule based on all	es and state information Dat	of which pr	to the best of my knowledge eparer has any knowledge
_		F Type	or print	name and title		Dete	Checl	k ıf	D	d
		Preparer'				Date	self-	_	Preparer's i	dentifying number tions)
Pai	d	signature	•				emplo	oyed ▶ ∐		,
Pre	parer's	-	mo /27 :::	num h				-1	L	·
	Only	Firm's na if self-em						EIN	<u> </u>	
		address,	and ZIP				•	Phone n	io > (· — — — —
Ma	y the	IRS disci	uss this	return with the prepar	er shown above? (see	ınstructio	<u>ns)</u>		<u> </u>	. Yes No
Fo	r Privad	cy Act an	d Paper	work Reduction Act Not	tice, see the separate in	structions.		Cat No 1	1282Y	Form 990 (2009)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: ARM Prison Outreach is an arm of the church to help fulfill the biblical mandate of Jesus, "I was in prison and you came to visit me," Matt 25:36, NIV. Our specialized programs are designed to proclaim the love and message of Jesus to the incarcerated, help lead them into a saving and personal relationship with the Savior, build them up in the faith, and equip them for a lifetime of faithful service in the Lord's Kingdom.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 453220) (Expenses \$ 655,585 including grants of \$) (Revenue \$ 56,765) Girls' Homes: Cambodia, Thailand – Rapha House provides a safe living environment for girls who have been sex trafficked and/or are in danger of being sex trafficked. The girls' physical, mental, emotional, and spiritual needs are met through various programs within the home.
4b	(Code: 511190) (Expenses \$ 589,157 including grants of \$) (Revenue \$ 323,815) Christian Materials distribution: ARM has several programs that strive to meet the needs of inmates. The American Bible Academy is our free Bible correspondence school for inmates and their legal spouses. We are the distribution center for prison ministry for both American Bible Society and DaySpring. Bibles and Christian greeting cards are shipped to the institutions to be distributed to the inmates. We also distribute Christian literature, free of charge, to any chaplain who requests it through our "Box That Never Runs Dry" program.
4c	(Code: 310000) (Expenses \$ 162,861 including grants of \$) (Revenue \$ 173,139) Baptistries: ARM manufactures and donates baptistries to prison and jail facilities that request one. The facility is only required to pay the shipping cost from our headquarters to their location. These baptistries are donated and shipped to the facility for the chaplains to use when inmates desire baptism.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 46,888 including grants of \$) (Revenue \$ 0) Total program service expenses \$ 1,454,491

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1_	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		✓_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		✓_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	_	4
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
0	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	ž.		
Đ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			*
٥	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			* *:
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	*		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		√
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	1	√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	√	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		▼

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		,
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 Schedule K. If "No," go to line 25.	24a		1
b	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 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		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		S. marc.	ر نود
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		√
	conservation contributions? If "Yes," complete Schedule M	30	-	/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	_35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	/	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		•	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4 a	4	
b	If "Yes," enter the name of the foreign country: ▶ Cambodia			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			٠
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
b	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а				
	and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
ę	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		√
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a	Did the organization make any taxable distributions under section 4966?	9b		1
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			•
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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

Sec	tion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body	1		
b	Enter the number of voting members that are independent	- 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	i		
2		2	✓	
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or dider the direct	3	ļ	1
_	supervision of officers, directors or trustees, or key employees to a management company or other person? .	4		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		`
6	Does the organization have members or stockholders?			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		1
	of the governing body?	7b		<u>, </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		√
þ	Each committee with authority to act on behalf of the governing body?	8b		<u>~</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			,
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_9a_		<u>✓</u>
	tion B. Policies (This Section B requests information about policies not required by the Inte	rna!		
Rev	enue Code.)	—		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			,
	form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	 		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	igsquare		
а	The organization's CEO, Executive Director, or top management official	15a	\	
ь	Other officers or key employees of the organization	15b	✓	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	igsqcut		
	with a taxable entity during the year?	16a		✓
b	If "Yes." has the organization adopted a written policy or procedure requiring the organization to evaluate			
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	L		
	the organization'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 ▶ Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
-	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
-	organization: ► William Wadell, 3605 N. Main St., Joplin, MO 64801 417-781-9100			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	mpensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	k Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
		tee	ıstee			ensated				organizations
Joe R. Garman President	60			1	1			34,865		
Bill R. Blair Vice-President	45			1	1			42,275		
William B. Wadell Treasurer	45			1	1			45,092		
Joseph A. Welch Secretary	42			1	1			42,917		
John J. Hill Director										
Gordon Bane Director										
Reggie Thomas Director										
Victor Knowles Director										
Mark Davis Director										
Jerry White Director				<u></u>						
Clifford Whitehead <u>Director</u>										
Robert Smith Director										

Pa	VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	oloy	ees	an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	1	1	to	tee			sated				
]	
						\vdash			***		
				$oxed{oxed}$	\perp	_					
			_					_		ļ	
			igsqcup	_	_	_		_			
	Total			<u>.</u>	- 401		<u> </u>	<u>▶</u>	the received m	than \$100.	
2	Total number of individuals (including but reportable compensation from the organization)		to th	ose	; IISt	ea a	above	3) W	no received iii	ore than \$100,	000 in
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director Schedule J	for su	uch	indi	livid	lual				Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater that	an \$19	50,0	001) 0001	э е п ? If "	"Yes,"	" CO.	mplete Schedu	ule J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue 'Yes <u>," com</u>	com plete	pen Sct	ısati 1edi	on <i>ile</i> .	from <i>J for</i> :	any suci	r unrelated org h <i>person</i> .	ganization for	5 ✓
Se	ction B. Independent Contractors					_					
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	ере	∍nde ——	ent (contra	acto	ors that receive	ed more than \$	100,000 of
	(A) Name and business add	dress							(B) Description of s	services	(C) Compensation
noi	10	M=F-						+		-	
				_	_	_		\mp			
					_	_		土			
2	Total number of independent contractors (i	including b	ut not	t lim	nited ►	l to	those	e list	ted above) who	received	

Form 9		•								Page 9
Part	VIII	Statement of Rev	venue			/A \			(6)	<u> </u>
,			*			(A) Total rev	enue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a						8
gra Dou	ь	Membership dues		1b						
fts, r an		Fundraising events .		1c						,
nigi milai		Related organizations		1d						1 .
ion Siri		Government grants (contri	•	1e		•				* *
the the	1	All other contributions, gifts, g and similar amounts not include		1f	1,411,919					1 * *
d di	a	Noncash contributions include			.,.,,,,,,,					1
<u>ဒိ ၕ</u>	h	Total. Add lines 1a-1f		•	▶	1,41	1,919			A 4
e					Business Code					<u> </u>
ven	2a	Girls' Homes			453220	_	6,765	56,765		
e E	b	Christian Materials Di			511190		3,815	323,815		
Ž	С	Baptistries			310000	17	3,139	173,139		
Se	d	•••••								
Program Service Revenue	e f	All other program service								
5 S	g	Total. Add lines 2a-2f			🕨	55	3,719			†
	3	Investment income (incl								
	-	other similar amounts)	_		>		2,476	2,476		
	4	Income from investment of	f tax-exemp	ot bond	proceeds >					
	5	Royalties	(ı) Real	• • •	(ii) Personal	*	*	<i>x</i>		
		0 - 0 -	(i) neai		(ii) Fersonal			,		,
	1	Gross Rents Less: rental expenses				\$ \$r	4	* * * 1		**
	ı	Rental income or (loss)				. ,	3	٠	*)
	d	Net rental income or (lo	ss)							
	7a	Gross amount from sales of	(i) Securitie	es	(II) Other				\$	\$
	Ì	assets other than inventory								
	ь	Less cost or other basis				1	`	*		
		and sales expenses .				% ;		. »		
	d	Gain or (loss) l Net gain or (loss) .		L	•					
ø.				[
venue	oa	Gross income from events (not including \$								* *
Reve	ĺ	of contributions reported								
<u> </u>		See Part IV, line 18 .		· a		*	1			**
Other		Less. direct expenses						-		-
J	i	Net income or (loss) fro		Ī	vents ▶					
	9a	Gross income from gami]			, I		
	h	See Part IV, line 19 Less. direct expenses.								
		Net income or (loss) fro			ties ►					
	10a	Gross sales of inve	ntory. les	ss 「						
		returns and allowances		. а				į		
		b Less: cost of goods sold b		_						<u> </u>
	- <u>-</u> -	Net income or (loss) from Miscellaneous Reve		ivento T	ry > Business Code					
	112	Rental Income			532000	1	0,250	10,250		
	b	Other			900099		84	84	 	1
	C									
	-	All other revenue								
	е	Total. Add lines 11a-11	d		🟲		0,334			
	12	Total revenue. See inst	tructions.	<u></u>	🕨	1,97	8,448	566,529		<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	ımn (A) but are no	t required to com	plete columns (B), (
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			*	*
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,904	2,904	1 1 A	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	71,924	71,924	*	,,
4	Benefits paid to or for members			<u> </u>	×
5	Compensation of current officers, directors, trustees, and key employees	200,283	133,055	23,729	43,499
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	246,352	178,764	17,139	50,449
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,024	2,012	1,006	1,006
9	Other employee benefits	455	387	1 045	3 630
10	Payroll taxes	22,683	17,239	1,815	3,629
11	Fees for services (non-employees):				
_	Management	5,374		5,374	
b	Legal				
	Lobbying	-			
	Professional fundraising services. See Part IV, line 17		A 4 .3		
f	Investment management fees				
g	Other	1,651	330	1,321	
12	Advertising and promotion	61,433	59,910		1,523
13	Office expenses	76,144	54,504	18,288	3,352
14	Information technology	103	52	36	15
15	Royalties			0.055	
16	Occupancy	6,855	54 400	6,855	
17	Travel	72,023	51,402	1,972	18,649
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	955	191		764
19	Conferences, conventions, and meetings .	933		-	
20	Interest				
21 22	Payments to affiliates	71,391		71,391	
23	Insurance	13,246	9,565	2,064	1,617
24	Other expenses. Itemize expenses not	*		*	· · ·
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		÷ \$	₩ ,	
а	Girl's Homes	459,847	459,847		
b	Christian Materials Distribution	252,750	249,586	2,676	488
c	Baptistries	162,861	162,861		
ď	Miscellaneous	670	-42	722	-10
е					
f 25	All other expenses	1,733,928	1,454,491	154,388	125,049
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	84,385	1	79,990
2	Savings and temporary cash investments	356,548	2	354,555
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	39,954	4	32,689
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
\$ 2	Notes and loans receivable, net	3,500	7	
Assets 8 8	Inventories for sale or use	117,396	8	103,137
و اتخ	Prepaid expenses and deferred charges		9	2,000
10a				
	Less: accumulated depreciation 10b 486,959	902,882	10c	1,081,963
11	Investments—publicly traded securities	•	11	<u>-</u>
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	-	14	
15	Other assets. See Part IV, line 11	3,050	15	50
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,507,715	16	1,654,384
17	Accounts payable and accrued expenses	12,494	17	13,499
18	Grants payable		18	
19	Deferred revenue	19,911	19	43,461
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	*	***	* *
=	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	<u>-</u> -
26	Total liabilities. Add lines 17 through 25	32,405	26	56,960
ces	Organizations that follow SFAS 117, check here ▶ 🗸 and complete lines 27 through 29, and lines 33 and 34.			
	Unrestricted net assets	1,475,310	27	1,597,424
<u>e</u> 28	Temporarily restricted net assets		28	
[29	Permanently restricted net assets		29	
Net Assets or Fund Balar 32 33 33 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ह 30	Capital stock or trust principal, or current funds		30	
% 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
₹ 33	Total net assets or fund balances	1,475,310	33	1,597,424
34	Total liabilities and net assets/fund balances	1,507,715	34	1,654,384

Pai	t XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
_	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?							
	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	b Were the organization's financial statements audited by an independent accountant?							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.			i				
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	,						
	issued on a consolidated basis, separate basis, or both:			~-				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	<u> </u>						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		1				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

2009 Open to Public

OMB No 1545-0047

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

Inspection Internal Revenue Service Name of the organization Employer identification number American Rehabilitation Ministries, Inc. 43 1037106 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II **c** ☐ Type III–Functionally integrated **d** Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |11g(iii)| Provide the following information about the supported organization(s) h (iv) Is the organization (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of in col. (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section col (i) of your governing document? (i) organized in the (see instructions)) support? Yes Yes No Yes No

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 698,847 929,570 1,031,205 1,152,729 1,411,919 5,224,270 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 698,847 929,570 1,031,205 1,152,729 1,411,919 5,224,270 Total. Add lines 1 through 3 The portion of total contributions by each ø 340 person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount À ۲ĸ À ر... shown on line 11, column (f) 5,224,270 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ 698,847 929,570 1,031,205 1,152,729 1,411,919 5,224,270 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 4,295 7,886 13,280 6,498 2.476 34,435 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 606.127 748.984 3.052.870 474.525 659,181 564,053 (Explain in Part IV.) 3// 8.311.575 11 Total support. Add lines 7 through 10 . 3,087,305 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 62.9 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/2 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/2 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions > Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants ") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (e) 2009 (f) Total Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1 1 1 S

	sources		·					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)				_			
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>					
Sec	tion C. Computation of Public Su	pport Percer	ntage					
15	Public support percentage for 2009 (lin					15		%_
16_	Public support percentage from 2008 S			<u> </u>		16		<u>%</u>
Sec	tion D. Computation of Investmen	<u>it Income Pe</u>	ercentage			,,		
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divided	d by line 13, c	olumn (f)) .	17		%
18	Investment income percentage from 2008 Schedule A, Part III, line 17						%	
19a	331/3 % support tests - 2009. If the organism not more than 331/3 %, check this b							
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this							
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this b	ox and	l see inst	ructions ▶ □
					Sch	edule A	(Form 990	or 990-EZ) 2009

Page	- 4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part II, line	e 10 - Sales of product for funding programs, Postage and freight reimbursement for shipping donated materials,
House & s	shop rental Income, Miscellaneous
•	
	(
•••••	
•••••	
•••••	
•••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to Public Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
American Rehabilitation Ministries, Inc.

American Rehabilitation Ministries, Inc.

	ricali Renabilitation withistries, inc.		4	3	1037106	
Par	Organizations Maintaining Doi the organization answered "Yes"	nor Advised Funds or Other Similar Fu to Form 990, Part IV, line 6.	unds	or Ac	counts. Comple	te if
		(a) Donor advised funds		(b) Funds	and other accounts	
1	Total number at end of year			_		
2	Aggregate contributions to (during year)					
						
3	Aggregate grants from (during year)					
4	Aggregate value at end of year .					
5	Did the organization inform all donors and	donor advisors in writing that the assets hel-	d in d	onor a	dvised	_
	funds are the organization's property, subj	ect to the organization's exclusive legal cont	rol? .		L Yes	No
6	Did the organization inform all grantees, do	onors, and donor advisors in writing that grain	nt fun	ds can	be	
	used only for charitable purposes and not	for the benefit of the donor or donor advisor		or any o		
	purpose conferring impermissible private b				Yes □	No
Pai	t II Conservation Easements. Comp	elete if the organization answered "Yes" to	Forn	n 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held	by the organization (check all that apply).				
	☐ Preservation of land for public use (e.g.		of an I	historica	ally important land	area
	☐ Protection of natural habitat				d historic structure	
	☐ Preservation of open space		0. u .	501 111101	a motorio ottaotare	•
2		ation held a qualified conservation contribution	n in t	he form	n of a conservation	
	easement on the last day of the tax year.	and the design of the state of	,,,,,,,	110 10111	TOTA CONSCIVATION	•
	,		ſ	н	eld at the End of the T	av Vear
_	Total sumbay of accessoration accessorate		ŀ	2a	old at the Lind of the f	ux rear
a	Total number of conservation easements .		• }	2b		
b	Total acreage restricted by conservation ea		• }			
С		ertified historic structure included in (a)	• }	2c		
d		ed in (c) acquired after 8/17/06	Į	2d		
3	Number of conservation easements modified the tax year ▶	ed, transferred, released, extinguished, or ter	rmınat	ed by	the organization d	uring
4	Number of states where property subject to	conservation easement is located >				
5		regarding the periodic monitoring, inspection			of	
_	violations, and enforcement of the conserv				Yes	□ No
6	·	oring, inspecting, and enforcing conservatio		 ements		
	>	ormig, moreomig, and ormoromig contonication			daming the year	
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation eas	eaman	te duri	na the year	
•	►\$, moposting, and emoreing conservation cas	Cilici	its duiii	ing the year	
0	Door cook concentration concerns transition	d on line 2(d) obeye petrofythe reminerante	-6	-4!		
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	or se	Cuon	🗆 Yes [No
_			•			
9	halance sheet and include if applicable the	reports conservation easements in its revenu- ne text of the footnote to the organization's f	ie and	exper	nse statement, and	J
	the organization's accounting for conservat		manc	iai Stati	ements that descr	ibes
Par		ctions of Art, Historical Treasures, or C	ther	Simila	r Assets	
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8.		•	, 1000101	
1a	If the organization elected, as permitted un-	der SFAS 116, not to report in its revenue st	ateme	ent and	l balance sheet wo	orks of
		ts held for public exhibition, education, or res			erance of public s	ervice,
	provide, in Part XIV, the text of the footnote	e to its financial statements that describes the	nese it	tems.		
b	If the organization elected, as permitted un-	der SFAS 116, to report in its revenue stater	nent a	and bal	ance sheet works	of art.
	historical treasures, or other similar assets	held for public exhibition, education, or rese	arch i	n furthe	erance of public se	ervice,
	provide the following amounts relating to the				•	,
	(i) Revenues included in Form 990, Part V	II, line 1		. ▶	\$	
					\$	
2	• •	of art, historical treasures, or other similar a				
	following amounts required to be reported	under SFAS 116 relating to these items:			anciai gain, provid	ae liie
а	Revenues included in Form 990, Part VIII, li	ne 1		. ▶	\$	
h	Assets included in Form 990, Part X				¢	

Dogo	-

Par	Organizations Maintaining (Collections of Art	, Historic	al Treasures,	or Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and other re	ecords, ch	eck any of the f	following that are a	significant use of its
а	Public exhibition		d 🔲	Loan or exchan	ge programs	
b	Scholarly research		е 🗌	Other		
C	Preservation for future generations					
4	Provide a description of the organization Part XIV.	n's collections and	explain ho	w they further the	he organization's e	exempt purpose in
5	During the year, did the organization solici assets to be sold to raise funds rather than	t or receive donation n to be maintained a	is of art, h	istorical treasures he organization's	s, or other similar collection?	. Yes No
Par	Escrow and Custodial Arrar IV, line 9, or reported an amo				swered "Yes" to F	Form 990, Part
						not .
b	If "Yes," explain the arrangement in Part	t XIV and complete	the follow	ng table:		
					ļ	Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a b	Did the organization include an amount If "Yes," explain the arrangement in Par		X, line 21	?		. Yes No
Par	t V Endowment Funds. Comple	ete if the organiza	ation ansv	wered "Yes" to	Form 990, Part	IV, line 10.
	(a	Current year (b)	Prior year	(c) Two years b	ack (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				, i	
b	Contributions					;":'-:/,
	Net investment earnings, gains,				/	
•	and losses				Š.	\$73.A
d	Grants or scholarships		·	4 1 2	* 4 St.	* E
	Other expenditures for facilities			*	i i	, ,
·	and programs			ā.	k <u>.</u>	,
f	Administrative expenses			, Alia,	ž ,	43.8
g	End of year balance			₹\$		
2	Provide the estimated percentage of the		held as:			
a	Board designated or quasi-endowment					
b	Permanent endowment ▶	%				
С	Term endowment ▶ %					
3 a	Are there endowment funds not in the po	ssession of the orga	anızatıon tl	hat are held and	administered for th	Yes No
	organization by:					3a(i)
	(i) unrelated organizations					• — —
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations					3a(ii)
4	Describe in Part XIV the intended uses of					. 3b
	t VI Investments—Land, Buildin				t Y line 10	
i ei					· ·	405 / .
	Description of investment	(a) Cost or other base (investment)		Cost or other isis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			112,100		112,100
b	Buildings			1,144,441	277,414	832,127
С	Leasehold improvements					
d	Equipment			312.381	209,545	102,836
е	Other					
Tota	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	rt X, colum	n (B), line 10(c).)	▶	1.081.963

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization American Rehabilitation Ministries, Inc.

Employer identification number 43 1037106

Pa	Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.							
1	For grantmakers. Does t assistance, the grantees' the grants or assistance?	eligibility for th						
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside United States.								
3	Activities per Region. (Use	Schedule F-1	(Form 990) If	additional space is nee	ded.)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
Eas	st Asia and the Pacific	2	2	program services	Prison Ministries			
	·							
	-							

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	990) if additional space (c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
	. 🥬 "	East Asia and the Pacific	Prison Ministr	6,300	Wire Transfer			
		East Asia and the Pacific	Prison Ministr	6,300	Wire Transfer			
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Schedule F (Form 990) 2009

Page 3
Part III: Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed (h) Method of valuation (book, FMV appraisal, other) (e) Manner of cash disbursement (f) Amount of non-cash assistance (g) Description of non-cash assistance (c) Number of recipients (d) Amount of cash grant (a) Type of grant or assistance (b) Region

Ря	ae.	_

Schedule F (Form 990) 2009 Page 4					
Part IV	Supplemental Information Complete this part to provide the information required in P	art I, line 2, and any additional information.			
We receive	monthly financial reports from the organizations.				
-					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury internal Revenue Service or to provide any additional information.

Attach to Form 990.

Employer identification number

American Rehabilitation Ministries, Inc. 1037106 43 Part III, Question 4d: AMO/Branch Ministry - This is an outreach of ARM to Christian organizations reaching those in need inside and outside prisons through the gospel of Christ both international and domestic. Part VI, Question 2: Bill Blair's sister is married to Joe Garman (brother in-law). Part VI, Question 15: Annual meeting of payroll committee of the ARM Board of Directors and final approval by the Board. Part VI, Question 19: Any would be available upon request, Annual Financial reports are available with the Illinois annual report AG-990-IL on State of Illinois website.