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# SCANNED NOV 0 1 2010

Form .990

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047 2009

> Open to Public Inspection

			009, and end	ling		, 20
B Che	eck if		Inc.			entification number
	dress c	I use inst			74542	22
Nan	ne char	print or Number and street (or P.O. box if mail is not delivered to street address)	Room	L Tele	phone nu	mber
Initi	ıal retur	ype. 5345 Big Tyler Road		(304	.)776-	-3047
Ter	minate	Specific City or town, state or country, and ZIP + 4		<b>G</b> Gro		·
Am	ended i	Instructions. Cross Lanes WV 25313			eipts \$	369,980
App	olicatio	pending F Name and address of principal officer	H(a) Is this	a group ret	urn for affili	ates? Yes X No
			H(b) Are al	l affiliates ir	cluded?	Yes No
1 Tax	x-exer	mpt status 🗶 501(c)(3 )	If "No	," attach a li	st (see insti	ructions)
J We	ebsite	⇒ www.openarmsfoundation.org	H(c) Group	exemption	number >	•
			ar of formation	4 4 4 5		te of legal domicile WV
Par		Summary				
	1	Briefly describe the organization's mission or most significant activities				
_	See	attachment #1				<del></del>
Ä						
GOVERN					-	<del></del>
Ϋ́Ε	2	Check this box ▶ If the organization discontinued its operations or disposed of	of more than	25% of its	net asset	ts
+ R	3				3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	6
- ANCE		Total number of employees (Part V, line 2a)			5	
Ě	1	Total number of volunteers (estimate if necessary)			6	
&	1	Total gross unrelated business revenue from Part VIII, column (C), line 12			7a	<del></del>
	1	Net unrelated business taxable income from Form 990-T, line 34			7b	
	-	Net difference business taxable income from 1 ont 1 950-1, line 34	<del></del>	Prior Ye		Current Year
R	8	Contributions and grants (Part VIII, line 1h)	-	380,		369,979
REVENU	9	Program service revenue (Part VIII, line 2g)		300,	010	307,313
Ė	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,	333	<u>1</u>
ΰ	1			39,	332	<u> </u>
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 6e, 1907 and 1907 an	····	440,	172	369,980
			<u>-)                                    </u>	204,		202,556
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), lines 1-3)  C	· · · ·	204,	340	
Ë	14		···	07	400	06 201
P	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)···	97,	409	96,281
EXPENSES	16a	Professional fundraising fees (Part IX, column (A) the rice		·		
S		Total fundraising expenses (Part IX, column (D), une DEN, UT				
E S	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		59,		73,189
•	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		361,		372,026
	19	Revenue less expenses. Subtract line 18 from line 12		79,		-2,046
NOR B			Begii	nning of Cui		End of Year
	20	Total assets (Part X, line 16)		56,		59,290
	21	Total liabilities (Part X, line 26)		25,		33,203
SDS	*******	Net assets or fund balances Subtract line 21 from line 20	]	30,	725	26,087
Par	<u> </u>	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying sibelief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a				
		delier, it is true, correct, and complete. Declaration of prepare (other final officer) is based on a	in mirormation (	or willen pre	ı ı	A C > -
Sign		Hawky W. vlaw				Oct. / Wio
Here	•	Signature of officer // /				Date '
		Harvey Wegert' //	<u> </u>			
		Type or print name and title				
		Preparer's Date Date	Check	f _ [	Preparer's 10	ientifying number (see instr.)
D-1 :		Preparer's signature Date 10/4/2	Ulu self- employe	ed ▶		
Pald Prepa	ror <sup>1</sup> e	Firm's name (or yours DAF Associates - Tax Accountant		EIN	<b>&gt;</b>	
Use C		of self-employed), 121 Goff Mountain Road				
	···· <b>y</b>	address, and ZIP+4 Charleston, WV 25313-1434		Phone n	o. <b>▶ (</b> 3(	04)776-4011
May t	he IRS	6 discuss this return with the preparer shown above? (see instructions)				X Yes No
		Act and Paperwork Reduction Act Notice, see the separate instructions.			<u> </u>	Form <b>990</b> (2009)

Part III Statement of Program Service Accomplishments  1 Briefly describe the organization's mission See attachment #2  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	X No
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_
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	_
the prior Form 990 or 990-EZ?	_
the prior Form 990 or 990-EZ?	_
the prior Form 990 or 990-EZ?	_
the prior Form 990 or 990-EZ?	_
	_
If "Yes," describe these new services on Schedule O.	X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	X No
services? Yes	<u></u>
If "Yes," describe these changes on Schedule O	
4 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) (Expenses \$	)
4b (Code) (Expenses \$) (Revenue \$	)
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
<u> </u>	
4d Other program services (Describe in Schedule O.)	
(Expenses \$ Including grants of \$ ) (Revenue \$ )	
4e Total program service expenses ▶\$	

Parl	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	_		
•	Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	<del> </del>		
•	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
•	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the	<u> </u>		
6	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
		6		x
_	Schedule D, Part I	<b>├</b> °		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	├	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		۱ ,,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	<u> </u>	X
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		X
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	ļ	X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ŧ
	Part VI			ŧ
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			ŧ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			Ī
•	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.			ŧ
•	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			l
	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			1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			Ī
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ĺ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	-		<del></del>
,,	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	F		<del> </del>
10		16		x
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	- <del>  </del>	<del> </del>	<del>  **</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<del>- ''</del> -		<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	4.	l	<b>.</b>
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		w
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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		X
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		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		Х
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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		
d	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		x
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		Х
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part!	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
	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, Parts II,	İ		
	III, IV, and V, line 1	34	L	X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	X	<u> </u>
JVA	09 99034 TWF 33396 Copyright Forms (Software Only) - 2009 TW	Form 9	990 (	2009)

Part	Statements Regarding Other IRS Filings and Tax Compliance			<u></u>
<u> </u>			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			l
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		1
	gaming (gambling) winnings to prize winners?	1c	]	X
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 5			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	Ī
	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			I
	this return?	3a	Ì .	x
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)?	4a		x
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			ŧ
	Financial Accounts.			1
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
c	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 organization	-		
	solicit any contributions that were not tax deductible?	6a		x
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			Ī
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ł
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			Ī
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			1
	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	ļ	X
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	X
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		ŧ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		I
11	Section 501(c)(12) organizations. Enter			İ
а	Gross income from members or shareholders	-		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			ŧ
	against amounts due or received from them )	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b			<u> </u>

Part VI

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

			1	F	Yes	No
1a	Enter the number of voting members of the governing body	1a	11			
b	Enter the number of voting members that are independent	1b	66			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors or trustees, or key employees to a management company or o			3		X
4	Did the organization make any significant changes to its organizational documents since the pri			4		X
5	Did the organization become aware during the year of a material diversion of the organization's	asset	s?	5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or mo	ore me	embers			
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er per	sons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undert	aken (	during			
	the year by the following					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9a		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Interi	nal Re	venue Code.)			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
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?	?	<b>N/A</b>	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore fi	ling the			
	form?			11		X
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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that	at coul	d give			
	rise to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the police	y? If "	Yes,"			
	describe in Schedule O how this is done			12c		X
13	Does the organization have a written whistleblower policy?			13		Х
14	Does 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 a	pprov	al by			
	independent persons, comparability data, and contemporaneous substantiation of the delibera					
a	The organization's CEO, Executive Director, or top management official?			15a	X	]
b	Other officers or key employees of the organization?			15b	Х	
	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 arr	anger	nent			
	with a taxable entity during the year?			16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization t	o eva	uate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps	to sa	feguard N/A			
	the organization's exempt status with respect to such arrangements?			16b		Ī
Secti	on 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 (or 1024 if applicable), 990, and	990-	(501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docum	ents. d	conflict of interest			
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the bo	oks ai	nd records of the			
	organization ▶ See attachment #3					
						_

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

KI Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)			(0	-			(D)	(E)	(F)
Name and Title	Average			(checl	all th	at apply)	1	Reportable	Reportable	Estimated
	hours per week	PAD-V-DUAL	-20CC	OFF-05H	KEY LOYEE	######################################	FORMER	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
John C Fowler										
President	1.00	х		X				o	o	0
Dr. Matthew Harris	İ									
Vice President	1.00	x		X				o	o	o
Jan Rezek								İ		
Secretary	1.00	x		Х				lo	o	0
Harvey Wegert										
Treasurer	1.00	х		X				o	o	О
William E Perrow			1							
Founder	1.00	x						o	o	o
Rev. Jack Maxwell										
Director		X						o	o	0
Dee Wegert										
Director		x						o	o	o
Duane Anderson										
Director		X						o	o	o
Larry Hyatt										
Director		x						o	<b>o</b>	o
Thomas James Essian										
Director		X						<b>o</b>	<b>o</b>	Ю
Tom Sheeh										
Director		Х						o	o	0

Part	VII Section A. Officers	, Directors	, Truste	es, K	ey Em	ploye	es, and	Highe	est Compensated E	mployees (continu	ıed)		
	(A)	(B)			(C	•			(D)	(E)			(F)
	Name and title	Average		sition	(check		at apply)		Reportable	Reportable	-		mated
		hours per	I T D N R I D U R	NR	O F	K E E M Y P	HCE	FO	compensation from	compensation from related	1		ount of ther
		week	ISE	N R S U T S I T	O F F   C E R	L	GHEST AT	R M E	the	organizations			ensation
			DIVIDUAL USTEE OR	TEUE	Ĕ	O Y E	SNY	Ř	organization	(W-2/1099-MISC	)	fro	m the
			U R	Ť	"	Ē	ĀĒ		(W-2/1099-MISC)			_	nization
		[	L R	0 N			E						related lizations
				A L								oigai	nzauons
						ŀ							
		ł									ł		
											1		
				ļ							-		
		ĺ											
		i											
		1			1						- 1		
							}						
						1							
						1	1						
				ŀ	ŀ								
					İ								
				!							-		
1b	Total							<b>•</b>	0	0	0		
2	Total number of individuals	(ıncludıng	but not l	ımıted	to the	se list	ed abov	e) who	o received more than	n \$100,000 in repo	rtabl	e com	pensation
	from the organization >												
												<sub></sub>	Yes No
3	Did the organization list any								-				
	employee on line 1a? If "Yes	•									•	3	X
4	the organization and related												
	individual	_	_						•	,		4	x
5	Did any person listed on line												
	services rendered to the org				•			•	_			5	x
Sectio	n B. Independent Contracto			· ·				•					•
1	Complete this table for your	five highe	st comp	ensate	ed inde	pend	ent conti	actors	that received more	than \$100,000 of			
	compensation from the orga	nızatıon.											
	•	(A)							(B)	Ì		(C	<b>;</b> )
	Name and	d business	address	3					Description of se	ervices		compe	nsation
								<u> </u>					
		-					_						
			-					ļ					
2	Total number of independer	nt contract	ors (incli	ıdına	but no	t limite	ed to the	se listi	ed above) who recei	ved more than		<del></del> -	
_	\$100,000 in compensation for		•	_									

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Part	l VIII	Statement of Revenue						
					(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
c G O	1a	Federated campaigns	. 1a			7	1	
$0 \in H$	ь	Membership dues	1b		1		1	-
NTE	ı	Fundraising events	1c	-	1	1		1
RcS		Related organizations	1d		1			1
BAM		Government grants (contributions)	1e		1	1	1	
UŅĖ		All other contributions, gifts, grants, &	<u> </u>		1	1	-	
TTA	"	similar amounts not included above.	1	369979			<u> </u>	į
0 A A N N M S D T	ا	Noncash contributions included in lines 1a-1	٠ ـــــــ		1			
S T S	_	Total. Add lines 1a-1f	•		369979			
P 3	<del></del>	1041171441116574	·	Business Code				
R	2a				Ť	1		Ī
ÖS GE	b			<del>"</del>		<u> </u>		
RRR	۰							
AVE								
MIV								
ΕN		All other program service revenue				1	<u> </u>	
U E	L			L	<del> </del>			
	3	Investment income (including dividen					<del>                                     </del>	
		other similar amounts)			1	1	1	
	4	Income from investment of tax-exemp				1	1	
	5	Royalties					-	<del> </del>
	١	(i) Ro		(II) Personal				
	6a	Gross Rents	<u> </u>	(ii) i dicontai	1			1
	b	Less: rental expenses			1			
	C	Rental income or (loss)			-			1
		Net rental income or (loss)		<u> </u>	-	ŧ	†	1
	l "	(i) Sect		(ii) Other			-	<u> </u>
	7a	Gross amount from sales	iriues	(ii) Other	1		1	1
		of assets other than inventory						
	h	Less cost or other basis			1			
	"	and sales expenses				1	1	
0	_	Gain or (loss)			1			
T		Net gain or (loss)		L	1	1	1	<b>†</b>
H		Gross income from fundraising					-	
E R	"	events (not including \$				1	1	•
•••		of contributions reported on line 1c).				1		
R		See Part IV, line 18	. а			Ī	1	
E	ь	Less direct expenses	•		1	1	1	1
V E		Net income or (loss) from fundraising		▶	†	i	1	†
N		Gross income from gaming activities						
U		Part IV, line 19				1	1	1
Ε	h	Less: direct expenses			†	1	1	1
		Net income or (loss) from gaming act			1	†	1	Ī
		Gross sales of inventory, less	, ,			<u>                                     </u>		<u> </u>
		returns and allowances	а			1	1	1
	۱.	Less cost of goods sold			1	1	1	1
		Net income or (loss) from sales of inv			1	†	1	†
	<b>├</b> ~	Miscellaneous Revenue	entory.,	Business Code				1
	11a			Duamess Code	†	1	<b>†</b>	†
	b				<del>                                     </del>	-	<del> </del>	<del> </del>
	C			<u> </u>	<del> </del>	<del> </del>	+	<del> </del>
		All other revenue			-		<del> </del>	<del>                                     </del>
		Total. Add lines 11a-11d			<del>                                     </del>			
		Total revenue. See instructions			360000	1	<del></del>	<del>†</del>
	14	Total revenue. See monucuons .			369980	1	1	I

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) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (B) Program service expenses (C) Management and (D) Fundraising (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . . . 202556 202556 Benefits paid to or for members . . . 4 5 Compensation of current officers, directors, trustees, and key employees ..... 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 . 95562 86162 9400 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Payroll taxes . . . . . . . . . . . . 719 10 719 11 Fees for services (non-employees): Management b Legal .... 450 C Accounting 450 Lobbying . . d Professional fundraising services. See Part IV, line 17 Investment management fees ...... f g 12 13 52930 52930 14 15 Royalties 16 17 19809 19809 ...... 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...... 19 Conferences, conventions, and meetings ...... 20 Interest . . . . . 21 Depreciation, depletion, and amortization . . . . . 22 23 Insurance 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.) b C d f All other expenses ........ 25 Total functional expenses. Add lines 1 through 24f 372026 63499 308527 Joint costs. Check here ▶ If following SOP 98-2. 26 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . .

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Part	X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest bearing	46,336	1	44,290
	2	Savings and temporary cash investments	10,000	2	15,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
A S	i	Part II of Schedule L		6	
Š E	7	Notes and loans receivable, net		7	
E T	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	_
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation		10c	
	11	Investments publicly traded securities		11	-
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	56,336	16	59,290
	17	Accounts payable and accrued expenses	25,611	17	33,203
	18	Grants payable		18	
L	19	Deferred revenue		19	
I A	20	Tax-exempt bond liabilities		20	
B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
!	22	Payables to current and former officers, directors, trustees, key			
ī		employees, highest compensated employees, and disqualified		1 1	
Ţ		persons Complete Part II of Schedule L		22	
E	23	Secured mortgages and notes payable to unrelated third parties		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	25,611	26	33,203
		Organizations that follow SFAS 117, check here ▶ 🏻 and			
_		complete lines 27 through 29, and lines 33 and 34.			
U	27	Unrestricted net assets	30,725	27	26,087
N	28	Temporarily restricted net assets		28	
D	29	Permanently restricted net assets		29	
B A L A		Organizations that do not follow SFAS 117, check here ▶			
Ĺ		and complete lines 30 through 34.			
A N	30	Capital stock or trust principal, or current funds		30	
С	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
E	32	Retained earnings, endowment, accumulated income, or other funds		32	
s	33	Total net assets or fund balances	30,725	33	26,087
	1	Total liabilities and net assets/fund balances	56,336	34	59,290

JVA

Page	12	2
I age		-

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Form 990 (2009	11

•

Par	t XI	Financial Statements and Reporting	_						
					Yes	No			
1	Acco	unting method used to prepare the Form 990: X Cash Accrual Other	_						
	If the	organization changed its method of accounting from a prior year or checked "Other," explain							
	ın Sc	hedule O							
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a	X				
b	Were	the organization's financial statements audited by an independent accountant?		2b		X			
c	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	audit, review, or compilation of its financial statements and selection of an independent accountant? 2c								
	If the	organization changed either its oversight process or selection process during the tax year, explain in							
	Sche	edule O							
d	If "Y€	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on							
	a cor	nsolidated basis, separate basis, or both.				ł			
	s	eparate basis Consolidated basis Both consolidated and separate basis							
3 <b>a</b>	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the S	Single Audit Act and OMB Circular A-133?		3a		X			
b	If "Y€	es," did the organization undergo the required audit or audits? If the organization did not undergo the							
	requ	red audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	N/A	3b					
JVA	09	99012 99011 TWF 33421 Copyright Forms (Software Only) - 2009 TW		Form	990	(2009)			

# **SCHEDULE A** (Form 990 or 990-EZ)

**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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Open Arms Foundation, Inc.

**Employer Identification number** 55-0745422

				i <b>ty Status</b> (All organ					tructions		_				
The	org	anization is not a	private foundation be	ecause it is. (For lines 1	through 1	11, check	only one b	ox.)							
1		A church, conv	ention of churches, or	association of churche	es describe	ed in sect	lon 170(b)	(1)(A)(i).							
2	L	A school descri	bed in section 170(b)	(1)(A)(II). (Attach Sche	edule E)										
3		A hospital or a	cooperative hospital s	ervice organization des	scribed in	section 1	70(b)(1)(A	)(III).							
4		A medical resea	arch organization opei	rated in conjunction wi	th a hospit	al describ	ed in sect	lon 170(b)	(1)(A)(iii).	Enter the	hospit	al's na	me,		
	_	city, and state													
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.)													
1 2 3 4 5 6 7 8 9 10 11 e f g	Г	1		or governmental unit d	lescribed i	n section	170/b\/1\/	Δ\/υ\							
	X	An organization	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II.)												
8		1		on 170(b)(1)(A)(vi). (C	omplete P	art II)									
9	L	receipts from a support from gi	ctivities related to its e ross investment incom	s (1) more than 33 1/3 xempt functions—subjue and unrelated busin	ect to cert	ain except e income (	ions, and ( less sectio	(2) no mor n 511 tax)	e than 33	1/3 % of	-				
	_	acquired by the	e organization aπer Ju	ne 30, 1975 See <b>secti</b> e	on 509(a)(	2). (Comp	lete Part II	1)							
10	L	An organization	organized and opera	ted exclusively to test	for public s	safety. See	section :	509(a)(4).							
11		purposes of on	e or more publicly sup	ited exclusively for the oported organizations on the type of support	described	in section	509(a)(1) o	or section !	509(a)(2).	See <b>sect</b>	lon				
							•				\al				
	г	a ∐ Type I	<b>b</b> ∐ Type			=	integrated		LI	Γype III−C	iner				
е	L		han foundation manag	e organization is not co gers and other than on		-					tion				
				determination from the	IDS that if	tie a Typo	I. Type II.	or Typo III	CURROTER	~					
•				determination from the	ino liial i	i is a Type	i, Type ii	ог туре п	supporun	g			Г		
		organization, cl							• • •	•		• •	· L.		
g		-	_	nization accepted any o	giπ or cont	ribution tro	om any of	ine							
		following perso					_					<b>.</b>			
			•	y controls, either alone	_	•		• •		г		Yes	No		
				dy of the supported org	ganization'	<b>'</b>					11g(l) 11g(ll)	<u> </u>	X		
		• •	•												
		(III) A 35% conf	trolled entity of a person	on described in (i) or (i	ı) above?					[	11g(III)	<u> </u>	X		
h		Provide the follo	owing information abo	ut the supported organ	nızatıon(s)										
1 (1)	Name of supported organization		(II) EIN	(IV) Is the organization (V) Did you notify the in col. (I) listed in your organization in col. (I) governing document? of your support? (VI) Is the organization in col. (I) organized in U.S.?					nincol (I) edinthe	(vil) Amount of support					
					Yes	No	Yes	No	Yes	No					
					İ										
										}					
										ŀ					
										1					
											1				
					ļ	<u> </u>	ļ			ļ	-				
Tota	al										1				
	<b>M</b> 1		1	•	4		t	, ,		1	1				

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Open Arms Foundation, Inc. 55-0745422

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

<u>Sec</u>	tion A. Public Support		. <u> </u>				
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	290469	346453	351785	380919	369979	1739605
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	290469	346453	351785	380919	369979	1739605
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1739605
	tion B. Total Support	Г		<del></del>	<del></del>	1	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4	290469	346453	351785	380919	369979	1739605
·	payments received on securities loans, rents, royalties and income from similar sources	3	6	9	79	1	98
9	Net income from unrelated business activities, whether or not the business is regularly carried on	8866	4471	3410			16747
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1756450
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u>.</u>		fourth, or fifth ta	x year as a section	on 501(c)(3) 	▶ []
	tion C. Computation of Public Sup Public support percentage for 2009 (line 6, c	<u> </u>		l			00 04 %
14 15	Public support percentage for 2009 (line 6, c	• • •	•	.,,		14	99.04 % 98.92 %
						ــــــــــــــــــــــــــــــــــــــ	
	33 1/3 % support test 2009. If the organization qualifies as	s a publicly sup	ported organizat	tion .			▶ 🗵
b	33 1/3 % support test 2008. If the organization qualified box and stop here. The organization qualified					3 % or more, cl	
17a	10%-facts-and-circumstances test 200 more, and if the organization meets the "fact organization meets the "facts-and-circumstances"	s-and-circums	tances" test, che	ck this box and	stop here. Expla	un in Part IV ho	w the
b	10%-facts-and-circumstances test 200 more, and if the organization meets the "fact organization meets the "facts-and-circumsta	s-and-circums	tances" test, che	ck this box and	stop here. Expla	un in Part IV ho	w the
18	Private foundation. If the organization did n		•	•	• • •		
	00 000440					la A /Earm 000	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

▶

## 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.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Open Arms Foundation, Inc.

**Employer Identification number** 

55-0745422

Any requesting person(s) may contact the Organization at its published telephone listing or by communicating with the Perrow Presbyterian Church in Cross Lanes, WV.

## PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public

Inspection For calendar year 2009 or tax period beginning

, and ending

**Employer Identification Number** 

Name of Organization

Open Arms Foundation, Inc.

55-0745422

Primary Purpose

Missons support charity to Latin America; The Organization receives monetary support to fund missons (charitable & religious) work in the field of ministering to orphaned and abandoned children in Latin America. The Organization was established under the non-profit laws of the State of West Virginia and operates as an interdenominational para-church organization. The Organization is dedicated to conduct missions, charitable and religious work in the field of ministering to orphaned and abandoned children in Latin America and beyond. The funding from the Organization supports the "Fundacion Brazos Abiertos" (Columbia), a non-profit Christian entity, in providing prevention, rehabilitation, Christian discipleship, education, job skill training and re-socialization to street children and pre-street children and their families.

### PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 2, Part III

Open to Public

Inspection For calendar year 2009 or tax period beginning

, and ending

Name of Organization

Open Arms Foundation, Inc.

Employer Identification Number

55-0745422

Primary Purpose

Missons support charity to Latin America; The Organization receives monetary support to fund missons (charitable & religious) work in the field of ministering to orphaned and abandoned children in Latin America. The Organization was established under the non-profit laws of the State of West Virginia and operates as an interdenominational para-church organization. The Organization is dedicated to conduct missions, charitable and religious work in the field of ministering to orphaned and abandoned children in Latin America and beyond. The funding from the Organization supports the "Fundacion Brazos Abiertos" (Columbia), a non-profit Christian entity, in providing prevention, rehabilitation, Christian discipleship, education, job skill training and re-socialization to street children and pre-street children and their families.

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•				<u>-</u> -	В	OOKS	ARE	IN C	ARE	OF					
Attachment	3:	Form	990	Page	6,	Part	_VI,	Sec	tion	C,	Line	20			
Open to Public Inspection	For cal	endar ye	ar 2009	or tax pe	eriod be	eainnine	3			. and	ending				
Name of Organizat		, , , , , , , , , , , , , , , , , , ,				- <u>-</u>		· · · · · · · · · · · · · · · · · · ·		,		Employ	er Identii	ication Nu	ımber
Open Arms	Foun	datio	n, ]	Inc.								<u> 55-0</u>	74542	2	
Part VI - Line 91a															
Individual Name ,				• • •		••		Har	vey l	Wege	rt				
Business Name:															
														_	
							,								<u>.</u>
Street Address	• • • • • •							534	5 Bi	g Ty	ler	Road			
U S. Address															
Zıp code or Foreign Address	2531	3	<del></del>	City	Cros	s La	nes	<u>.                                    </u>		<del></del>	Sta	te <u>WV</u>			
City .														_	
Province or	r State .														
Country															
Postal code	e							•							
Phone Nun	mber ,										• • • • • • • • • • • • • • • • • • • •		(304	776-	3047