

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



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2010

Department of the Treasury

Open to Public

Inter	nal Revenue	Service The organization may have to use a copy of this return to satisfy state re	porting requi	rements	inspection
<u>A</u>	For the 2	010 calendar year, or tax year beginning , 2010, and endin	9		, 20
В	Check if ap	plicable. C Name of organization American Rehabilitation Ministries, Inc.		D Emplo	yer identification number
	Address ch	ange Doing Business As			43-1037106
	Name char	ge Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Teleph	one number
\checkmark	Initial return	PO Box 1490			417-781-9100
	Terminated	City or town, state or country, and ZIP + 4			
	Amended r	eturn Joplin, MO 64802-1490		G Gross	receipts \$
$\overline{\Box}$	Application		H(a) Is this	a group return	for affiliates? Yes No
_		F	1		ncluded? Yes No
$\overline{}$	Tax-exemp	t status	_		a list (see instructions)
:		▶ www.arm.org	H(c) Grou	o exemptio	n number 🕨
_		anization			e of legal domicile MO
	art I	Summary	illon toro	1 0	or regar dominate the
-		nefly describe the organization's mission or most significant activities: Americ	an Rehahil	tation Mir	nistry is a
	1	ara-church outreach organization We serve prisons throughout the USA, and Intel			
Activities & Governance		Innstries. We also have International Aftercare Homes for female sex trafficked vic			
naī		hrist's church in supplying needs through our American Missionary Outreach department			
Ver		heck this box ► ☐ if the organization discontinued its operations or disposed of more than 25%		te	
Ĝ	1	and the second of the second o		.s. 3	1
త	1				
ties	1	umber of independent voting members of the governing body (Part VI, line 1b)		5	2.
₹		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		-	21
Ac	1	otal number of volunteers (estimate if necessary)		. 6	265
	1	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	
_	b N	et unrelated business taxable income from Form 990-T, line 34	Prior Y	. 7b	Current Year
		antimbutions and greats /Dout VIII line 1b			
ē		ontributions and grants (Part VIII, line 1h)		1,411,919	· ·
Revenue		rogram service revenue (Part VIII, line 2g)		553,719	<u> </u>
Ŗ		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,476	1,004
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	10,334	4,817
	-	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,978,448	
		rants and similar amounts paid (Part IX, column (A), lines 1–3)		74,828	69,498
	45 0	enefits paid to or for members (Part IX, column (A), line 4)		472 707	
Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		473,797	520,16
ë	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0	
꿃	Ь Т	otal fundraising expenses (Part IX, column (D), line 25)		4 405 000	4 540 40
_	17	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,185,303	
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Post	1,733,928	
	7	evenue less expenses. Subtract line 18 from line 12		244,520	
3 Of		∞ ;	Beginning of C		End of Year
sset Bala	20 T	otal assets (Part X, line 16)	 	1,654,384	1,548,72
Net Assets Fund Balanc	21 T	otal liabilities (Part X, line 26)	<u>:</u>	56,960	58,323
		et assets or fund balances. Subtract line 21 from line 29	-	1,597,424	1,490,400
	art II	Signature Block CG) FA! UF			
		s of perjury, I declare that I have examined this return, including accompanying schedules and state nd complete. Declaration of preparer (other than officer) is based on all information of which preparei			my knowledge and belief, it
		17 11 2	Tias ally kilon		
c:-		William Wadell			13-2011
Sig	- 4	Signature of officer	U	ate	
He	re	William Wadell, Treasurer			
		Type or print name and title			In.
Pa	iid	Print/Type preparer's name Preparer's signature Da	te	Check	
	eparer			self-em	ployed
	e Only	Firm's name ▶	Fin	m's EIN ▶	
		Firm's address ▶	Ph	one no	
_		discuss this return with the preparer shown above? (see instructions)			Yes No
For	Danonuo	rk Reduction Act Notice, see the senarate instructions.	- 11202V		Form 990 (201)

Part I	V 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L-0		<u>*</u>
•	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		✓
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		-
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			١.,
	endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ł
	complete Schedule D, Part VI	11a	✓	L
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ļ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		١.	
. =	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	15	✓	<u> </u>
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, Parts III and IV	16	<u> </u>	✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	L	1
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	L	1
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	<u></u>	✓
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			1
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b]	

Form 99	0 (2010)		F	age 4
Part	V Checklist of Required Schedules (continued)			
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	Yes	No
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		<u>·</u>
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		✓_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		1
Ь	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).		,	-
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 (or a family member thereof) 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 conservation contributions? If "Yes," complete Schedule M	29 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)?	35	<u> </u>	<u>,</u>
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		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	

Form **990** (2010)

art	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	3		
b	Enter the harrise of terms to Earlies and the tall Enter a mineral approaches.	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		✓
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 2			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20	Ť	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ť
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			1
	account)?	4a	✓	
þ	If "Yes," enter the name of the foreign country: ► Cambodia			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		V
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		ì
-	organization solicit any contributions that were not tax deductible?	6a		1
ь	and a community of the	-		
	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			2.
	and services provided to the payor?	7a		/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
	·	7c		√
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	i	7
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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.			
a	Did the organization make any taxable distributions under section 4966?	9a 9b		1
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	30		V
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	H
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	138		
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a		14a		
b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		1

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions. Check if Schedule O contains a response to any question in this Part VI	es in S	and	
Secti	on A. Governing Body and Management		V 1	N-
1a b 2	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6 7a		>>> >
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		\
a b 9	The governing body?	8a 8b 9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	
			Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		✓
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	*****	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C 40	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 14	Does the organization have a written whistleblower policy?	13		1
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?		7	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	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 the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Fillinois Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only	/) ava	ailable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inter	est p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► William Wadell, 3605 N. Main St., Joplin, MO 64801 417-781-9100	of the		

Родо	

Fon	n 990	(20	10)

		٠.
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	,
	and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

(A)	(B)			(0	D)			(D)	(E)	(F)
Name and Title	Average								Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	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
(1) Joe R. Garman	- 60							33,722		
President	00		į	1	✓			33,722		
(2) Bill R Blair	45							42 660		-
Vice-President	45			1	✓			42,660		ii.
(3) William B. Wadell	45							41,395		
Treasurer	45	İ		✓	✓			41,395		
(4) Joseph A. Welch	42	ĺ						43,523		
Secretary	<u> </u>		L	✓	✓		_	10,020		
(5) Brandon Freed										
Director										
(6) Gordon Bane										
Director							L			
(7) Reggie Thomas		i								
Director										
(8) Victor Knowles		ĺ								
Director							l .			
(9) Mark Davis										
Director										
(10) Jerry White Director	-									
(11) Clifford Whitehead		 -	├─		\vdash	-				
Director	+				ł					
(12) Robert Smith				├	 		┢			
Director	1				ĺ			i		
			-	\vdash	 	├─	\vdash			
(13)	-					İ				
14)	-									
15)		_								
(16)										

Part	VII Section A. Officers, Directors, Trus	stees, Key l	Emplo	уес	es, a	ind	Highe	est (Compensated	Employees	(contin	nued)
	(A)	(B) (C)				•			(D)	(E)		(F)
	Name and title	Average hours per					that ap		Reportable compensation	Reportab compensation		Estimated amount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	other compensation from the organization and related organizations
(17)												
(18)												
(19)												
(20)												
(21)												
(22)						-		-				
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
1b	Sub-total		·	•	•			•				<u> </u>
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							>				
2	Total number of individuals (including but reportable compensation from the organic	not limited					above	e) w	ho received m	ore than \$1	00,000) in
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	ctor o	r tr	uste	e,	key e	mp			ensated	
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble	con	npe	nsatio			ensation fr		
5	individual								_			4
Spotte	for services rendered to the organization	rii res, c	ompi	u le	SCI	iedi	JIE J 1	or s	sucri person	<u></u>	<u>·</u> ·	5 ✓
Secure 1	on B. Independent Contractors Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	acti	ors that receive	ed more the	an \$10	0.000 of
	compensation from the organization.			P							7.0	-,
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
none												
2	Total number of independent contractor received more than \$100,000 in compens							th	nose listed ab	ove) who		

Part	VIII	Statement of Rev	enue					
	· · · · · · · · · · · · · · · · · · ·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	3	1a				
Tan I	b	Membership dues .	[1b				
s, g	С	Fundraising events .	[1c				
a a	d	Related organizations	[1d				
ž <u>ii</u>	e	Government grants (con		1e				
Contributions, gifts, grants and other similar amounts	f	All other contributions, grand similar amounts not inc		1f 1,386,863				
ontrib od ot	g	Noncash contributions include	led in lines 1a-1	f: \$				
	h	Total. Add lines 1a-1	f <u>.</u> .		1,386,863			
nge	_			Business Code				<u></u>
eve	2a	Girls' Homes		453220	86,380	86,380		ļ ———
e B	b	Christian Materials Dis		511190	312,261	312,261		
쟑	C	Baptistries		310000	160,461	160,461		
Program Service Revenue	d						<u></u>	-
	e	All other program com						-
rog	f g	All other program ser Total. Add lines 2a-2			559,102			<u> </u>
	3	Investment income			333,102			T
		and other similar amo			1,004	1,004		
	4	Income from investmen						
	5	Royalties						
	_		(ı) Real	(II) Personal		* .	2	
	6a	Gross Rents						
	b	Less: rental expenses				•		
	С	Rental income or (loss)			у		× •	
	d	Net rental income or		<u> ▶</u>				
	7a	Gross amount from sales of assets other than inventory	(i) Securitie	s (ii) Other		9	\$	
	Ь	Less. cost or other basis and sales expenses .	•		`	,	•	
	С	Gain or (loss)	_					
	ď	Net gain or (loss) .		. <u> </u>				
evenue	8a	Gross income from fu	ındraisıng		*			
Reve		events (not including \$ of contributions reported	ed on line 1c)	<u>.</u>				
Other		See Part IV, line 18 .		а				
₹		Less: direct expenses						
		Net income or (loss) f						ļ
	9a	Gross income from ga						
		See Part IV, line 19 .						
		Less: direct expenses				·		
		Net income or (loss) f Gross sales of in						
	IUa	returns and allowance						
	b	Less: cost of goods s	old	b				
	С	Net income or (loss) f	rom sales of	inventory 🕨				
		Miscellaneous R	levenue	Business Code				
	11a	Rental Income		532000	4,800	4,800		
	b	Other		900099	17	17		
	С							
	d	All other revenue .						-
		Total revenue See it			4,817	F04 000		
	12	Total revenue. See in	istructions.		1,951,786	564,923	I	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 columns (A) but are not required to complete columns (B) (C) and

	All other organizations must complete coll				
	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	6,057	6,057		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	63,441	63,441		
4 5	Benefits paid to or for members	199,591	132,097	23,919	43,575
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	295,692	194,802	29,430	71,460
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	490	417		73
10	Payroll taxes	20,368	15,479	1,629	3,260
11 a	Fees for services (non-employees): Management				
b	Legal	2,563		2,563	
c	Accounting	2,000			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	187	37	150	
12	Advertising and promotion	60,601	51,894		8,707
13	Office expenses	111,827	93,647	14,154	4,026
14	Information technology	197	99	69	29
15 16	Royalties	721	· · · - ·	721	
17	Occupancy	187,527	161,973	1,937	23,617
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	107,327	101,373	1,007	23,017
19	Conferences, conventions, and meetings .	1,252	250		1,002
20	Interest	59	41	12	6
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	87,489		87,489	
23	Insurance	14,644	10,596	2,239	1,809
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)		į		
а	Girls' Homes	691,414	691,414	مصمد مصدد المساورة	
b	Christian Material Distribution	252,749	250,320	2,159	270
С	Baptistries	107,208	107,208		
d					
е					
f	All other expenses Miscellaneous	669		669	
25	Total functional expenses. Add lines 1 through 24f	2,108,770	1,781,784	168,146	158,840
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

•			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	79,990	1	124,025
	2	Savings and temporary cash investments	354,555	2	297,023
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	32,689	4	32,598
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		Receivables from other disqualified persons (as defined under section		5	
s	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	· · · · · · · · · · · · · · · · · · ·
Assets	7	Notes and loans receivable, net		7	948
Ą	8	Inventories for sale or use	103,137	8	95,169
	9	Prepaid expenses and deferred charges	2,000	9	00,100
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,540,041			
	ь	Less: accumulated depreciation 10b 541,129	1,081,963	10c	998,910
	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	50	15	50
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,654,384	16	1,548,723
	17	Accounts payable and accrued expenses	13,499	17	10,144
	18	Grants payable		18	
	19	Deferred revenue	43,461	19	48,179
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
≣	22	Payables to current and former officers, directors, trustees, key	₩		*
Liabilities		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	
	26	Total liabilities. Add lines 17 through 25	56,960	26	58,323
Š	27	Unrestricted net assets	1,597,424	27	1,490,400
ala	28	Temporarily restricted net assets	1,351,424	28	1,450,400
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	·····
šėt	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ASS	32	Retained earnings, endowment, accumulated income, or other funds .		32	
et	33	Total net assets or fund balances	1,597,424	33	1 400 400
Z	34	Total liabilities and net assets/fund balances	1,654,384	34	1,490,400 1,548,723
	<u> </u>		1,057,364	<u> </u>	Form 990 (2010

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

За

3b

Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

or section 509(a)(2).

following persons?

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047
2010

Open to Public

Inspection

Name of the organization Employer identification number American Rehabilitation Ministries, Inc. 43-1037106 Part I 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] 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.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 By 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)

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(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?

(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in ion about the support	ı (ı) or (ii) a	above?.					11g(ii)
(i) Name of supported organization	(ii) EIN	(ili) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S ?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
A)									
В)									
C)									
D)									
E)									
[otal		~ ~						, ,	

11g(i)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not 929,570 1,031,205 1,152,729 1,411,919 1,386,863 5,912,286 include any "unusual grants.") . . . 2 revenues levied for 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 1,386,863 5,912,286 Total. Add lines 1 through 3. . . . 929.570 1.031,205 1,152,729 1,411,919 The portion of total contributions by each person (other than governmental unit publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5,912,286 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 929,570 1,031,205 1,152,729 1,411,919 1,386,863 5,912,286 Gross income from interest, dividends. payments received on securities loans. 7,886 13,280 6,498 2,476 1,004 31,144 rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 606,127 748,984 659.181 564.053 563.919 3,142,264 (Explain in Part IV.) 11 Total support. Add lines 7 through 10 323 9.085.694 12 3,173,408 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) % 14 65.1 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 62.9 % 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization $\overline{\mathbf{V}}$ b 331/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2010. 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 10%-facts-and-circumstances test - 2009. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
J	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		* . * . *	,	\$4.00° 2		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
¢	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 the organization, check this box and stop he	-	n's first, secon				
Secti	on C. Computation of Public Suppor				-		
15	Public support percentage for 2010 (line 8			3, column (f))		15	%
16	Public support percentage from 2009 Sch		=			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2010 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2009			-			%
19a	331/3% support tests-2010. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2009. If the organiz	ation did not d	check a box on	line 14 or line	19a, and line 10	is more than 3	33 ¹ /3%, and
	line 18 is not more than 331/2%, check this	box and stop h	nere. The organ	ization qualifies	s as a publicly s	supported organ	nization 🕨 🗀
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a. or 19b.	check this box	and see instru	ictions > [

Par	10	4

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II, line	10 - Sales of product for funding programs, Postage and freight reimbursement for shipping donated materials,
House & s	nop 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. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

American Rehabilitation Ministries, Inc. 43-1037106 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year). 2 Aggregate grants from (during year) . . 3 Addregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	_
D	-

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, a	nd other reco	rds, chec	k any of the	e followi	ing that are a si	gnificant	use of its
а	☐ Public exhibition		d	☐ Loa	ın or exchan	ige prog	grams		
b	Scholarly research		е	Oth	er				
C	Preservation for future generation								
4	Provide a description of the organizat XIV.	ion's collect	ions and expl	ain how t	hey further t	the orga	anization's exem	npt purpo	se in Part
5	During the year, did the organization	solicit or red	ceive donation	ns of art,	historical tre	easures	, or other simila	ır	
	assets to be sold to raise funds rather								s 🗌 No
Part	IV Escrow and Custodial Arra	ngements	. Complete i	f the org	anization a	answere	ed "Yes" to Fo	rm 990,	Part IV,
	line 9, or reported an amoun								
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	es 🗌 No
þ	If "Yes," explain the arrangement in Pa	art XIV and c	omplete the fo	ollowing t	able:	_	Δ.	nount	
_	Posinning holones					-		Tiourit	
c d	Beginning balance					1c 1d	-		
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour						<u> </u>	□Ye	s No
ь	If "Yes," explain the arrangement in Pa		00, 1 0.174, 1.114						
Par			ganization a	nswered	"Yes" to F	orm 99	0, Part IV, line	10.	
		(a) Current y		or year	(c) Two years		(d) Three years back		years back
1a	Beginning of year balance						2 2 1		
b	Contributions [4	(stylkestylken)	A Section	
C	Net investment earnings, gains, and		·						1000
	losses					4			
d	Grants or scholarships						46.7	1 20 mg/	1.70.0
е	Other expenditures for facilities and						26		
_	programs					*	\$400 ×	1 200	2" 14. 15. 15
f	Administrative expenses						SANTANIA TANAKANAN		5.5 S.A
g	End of year balance	L	<u> </u>				S. S. S. S. S. S. S. S. S. S. S. S. S. S	<u> </u>	<u> </u>
2	Provide the estimated percentage of the	-	palance neld	as:					
a	Board designated or quasi-endowmer Permanent endowment ▶								
b b	Term endowment ▶ %	%							
3a	Are there endowment funds not in the	nossession	of the organ	ization th	at are held :	and adn	ninistered for th	e	
	organization by:	, possessio.			a. a. o //o/a /			Ĭ	Yes No
	(i) unrelated organizations							3a(i)	100 110
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi				ule R?			3b	
4	Describe in Part XIV the intended uses	of the orga	nızation's end	owment f	unds.				
Part	VI Land, Buildings, and Equip	ment. See	Form 990, P	art X, lın	e 10.				
	Description of investment		st or other basis nvestment)		or other basis other)		ccumulated preciation	(d) Boo	k value
1a	Land				207,100	₩ <u>,</u>	11 14 19 14 14 14 14 14 14 14 14 14 14 14 14 14		207,100
b	Buildings				1,043,311		329,629		713,682
C	Leasehold improvements								
d	Equipment				289,629		211,501		78,128
<u>e</u>	Other	·	000 5	<u> </u>	(D) //				
ı otal.	Add lines 1a through 1e. (Column (d) m	nust equal Fo	orm 990, Part	x, columi	n (B), line 10	<i>J(C).)</i> .	<u> ▶ </u>		998,910

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.

2010

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

	of the organization					Employer	identification n	umber
	rican Rehabilitation Ministries, Inc					1	43-1037106	
Par	General Information Form 990, Part IV, line 14		Outside the Un	ited States. Comple	ete if the organ	ization an	swered "Yes	" to
1	For grantmakers. Does the assistance, the grantees' elig grants or assistance?	ibility for the gra	ants or assistanc	e, and the selection of				□No
2	For grantmakers. Describe United States.						ds outside th	ie
	Activities per Region. (The foll		e 3 table can be o	duplicated if additiona	l space is need	ded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed a program ser describe specific service(s) in re	vice, type of	(f) Total expenditures and investme in region	
(1)	East Asia and the Pacific	4	4	program services	Prison Ministry	,		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)							<u>.</u>	
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)	-							
(16)								
(17)								
3a	Sub-total			i.				
Ь	Total from continuation sheets to Part I							

c Totals (add lines 3a and 3b)

Schedule F (F	Schedule F (Form 990) 2010
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Part II can be duplicated if additional space is needed.

	normalina on							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
3		EastAsia/Pacific	Prison Min.	6,650	6,650 WireTransfer			
(2)		EastAsia/Pacific	Prison Min.	6,250	6,250 WireTransfer			
(6)		EastAsia/Pacific	Prison Min.	17,383	17,383 WireTransfer			
(4)		EastAsia/Pacific	Gen. Support	150,439	150,439 WireTransfer			
(5)								
(9)								
(2)								
(8)								
(8)								
(10)								
(11)								
(12)	3							
(13)								
(14)								
(15)								
(16)	***							
					الم ممنوسة مله	tomove yet an interior with the majority of the state of	ţamoxo.	

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

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

Part III Grants ar

(a) Type of grant or assistance	of crant or assistance (b) Region (c) Number of	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(a) Description	(h) Method of
		recipients	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)
(5)							
(2)							!
(3)							
(4)							,
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sched	Schedule F (Form 990) 2010

Dogo	- 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	_ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)		 ✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)		☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)		✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☑ No

Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).				
We receive	We receive periodic financial reports from the organizations.				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number		
American Rehabilitation Ministries, Inc.	43-1037106		
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 internationally and domestically.			
Part VI, Question 2: Bill Blair's sister is married to Joe Garman (brother in-law).			
Brandon Freed is married to Joe Garman's daughter.			
Part VI, Question 15: Annual meeting of payroll committee of the ARM Board of Directors and final app	roval 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 the State of Illinois website.			
Part XI, Question 5: Auditor's adjustments to Fund Balance for 2009.			
······································			
	•••••••••••••••••••••••••••••••••••••••		