
IN THE ORPHANS' COURT DIVISION OF THE COURT OF COMMON
PLEAS
OF CENTRE COUNTY, PENNSYLVANIA

IN RE: THE SECOND MILE

ORPHANS' COURT NO. 14-12-0255

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APPENDIX IN SUPPORT OF PETITION FOR DISTRIBUTION
OF ASSETS OF THE SECOND MILE PENDING DISSOLUTION

VOLUME II

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PROPOSAL OF ARROW CHILD & FAMILY MINISTRIES TO ACQUIRE AT THE REQUEST OF THE SECOND MILE CERTAIN PROGRAMS AND FUNDS TO MAINTAIN THESE PROGRAMS

1. INTRODUCTION

Arrow Child & Family Ministries ("Arrow") is an international Christian organization that operates various disciplines of social service programs to serve vulnerable children and families in the United States and Honduras. Arrow's founder and CEO, Mark Tennant, is from Pennsylvania. Mr. Tennant founded Arrow in 1992 in Texas, and the organization has provided services in Central Pennsylvania since 2007.

Arrow is comprised of five related entities, which are listed below and detailed in Section 9.

- Arrow Child & Family Ministries, Inc. ("Arrow Ministries") - The Managing Entity
- Arrow Child & Family Ministries of Pennsylvania, Inc. ("Arrow Pennsylvania")
- Arrow Child & Family Ministries of Maryland, Inc. ("Arrow Maryland")
- Arrow Child & Family Ministries of Texas, Inc. ("Arrow Texas")
- Arrow Child & Family Ministries of California, Inc. ("Arrow California")

The Second Mile ("TSM") expressed an interest in Arrow submitting a proposal to operate five key TSM programs through an initial transfer of resources by TSM. These programs are:

- **Challenge Program**
The Challenge Program is a week-long residential summer camp that helps young people from across the Commonwealth develop the skills they need to succeed. During their week at camp, participants not only partake in typical camp activities like swimming and hiking, but also are guided by staff and volunteers to work on skills in conflict resolution, effective communication, and goal setting. Each camper sets behavior and academic goals, as well as plans a community service project for the upcoming school year.
- **Friend**
The Friend Program is a mentoring and recreational activities program that pairs collegiate volunteers with elementary students in need of extra support. At monthly events, College Friends and Young Friends participate together in healthy and educational activities. These types of events include picnics, holiday parties, swimming, and bowling. The proposed budget anticipates the Friend Program to continue at the following six sites: Blair County, Centre Region, Clinton County, Lancaster County, Lehigh Valley, and the Southeast Region.
- **Friend Fitness**
The Friend Fitness Program helps struggling teens achieve personal, academic, and fitness goals through individualized strength training with adult mentors. Approximately 25 teens are anticipated to participate in the Friend Fitness Program in Centre County.

This Program also includes social and team-building activities such as picnics, group workouts, and luncheons for students and mentors.

- **Foster Family Support**

In partnership with Pennsylvania Children and Youth Agencies, The Second Mile's Foster Family Program works to support and recognize foster parents statewide in their admirable efforts to help kids in need. The program aims to attract foster parents, recognize outstanding foster parents, and offer recreational activities for foster families. Several recreational events, which are held at no cost to the participants, make up the program, which is anticipated to touch more than 4,000 foster family members. Among these events are multi-county activities held at sites including Hershey Park, Allenberry, Playhouse, Knoebels, and Lakemont Park.

- **Leadership Institute**

The Second Mile Leadership Institute is a four-day conference that encourages and empowers students from across Pennsylvania to make a difference in their communities. Each Spring, teams of high school sophomores, along with faculty mentors, attend the Institute, which features workshops and guest speakers that focus on topics ranging from fundraising and publicity to group function and communication styles. Students are asked to identify a problem in their school or community and develop a project to overcome it.

If approved, the entity that would assume these programs is Arrow Pennsylvania. The benefits of transferring these programs to Arrow Pennsylvania are discussed in Section 6.

Upon transfer, Arrow Ministries and Arrow Pennsylvania will be responsible for managing and operating the TSM programs for 24 months as funded, and will be responsible for raising the money needed to sustain the programs thereafter. The programs will be delivered as originally designed and implemented by TSM; however, they will be renamed Arrow Challenge Program, Arrow Friend Program, Arrow Friend Fitness, Arrow Foster Family Support and Arrow Leadership Institute. The details of post-transfer program operations are discussed in Section 7.

Arrow Ministries and Arrow Pennsylvania conducted a careful review of TSM's program budget and fundraising costs, and also evaluated necessary transition costs such as stakeholder outreach, which includes staff, partners (school counselors), parents, volunteers and financial supporters; rebranding; relocation of offices; employee/volunteer screening and training costs; and other related costs. Given these factors, Arrow Pennsylvania is requesting the transfer of \$2,553,943 from TSM to assume operation of the above noted programs for the initial 24-month period. Thereafter, Arrow Ministries and Arrow Pennsylvania will be responsible for raising the needed funding. The initial 24-month budget is detailed in Section 8.

2. ABOUT ARROW CHILD & FAMILY MINISTRIES

Arrow is a leader in treatment foster care for children who have been severely traumatized by abuse and/or neglect. The objectives of treatment foster care are to rescue children from immediate trauma, provide a nurturing environment where they can learn to love and trust again, create a climate that is conducive to a normal maturation process, support them to

reconnect and return home to their families or kin, or prepare them for adoption or for independent living when they "age out" of foster care. Arrow also provides early intervention programs that strengthen families at risk of child abuse and neglect.

Arrow Ministries is actively engaged in supporting underage victims of sexual abuse and child sex trafficking. In June 2011, Arrow Ministries opened a residential treatment and educational facility in Honduras for sexually abused girls. In spring 2012, Arrow Ministries will open the first long-term, comprehensive care facility for underage victims of domestic child sex trafficking in Texas. It will be one of four such facilities in the United States. As part of this effort, Arrow Ministries is reaching out to junior high and high schools as well as universities to educate students about child sex predators.

Arrow Ministries and its related entities have a total of 382 employees. These employees represent a diverse mix of ethnicities, religions, and socio-economic backgrounds. All employment decisions, including those relating to hiring, training, promotions, transfers, benefits, compensation, placement, and termination, are made without regard to race, color, religion, age, national origin, gender, disability, economic status, veteran status, sexual orientation, or any other protected class by applicable Federal and State law. Arrow strives to maintain a staff that is culturally reflective of the communities we serve, assessing that quality in an ongoing manner.

Arrow Ministries and its related entities has a distinguished national board of directors comprised of twelve influential and dedicated leaders. The national board demographics for gender are evenly split, with 50% of the members being men and 50% women. One board member is African American, two board members are Latino/Hispanic, and the remaining members are Caucasian. The list of National Board members is attached as Exhibit 1. Arrow Ministries and Arrow Pennsylvania Articles of Incorporation are attached as Exhibit 2.

3. ARROW MINISTRIES' AND ITS RELATED ENTITIES' CONSOLIDATED FINANCIAL ASSETS

Arrow Ministries and its related entities are a \$36 million global organization. For the seven months ending January 31, 2012 (the most recent financials), earnings for Arrow Ministries and its related entities on a consolidated basis was approximately \$488,000. Cash on hand as of January 31, 2012 was \$1.3 million with approximately \$407,000 in unrestricted cash. Approximately 98% of all payables are current on a consolidated basis with 100% being current for Pennsylvania.

Approximately 96% of income in FY2011 for Arrow Ministries and its related entities was derived from contracts with state and county welfare agencies. Fluctuations in state budgets and Arrow's goal of delivering services well above the standard of care set by the states requires Arrow Ministries and its related entities to raise private funds in order to meet our service goals. Additionally, Arrow Ministries opened a comprehensive residential care facility for victims of child abuse in Honduras in the summer of 2011, and is in the process of licensing a similar facility in Texas for underage victims of domestic sex trafficking. Both projects are 100% privately funded. To meet the increasing need for private funding, Arrow Ministries established a Development Team in 2008. In FY2010, Arrow Ministries raised \$942,000 in private funding

and YTD FY2012 has raised \$1,247,000. The most recent 990's for Arrow Ministries and its related entities are attached as Exhibit 3.

4. ARROW'S UNIQUE CONNECTION TO PENNSYLVANIA

Growing up in Washington, Pa., Arrow Founder and CEO Mark Tennant knew the Sandusky name well. He played at The Brownson House on Jefferson Avenue and walked past the youth football field, now called Art Sandusky Field, on his way to school. But there was a dark secret below this idyllic Pennsylvania childhood – Mr. Tennant was being severely abused by his mother's live-in boyfriend. When the day came that it was too much to bear, he mentally and physically broke down while at school. He thought telling someone would make it all go away – instead his life took a turn for the worse. Mr. Tennant was immediately removed from his family and placed in foster care.

For nearly three years he was moved from foster home to foster home, and his anger grew. He wondered why he was being punished for something that was not his fault. Thankfully at the age of 13, Mr. Tennant was relocated to Bedford where he was placed in the loving home of a Christian family. His life was finally on track.

Mr. Tennant earned a pastoral degree from Oral Roberts University and dedicated his life and career to ensuring children and families have access to effective and caring resources. His work with another health and human services foundation led him to Texas, and in 1992, he formed Arrow Child & Family Ministries. The organization is dedicated to promoting and enhancing the positive growth of children and families through preventive, supportive, and therapeutic services. Over the years, the ministry grew to Maryland, California, Honduras and Altoona, Pa., where Mark's extended foster family resides today.

As the shocking news about the allegations against Jerry Sandusky unfolded in November 2011, Mr. Tennant felt as if he were reliving his childhood nightmare. In what could only be explained as the hand of God at work, Mr. Tennant turned his heart home, accompanied by a team of the nation's best and brightest professionals in the child and family services industry, to lend support in this time of crisis and preserve The Second Mile programs.

5. ABOUT ARROW PENNSYLVANIA'S CURRENT PROGRAMS AND STAFF

Arrow Pennsylvania serves seven counties in Central Pennsylvania: Blair, Bedford, Cambria, Centre, Clearfield, Huntingdon, and Mifflin.

The current programs offered by Arrow Pennsylvania are:

- **Child Abuse Prevention**

Through free community trainings, we are informing parents and those who work with children how to protect them from abuse, recognize abuse, and report suspected abuse. We also sponsor Mandated Reporter trainings for social workers, medical and mental health professionals, teachers and child care providers.

- **Foster Care**
We recruit and train foster parents, and place in those homes children and youth who have come into the custody of the Children and Youth system due to their families being unable to care for them.
- **Family Preservation**
This service focuses on assisting families with crisis management and restoring healthier coping strategies so children can safely remain at home. We also provide the family with tools to help keep future crises from developing.
- **Family Reunification**
Once a child is removed from the home, an Arrow family specialist builds on the family's innate strengths to safely parent their children in order for the child to be able to return home.
- **Kinship Support**
This service allows extended family members to care for children who would otherwise be placed into traditional foster care. The child is able to maintain family connections in a safe and familiar environment while receiving support tailored to meet the child's and family's needs.
- **Public and Private Adoption Services**
We facilitate adoptions for children in the foster care system whose birth parents voluntarily sign over their parental rights or who have had their rights terminated, as well as adoptions through the private arena. We are affiliated with Statewide Adoption Network (SWAN).
- **Reflections for Life**
For adults who have not thoroughly processed negative events from their past causing anti-social behavior, Reflections for Life prepares them, both emotionally and psychologically, to live free of grief and reside comfortably in society outside of the legal system.
- **Life Paths**
This is a six-month in-home support program aimed at youth who are currently involved with the Juvenile Probation Department. The program engages a youth and their family or kin to develop self-awareness in relation to past loss, family connections and how those events are impeding them from realizing their full potential. The support utilizes Darla Henry's "3-5-7 Model" as a core basis for its work and has shown promising outcomes related to recidivism. Darla Henry, of Harrisburg, Pa., is a leading social worker, trainer, teacher and consultant with extensive experience in the child welfare field.

The Arrow staff currently working in Pennsylvania are:

- **Joe Leshko**

- **National Chief Program Officer, Arrow Ministries**

- Mr. Leshko oversees Arrow programs nationally. He lives in Pennsylvania and his primary office is in Maryland. He will play a key role in integrating TSM programs with Arrow. Mr. Leshko earned his Bachelor of Science degree from Towson State University in 1977, and Master of Science degree from Morgan State University in 1985. He earned his State Certificates for teaching special education, administration, and supervision from Loyola College in Baltimore. Before joining Arrow in 1996, Mr. Leshko was employed by the Sheppard Pratt Health Systems where he worked for 18 years educating and advocating for special needs students in a variety of programs and populations. Since joining Arrow, Mr. Leshko has developed The Arrow Center for Education; Maryland's foster care program, which serves over 100 children each year; a 42-bed residential diagnostic program; and a transitional living program for adolescent females. In addition to his Maryland duties, Mr. Leshko was recently assigned responsibility for Arrow's U.S. programs, which include Maryland, Pennsylvania, Texas and California. Mr. Leshko is a past Board member of the National Association of Private Schools for Exceptional Children (NAPSEC) and the Immediate Past-Chairman of NCASES, NAPSEC's National Accreditation Board. Mr. Leshko has also served as a Board Member and Vice President for the Maryland Association of Resources for Families and Youth (MARFY), as well as a Board Member for Maryland Association of Nonpublic Special Education Facilities (MANSEF). In September 2007, Mr. Leshko was appointed to one of 12 positions on the newly created Providers Advisory Council by the Secretary of the Department of Human Resources in Maryland and currently holds the position of Chairman of the Maryland Providers Council. Mr. Leshko has spent over 35 years administering, advocating and serving children, families and programs in a variety of states across the nation.

- **Melinda Shea**

- **State Director, Arrow Child & Family Ministries of Pennsylvania**

- Ms. Shea leads all Arrow programs in Pennsylvania. The Program Director of the newly formed School and Community Based Programming initiative (formerly TSM) will report to her. She earned a Bachelor of Science degree in Human Development and Family Studies from Pennsylvania State University and her Masters of Social Work through Temple University. She has been working in the child welfare system for over 15 years, the last 12 of which as Program Director for In-Home Services for at risk youth, children and youth who have been removed from their homes due to abuse and/or neglect and their families. Ms. Shea joined Arrow in 2007, and she currently oversees operations in seven Pennsylvania counties. She, along with her team consisting of Master's level Social Workers and Family Specialists, provide intensive in-home counseling services for families involved with the Child Welfare System, foster care services, public and private adoption programming, grief and loss counseling for youth who have been determined as delinquent and are involved with Juvenile Probation and a grief and loss psycho-educational group for adult offenders through the Parole and Probation Office. Ms. Shea is a certified instructor of Family Development Credentialing and is a leader in the local Permanency Practice Initiative. She serves as chairperson for the Bridging the Gap and

Visitation Subcommittee to train and support birth and resource family connections to lessen trauma for children in out of home placement.

- **Wendy Burket**

- **Director of Foster Care and Adoption**

Ms. Burket holds a Bachelor of Science Degree in Psychology from the University of Pittsburgh and a Master of Social Work from Temple University. She is a Licensed Social Worker, Family Group Decision Making Trained Facilitator, Managing Aggressive Behavior Trainer, Authorized Representative for Pennsylvania Adoption Law, and was adjunct teacher for Saint Francis University's Undergraduate Social Work program. She is responsible for the oversight of all state foster care and adoption operations and she provides clinical and administrative supervision for foster care and adoption programs.

- **Jesse Gutshall**

- **Family Specialist**

Ms. Gutshall holds a Bachelor of Social Work from Elizabethtown College and a Master of Social Work from Temple University. She is a Family Development Credentialing and Advisor and holds an Animal and Human Health Certificate. She is responsible for providing case management and support for children in foster and pre-adoptive care. She also completes child profiles to assure any child in out of home placement has a thorough family, medical and educational history, and provides in-home child preparation and permanency support for children and their families who have been removed from their birth homes.

- **Michelle Hammel**

- **Family Specialist**

Ms. Hammel holds a Bachelor of Social Work from St. Francis University and a Master's of Social Work from Temple University. She is a Family Development Credentialed Worker and Managing Aggressive Behavior Certified Instructor. Michelle is responsible for providing case management and support for children in foster and pre-adoptive care. She also completes child profiles to assure any child in out-of-home placement has a thorough family, medical and educational history and provides in-home child preparation and permanency support for children and their families who have been removed from their birth homes.

- **Kelly Keagy**

- **Family Specialist**

Ms. Keagy holds a Bachelor of Science degree in Rehabilitation Services from The Pennsylvania State University. She holds Family Development Credentialing and is responsible for providing case management and support for children in foster and pre-adoptive care. She also completes child profiles to assure any child in out-of-home placement has a thorough family, medical and educational history and provides in-home child preparation and permanency support for children and their families who have been removed from their birth homes.

- **Kimberly Taylor**
Family Specialist
 Ms. Taylor holds a Bachelor of Science degree in Psychology from University of Pittsburgh at Johnstown and is a Family Development Credentialing Graduate. She provides intensive in-home services to children and youth and their families through family preservation, reunification and kinship support programming. Ms. Taylor works with families who are at risk or who have already had their children removed from their care due to abuse and/or neglect and provides case management, skill building, counseling and crisis intervention to families referred by local county children and youth agencies.
- **Ashley Saylor**
Family Specialist
 Ms. Saylor earned a Bachelor of Science degree in Psychology from Juniata College. She provides intensive in-home services to children and youth and their families through family preservation, reunification and kinship support programming. She works with families who are at risk or who have already had their children removed from their care due to abuse and/or neglect, and provides case management, skill building, counseling and crisis intervention to families referred by local county children and youth agencies.
- **Angie Best**
Family Specialist
 Ms. Best holds a Bachelor of Science degree in Science Recreation and Park Management from The Pennsylvania State University. She is also an Approved Family Development Credential Portfolio Advisor and Family Group Decision Making Facilitator/Coordinator. She is responsible for providing case management and support for children in foster and pre-adoptive care. She also completes child profiles to assure any child in out of home placement has a thorough family, medical and educational history and provides in-home child preparation and permanency support for children and their families who have been removed from their birth homes.
- **Cathy Walker**
Family Specialist
 Ms. Walker is a Licensed Practical Nurse. She holds a Family Development Credential from Temple University and a Parent Educator Certificate. She is primarily responsible providing in-home child preparation and permanency support for children and their families who have been removed from their birth homes.
- **Amanda J. Treon**
Program Assistant
 Ms. Treon holds a Bachelor of Science degree in Human Development and Family Studies from The Pennsylvania State University. She is a Family Specialist and Family Development Credentialing Graduate and Advisor. She is responsible for the overall administrative support for each state program and assures contract and licensing compliance.

- **Bonnie Laughlin**
Family Home Developer

Ms. Laughlin holds a Bachelor of Science degree in Home Economics Education from The Pennsylvania State University and she is a Family Development Credentialing Instructor. Bonnie trains, educates and supports resource families and she participates in matching and support group opportunities.

6. BENEFITS OF TRANSFERRING TSM PROGRAMS TO ARROW PENNSYLVANIA

There are two key benefits of transferring the TSM programs to Arrow Pennsylvania. First, and most importantly, the TSM programs will be preserved and the at-risk children participating will continue to receive the services they need to reach their full potential and grow to be healthy, happy and productive members of the community. Second, joining the Arrow Pennsylvania and TSM portfolios of service creates a comprehensive continuum of care for at-risk children which includes preventative and early intervention programs, family support, and basic and treatment foster care. Such level of care will aide children and families before events in the home, school, or community necessitate a more severe and costly intervention by local government agencies.

There are significant synergies between the two organizations:

- TSM's mission to challenge young people to achieve their potential as individuals and community members by providing opportunities for them to develop positive life skills and self-esteem as well as providing education and support for parents and professionals addressing the needs of youth is consistent with Arrow's goal of serving children and strengthening families through prevention and early intervention programs.
- TSM's Challenge Program and SMILE camps for at-risk youth are similar to the Arrow Texas Adventure Camps for youth living in the foster care system. Both camps use similar techniques to teach self-esteem, leadership, problem-solving skills, teamwork and healthy relationships.
- Arrow Pennsylvania's state office in Altoona is within close proximity to the TSM State College location.

Arrow Pennsylvania's expertise in child welfare is transferable and will add value to the existing TSM programs:

- Arrow Pennsylvania's expertise in serving children who have been severely abused and/or neglected adds a layer of care currently not offered by TSM. For example, if in the course of participation in a TSM program a child disclosed incidents of abuse at home, the TSM counselor or volunteer mentor is required to report the incident to the Pennsylvania ChildLine. But that is where support for the child would end, as TSM was not licensed in other forms of intervention. Arrow Pennsylvania is a leader in treatment foster care for children who have been removed from their homes by authorities and are severely traumatized by abuse and/or neglect. Arrow Pennsylvania is licensed to provide clinical

case management and in-home therapy or therapeutic support to children who have been physically, psychologically, or sexually abused.

Once the TSM programs are transferred to Arrow Pennsylvania, services that can be offered to a child who reports an incident of abuse at home include, but are not limited to: Family Preservation programs that help families modify their home environment or the behavior of family members so the child can remain in the home safely; Kinship Support which allows extended family members to care for a child that would otherwise be placed in foster care; and Basic and Therapeutic Foster Care whereby Arrow Pennsylvania places the abused child with foster families that have been specially trained in childhood behavioral problems stemming from maltreatment.

7. POST-TRANSFER PROGRAM OPERATIONS

Arrow believes that the TSM programs are well designed, effectively delivered and have achieved measurable positive outcomes. The program names are firmly established with participants, parents, school partners and donors, and as such the TSM programs will be called Arrow Challenge Program, Arrow Friend Program, Arrow Friend Fitness, Arrow Foster Family Support and Arrow Leadership Institute. These programs will fall under the newly formed Schools and Community Based Programming division of Arrow Pennsylvania.

As we move forward in the transition process, a full review of best practices of both the legacy TSM and Arrow Pennsylvania programs will be conducted to leverage the best procedures for effective, safe and successful delivery of the comprehensive youth service programs.

- **Office Locations and Staffing**

All current TSM offices will be closed and moved to new office locations. The new offices will be located in State College, which will be called the Central Region office and will serve as the headquarters for the School and Community Based Programming division; in the Harrisburg area, which will be called the South Central Region; and in the Philadelphia area, which will be called the South East Region. There will be a total of 11 employees in the School and Community Based Programming division for the first 24 months of operations. Staffing for each office will be as follows:

Central Region Office

There will be six full time staff and two part time staff. Additional support will be provided by two to six Program Interns and one to four Development and/or Communications Interns.

- Program Director
- Program Coordinator
- Program Specialist
- Program Specialist (part time)
- Central Region Development Director
- Program Administration
- Development Administration
- Accounting (part time)

South Central Region Office

This office will focus on the south central Pennsylvania region including the eight counties of Adams, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry and York. There will be one fulltime Program Specialist on staff in this office.

South East Region Office

This office will focus on the southeast region of Pennsylvania including the seven counties of Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia. There will be two fulltime employees:

- Program Specialist
 - Southeast Region Development Director
- **Arrow's Employee and Volunteer Screening and Training Protocols**
Arrow takes the protection of children very seriously. The safety and well being of the children in our care is our top priority and we do not tolerate any inappropriate behaviors. Arrow Ministries and its related entities exceed the required standards set by our licensing entities and have implemented a series of measures to prevent abuse in all of our programs:
- Rigorous screening of all staff, volunteers, and foster parents that includes background checks, behavioral interviewing questions that assess abuse risk, and personal and professional reference checks. This includes FBI fingerprint checks, state sexual abuse registry checks, and in some cases we conduct State Department of Public Safety checks.
 - Clear policies that define appropriate and inappropriate boundaries between adults and children.
 - Comprehensive training of staff, volunteers and foster parents regarding how to prevent abuse and how to report concerns.
 - Swift response to red-flag behaviors and warning signs of abuse.
 - Strict requirements that all staff must report any suspicions of abuse to law enforcement.

Because many of TSM programs involve volunteer mentors, Arrow Ministries has engaged the services of Praesidium, a national leader in abuse risk management and loss control services, to ensure we implement the best training and protocol measures available.

Studies show that traditional abuse prevention efforts don't work. Agencies can't rely on teaching children about stranger danger or just ensuring everyone has a clean background check. The fact is that 90% of offenders are known and trusted by the child and their family and approximately only 4% of offenders have a criminal history. Arrow Ministries and its related entities are committed to having a system of checks and balances that includes strong

policies that define appropriate and inappropriate boundaries; train staff, volunteers, parents and children on these policies; and respond swiftly to violations of these policies and other red-flag behavior regardless of someone's position or level of authority. Arrow takes the protection of children very seriously and will always err on the side of safety when handling these issues.

Arrow Ministries and its related entities will also seek Praesidium accreditation, and will undergo a rigorous risk assessment to review and scrutinize eight primary operational areas within our business including: policies, screening and selection, training, monitoring and supervision, consumer participation, feedback systems, responding and administrative systems. Assessment results will be benchmarked against 800 best practice standards and empirically based data collection methods to assess the risk of abuse in an organization. Arrow Ministries and its related entities will be accredited for three years, and during this time will uphold fundamental organizational values and stringent safety practices that demonstrate our commitment to protecting those in our care from abuse.

The Arrow Pennsylvania organization chart as it will look post-transfer is attached as Exhibit 4. Applicable Corporate Policies and Procedures for Arrow Ministries and its related entities are attached as Exhibit 5.

8. BUDGET TO FUND TRANSITION AND OPERATIONS OF TSM PROGRAMS

The budget to manage and operate the five TSM programs for 24 months is \$2,553,943. This budget was developed through a detailed financial analysis of TSM's existing program and fundraising costs; estimated transition costs such as stakeholder outreach, rebranding, relocation of offices; employee/volunteer screening and training costs; and other related costs as discussed below. These funds will be restricted to the transfer and operation of the identified five TSM programs and will not be used for any other program operated by Arrow Ministries and its related entities.

Budget for First 12 months of Operations

The cost to fund the transition and programs for the first 12 months is \$1,384,124. The most significant costs are listed below and include a detailed description to provide further clarification on the proposed expenditure. As with any transition, a significant focus has been placed on allowing the programs to continue at current levels, ensuring maximum utilization and investing in their long-term sustainability.

Activities and Recreation (\$10,150) – costs associated with providing recreational activities at the previously noted events. Costs by event include:

Friend Program	\$ 2,200
Friend Fitness	\$ 300
Foster Family Support	\$ 100
Summer Challenge	\$ 6,750
Leadership Institute	\$ 800

Clothing (\$3,950) – costs associated with the purchase of T-shirts and Polo shirts for participants and staff at the events. Costs by event include:

Summer Challenge	\$ 2,500
Leadership Institute	\$ 1,200
Friend Fitness	\$ 250

Payroll (\$443,900) – Payroll costs associated with program and administrative staff. Included are salaries for retaining eleven (11) employees, including nine (9) full-time and three (2) part-time.

Payroll Benefits (\$88,663) – Employee benefits for the retained full-time employees. These benefits include, Medical, Dental, Vision, AD&D, STD, Life, and Retirement.

Payroll Tax (\$40,679) – Payroll taxes for the retained employees. These taxes include Social Security, Medicare, Federal Unemployment and State Unemployment.

Fees and Permits (\$10,630) – These costs relate to miscellaneous fees require by governmental and other agencies. Also included are annual licensing fees related for the DonorPerfect software.

Insurance (\$17,486) – These costs relate to the purchase of required insurance and include Worker’s Compensation, Auto, Commercial Blanket Bond, and General & Corporate Liability.

Office Reproduction (\$9,300) – These costs relates to copying and other document reproduction requirements of the programs. These costs by event and cost center include:

General Program	\$ 150
Summer Challenge	\$ 2,800
Friend	\$ 225
Friend Fitness	\$ 75
Leadership Institute	\$ 800
Copier Maintenance	\$ 2,250
Development	\$ 3,000

Office Supplies (\$13,000) – These costs relate to the purchase of office supplies as needed to run the programs. Below is the detail of the costs:

Program Supplies	\$ 3,000
Development Supplies	\$ 1,000
General Supplies	\$ 2,000
Envelops	\$ 4,000
Letterhead	\$ 3,000

Postage (\$19,000) – These costs relate to the mailing and shipping for The United States Post Office, UPS, and FedEx as needed by the programs. These costs by event and cost center include:

Arrow Adventure	\$ 3,500 (Formerly SMILE)
Summer Challenge	\$ 2,500
Foster Family Support	\$ 1,000
General Program	\$ 2,000
Development	\$10,000

Professional Services (\$105,557) – These cost relate to required contracted service used by the programs. Below is a detail of the cost:

Audit Fees	\$ 5,500
Constant Contact	\$ 500
Direct Mail Services	\$ 1,500
Consultant – Dev.	\$60,000
Training	\$ 5,000
Drug Testing	\$ 450
FBI Testing (\$33 each) camp	\$ 2,607 – These relate specifically to staff, mentors, and staff
Background Test	\$30,000 – These relate specifically to volunteers at \$20 each

Program Counselors (\$32,800) – Costs of counselors for the Summer Challenge Program.

Program Food & Lodging (\$128,300) – These costs relate to the purchase of food and lodging for the programs. These costs by event and cost center include:

Arrow Adventure	\$ 9,558 (Formerly SMILE)
Summer Challenge	\$78,595
Counselor Training	\$ 2,974
Leadership Institute	\$37,173

Program Services (\$11,000) – These cost relate to the conference cost and institution fees for the Summer Challenge Program.

Rent (\$70,000) – Rental office space related to maintaining office in three (3) locations across the State. These costs by location include:

State College	\$28,000 – 2,000 square feet at \$14.00 per square foot
Harrisburg	\$21,000 – 1,500 square feet at \$14.00 per square foot
Philadelphia	\$21,000 – 1,500 square feet at \$14.00 per square foot

Telephone (\$16,500) – Telephone expense related to cell phones, local calling, long distance, and Internet for the three (3) office locations. These costs by location include:

Cell Phone	\$ 3,360
Teleconferencing	\$ 1,500

State College	
Local & LD	\$ 2,640
Internet	\$ 1,140

Harrisburg	
Local & LD	\$ 2,640
Internet	\$ 1,140

Philadelphia	
Local & LD	\$ 2,640
Internet	\$ 1,140

Transportation of Children (\$26,300) – Transportation cost related to programs. These costs by program include:

Friend	\$19,000
Summer Challenge	\$ 7,000
Leadership Institute	\$ 300

Travel (\$77,200) – Included are costs related to staff and administrative travel. It is anticipated that for the first year an increase in travel of management and senior leadership will be essential to ensure a smooth and successful transition. It is estimated that for the first six (6) months, two (2) trips a month will be necessary. For the next six (6) months, Arrow has budgeted one (1) trip per month. After the first year, travel will be around once a quarter. Included are the cost of flights, hotel, meals, and rental cars.

Management Fee to Arrow Ministries (\$56,394) – Included in the management fee is the cost for functions necessary to maintain an equitable employment program; ensure adequate working environment; provide coordination and articulation between Pennsylvania operations and the Office of the President, secure proper administrative functioning of the Board of Directors and manage the financial, budgetary, and other Human Resource responsibilities of the overall program. This expense is based on a cost-to-cost allocation process and averages around 10%. For the first year, many of the costs will be charged directly to the programs and have been included in this budget, and as such only a 5% administrative fee will be charged.

One-time Cost – The following costs detailed below - are considered one-time cost and are only required as a result of the transition and rebranding efforts needed to effectively take over TSM programs. A detail of each cost of provided below.

Praesidium (\$38,500) – Praesidium is a national leader in abuse risk management and loss control services. Historically, Arrow has developed and operated programs that are licensed and regulated by state agencies. Because the programs offered by TSM do not fall under this regulatory category, Arrow will seek Praesidium Accreditation, which publicly demonstrates that the organization, it's employees and volunteers have undergone rigorous independent assessment and done whatever is necessary to meet the highest standards in abuse prevention.

Rebranding (\$120,000) – The rebranding initiative includes all costs related to the name change including collateral materials such as letterhead, business cards, program forms, event banners and signage; updating videos, website and social media sites; outreach efforts including direct mail and meetings with partners and supporters; and media relations efforts.

Legal (\$30,000) – Included are costs related to legal services retained to assist on the transition of the programs and other assets from TSM to Arrow.

Budget for Subsequent 12 Months of Operations

The budget to fund these programs for the subsequent 12 months of operations is \$1,169,819. For the most part, all costs were carried over from the 12 months. The major exceptions included a reduction in professional services, travel, rebranding and legal. These reductions are a direct result of reduced costs as Arrow Pennsylvania moves into year two of the transition. The detailed budget for 24 months of operations and the list of TSM assets to be transferred to Arrow Pennsylvania to support the programs are attached as Exhibit 6.

Sustaining the Programs Beyond Year Two

As we look forward, we cannot disregard the damage done to TSM by the allegations against its founder Jerry Sandusky and the impact his trial may have on future donors. TSM's fundraising efforts stopped in November 2011 with the news of the child sexual abuse allegations and the majority of the Development staff was cut in January 2012. In FY 2010, TSM's net income from special events was \$730,000 and in FY 2011 it was \$611,410. In FY 2011, TSM held 16 fundraising events. For FY 2012, TSM has held three fundraising events that raised \$83,000 in total and there are no plans for future events until the transfer of programs is determined.

Arrow recognizes that the success of the TSM programs over the past decades has been accomplished through an effective network of stakeholders that includes staff, partners (school counselors), parents, volunteers and financial supporters. Arrow Pennsylvania will launch an aggressive outreach campaign aimed at retaining and growing donor relationships.

The first step will be to reach out to the TSM network of over 10,000 individuals, explain the plan going forward and seek their continued support, which they have graciously and successfully provided in the past. This initiative will include direct mail and a series of group and individual meetings throughout the state so partners and supporters have the opportunity to personally meet Arrow Ministries' leadership.

Arrow will also form volunteer Advisory Councils in State College, and the Harrisburg and Philadelphia areas. Council members will be recruited from local businesses, child welfare organizations, the church community and philanthropists who have a passion for helping at-risk children. Advisory Councils will assist Arrow Pennsylvania staff with advocacy and awareness, fundraising, and developing and managing special events.

Arrow Pennsylvania is excited about the opportunity to expand existing youth and family services through the assumption of the TSM programs. We are confident the community and donors will continue to see the value in supporting at-risk children through these quality programs. However, if the necessary fundraising goals required to sustain the programs after

the initially 24 months is not achieved, Arrow Ministries and Arrow Pennsylvania reserve the right to make operational adjustments, as deemed appropriate.

9. ARROW CHILD & FAMILY MINISTRIES ENTITIES

- **Arrow Child & Family Ministries, Inc. ("Arrow Ministries") - The Managing Entity**
Arrow Ministries is a non-profit Texas corporation that is classified as a public charity under section 509(a)(2) and is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Arrow Ministries was formed in 2002, and is the corporate managing entity that provides overall development, management, oversight and financial accountability for all Arrow operations. Arrow Ministries is governed by the National Board of Directors. The office is located at 2929 FM 2920 Road, Spring, TX 77388.
- **Arrow Child & Family Ministries of Pennsylvania, Inc. ("Arrow Pennsylvania")**
Arrow Pennsylvania is a non-profit corporation that is classified as a public charity under section 509(a)(2) and is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Arrow Pennsylvania was formed in 2004 and operations began in 2007. Arrow Pennsylvania is licensed by the Pennsylvania Department of Public Welfare, Office of Children, Youth and Families. The organization provides basic and treatment foster care, child abuse prevention services, family support services, and public/private adoption services. The National Board of Directors serves as the board of Arrow Pennsylvania. The office is located at 3220 Pleasant Valley Blvd, Suite 160, Altoona, PA 16602.
 - **Arrow Pennsylvania Financials**
For the first seven months of the current fiscal year, Arrow Pennsylvania's total revenue was \$493,971, which represents an increase of \$94,930 over the same prior year period. Arrow Pennsylvania has a YTD deficit of \$17,921, which includes non-recurring expenditures of approximately \$16,000. Because of this deficit, Arrow Ministries' Chief Financial Officer performs monthly reviews of Arrow Pennsylvania's financial reports, performance metrics, and projections with the State Director in order to assess current financial strategies and program development opportunities. Arrow Ministries' management anticipates that recent program changes along with the addition of the Life Paths program, which is conducted in conjunction with the Juvenile Probation Department, will put Arrow Pennsylvania in a breakeven position for the current fiscal year.

At the end of the fiscal year (June 30, 2011), Arrow Pennsylvania had a negative net asset balance of -\$362,613 and losses were approximately \$47,934. This expected deficit directly relates to substantial start-up costs incurred in 2007, when the ministry commenced operations in Pennsylvania. In the first three years, Arrow Pennsylvania's program delivery costs far exceeded what the State of Pennsylvania reimbursed. Arrow Ministries is constantly managing such state funding shortfalls. However, we are seeing a deficit reduction trend as Arrow Pennsylvania is managing the shortfall through recruitment of new foster

families, targeted fundraising efforts, and program diversification and/or consolidated.

Arrow Ministries stands behind Arrow Pennsylvania and all other entities to ensure proper funding for programs nationally.

- **Arrow Child & Family Ministries of Maryland, Inc. ("Arrow Maryland")**

Arrow Maryland is a non-profit corporation that is classified as a public charity under sections 509(a)(2) and is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Arrow Maryland was originally formed in 1997. Programs within Maryland are licensed by the Maryland Department of Human Resources Office of Licensing and Monitoring and the Maryland Department of Health and Mental Hygiene. All schools hold a Certificate of Approval from the Maryland State Board of Education. A locally elected board of directors governs Arrow Maryland as required by state law.

The organization provides basic and treatment foster care and respite; a 90-day diagnostic residential care program for children ages 12-18 who are in need of comprehensive assessment in order to assist in future placement, treatment and educational planning; operates a Type III short-term, transitional education program designed to support students living at the residential care facility; operates a transitional living program for females ages 13-20 who are aging out of the foster care system without the necessary skills to live independently; and operates two special education Type I schools for children in grades 6-12, who have demonstrated difficulty in mainstream settings. Its primary place of business is 1605 Cromwell Bridge Road, Baltimore, MD 21234, which is also the location of the treatment foster care program, a respite program, the diagnostic center, the Type III School and one Type I School. Arrow Maryland also has an office in Salisbury that offers treatment foster care and respite services.

- **Arrow Child & Family Ministries of Texas, Inc. ("Arrow Texas")**

Arrow Texas is a non-profit corporation that is classified as a public charity under sections 509(a)(2) and is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Arrow Texas was formed in 1992, and is licensed by the Texas Department of Child Protective Services and the Texas Department of Aging and Disability.

The organization provides basic and therapeutic foster care; child abuse prevention services; family support services; public adoption services; operates an emergency shelter (formally called Panhandle Assessment Center) for children who have been removed from their home by authorities due to abuse and/or neglect; and provides in-home therapeutic care for individuals with developmental disabilities; and operated the Arrow Adventure summer youth camps. Arrow Texas is in the process of licensing a long-term comprehensive care facility for domestic victims of child sex trafficking. The National Board of Directors serves as the board of Arrow Texas. Its primary place of business is located at 2929 FM 2920 Road, Spring, TX., 77388. Other office locations are

in Amarillo, Angleton, Arlington, Beaumont, Bryan, Carrollton, Corpus Christi, Lubbock, Richmond, Round Rock, San Antonio, Tyler, and Waco.

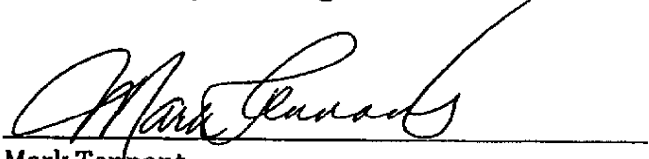
- **Arrow Child & Family Ministries of California, Inc. ("Arrow California")**

Arrow California is a non-profit corporation that is classified as a public charity under section 170(b)(1)(A)(vi) and is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Arrow California was formed in 2007, and is licensed by the California Department of Social Services, Children and Family Services Division. Arrow California provides basic and treatment foster care, child abuse prevention services, family support services, and public/private adoption services. The National Board of Directors serves as the board of Arrow California. Its office is located at 601 E. Daily Dr Suite 223, Camarillo, California 93010.

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Arrow Child & Family Ministries is pleased to submit this proposal to acquire certain programs of The Second Mile and the funds necessary to operate these programs. We strongly believe the programs offered by The Second Mile benefit at-risk children and should be preserved. Furthermore, we feel the programs will enhance the services currently provided by Arrow Child & Family Ministries of Pennsylvania through effective early intervention that supports children and families before events necessitate more severe and costly intervention by local government agencies.

Thank you for your thoughtful consideration.



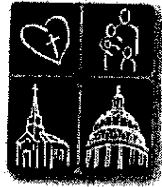
Mark Tennant
Founder and CEO, Arrow Child & Family Ministries

Date

EXHIBIT “J-1”

Exhibit 1

Arrow Ministries National Board of Directors



ARROW

CHILD & FAMILY MINISTRIES

National Board of Directors



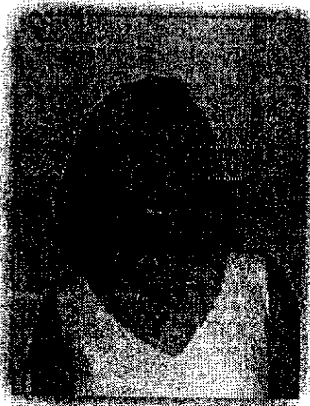
Mark Tennant

Mark A. Tennant is the Founder and CEO of Arrow Child & Family Ministries. A nationally recognized speaker in the area of foster care, Mark's passion for *Helping Kids and Strengthening Families* comes from his own background as a former foster child. Mark graduated from Oral Roberts University with a Pastoral degree and in 1992 founded Arrow. He has served on the Texas Alliance of Child & Family Services Board of Directors as President and Past President.



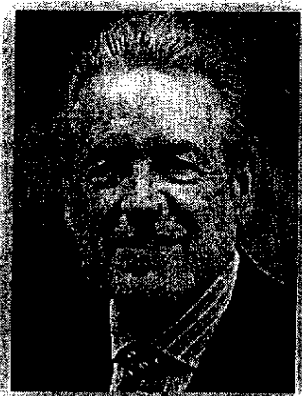
Maria Bush

Maria Bush, the always-busy wife of Neil Bush and full-time mother finds time to work as a community volunteer. A bundle of enthusiasm and energy, she loves working with the charity, The Family Literacy Program "Celebration of Reading," which she also co-chaired and which was originally started by her mother-in-law, Barbara Bush. Maria is also active in Kick Start, Arrow Child & Family Ministries, Points of Light and is a member of The Advisory Board for the Children's Assessment Center.



Madeline Collier

Madeline Collier is married and has 4 children, 2 of which are adopted. She is Vice Chairman of the Harris County Republican Party. She was recently elected to the Board of Trustees – Houston Baptist University. Madeline resides in Houston, Texas with her family.



Steven E. Lytle

Steven E. Lytle is the former Executive Vice President / COO of Arrow Child & Family Ministries. Steven has over 20 years experience in providing integrated consulting assistance to local and national organizations, not for profit agencies, businesses and government agencies. Since graduating from Pennsylvania State University in 1965, Steven has gained extensive management experience as an Engineer, Project Manager, Personnel Manager, Operations Manager and Executive Vice President.



Cindy Marion

A native Texan, Cindy Marion is the founder, President and CEO of Marion, Montgomery, Inc. Known for her keen insight, humor and hands-on approach, Cindy has built long-term client relationships by creating marketing strategies that overcome challenges, generate cost savings and provide enhanced results. She is a popular and engaging speaker and works with a number of causes, including those involving youth and excellence in public education.



Gerald Marquez

With over 25 years of experience in the financial services industry, Jerry is a Certified Financial Planner with Robert W. Baird & co. A native of New Castle, Delaware, he has lived in the Bel Air, Maryland area since 1988. He was past chair and served on the Central Maryland YMCA's Harford County Community Advisory Board. He was past chair and served on the Central Maryland United Way Health and Wellness panel. He is currently chair of the Harford County YMCA's annual Turkey Trot 5k. Jerry and his wife Liddy have been married 26 years and have four boys: Patrick, Andrew, Jamie and Zachary.



Susie Peake

Having served in various capacities for George H. W. Bush for over 10 years, Susie Peake used the marketing and organizational skills she developed to launch her own company, Peake Enterprises. Throughout her career, she has focused on helping corporations and political organizations develop and implement their philanthropic events and strategic projects. Susie is currently a Regional Director of Development at The Menninger Clinic in Houston. Susie is a proud member of the Garden Club of Houston and a new committee member of the Barbara Bush Family Literacy Program "Celebration of Reading".



Doug Reed

Doug Reed spent his career in the chemical industry, first as a Chemical Engineer and then in sales and business management working for four large chemical companies. He and his wife Pat have lived in eight states and have four married children with nine, soon to be ten grandchildren (twelve counting two foster children). He believes in the "halftime" concept where you work the first half of your life to be successful and then spend the second half trying to make an impact for the Kingdom of God.



Rick Rigsby

Considered among America's finest speakers, Rick Rigsby challenges audiences with a compelling message that engages the mind, energizes the will, and encourages the spirit! A master storyteller, Dr. Rigsby weaves a life of triumphs and tragedies with timeless common sense values. For the last two decades, Dr. Rigsby has served as a college professor—the last 14 years at Texas A&M University—where he continues to serve as chaplain for the Aggies football team.



Melissa Rod

Melissa Rod previously founded and ran her own non-profit foundation that helped children worldwide, The Hucke Foundation. Adopted by her step-father when she was 11, today Melissa is the mother of six, three of which are also adopted. Melissa is active at her children's school and is a member of the Woodlands Republican Women. She also serves on the board of Into Abba's Arms, an orphanage in Kenya. Melissa is a native Texan, married to Chuck Rod, founder/President of CW Rod Tool Co.



Melanie R. Sabelhaus

Melanie R. Sabelhaus has more than 30 years of successful small business, corporate, and federal government experience. She had a 15 year career with IBM and was founder and CEO of her own business. Nominated by President George W. Bush, she was unanimously confirmed by the United States Senate and served as Deputy Administrator of the U.S. Small Business Administration (SBA). Ms. Sabelhaus has also served on numerous boards of directors including the United Way of Central Maryland, Kennedy School of Government, Harvard University, Johns Hopkins Medicine Board and the National Board of the American Red Cross.



Tommy Tenney

Tommy Tenney is the author of the multimillion-selling *The God Chasers* series. He has spent 10 years pastoring and has spent over 30 years in itinerant ministry, traveling to more than 50 nations. Three generations of ministry in his family heritage have given Tommy a rich perspective. He has a gifting to lead hungry people into the presence of God. He and his wife, Jeannie, understand the value of intimacy with God and humility in serving God's people.

EXHIBIT “J-2”

Exhibit 2

Arrow Ministries Articles of Incorporation

Arrow Pennsylvania Articles of Incorporation

**ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION OF
ARROW CHILD AND FAMILY MINISTRIES
(A Texas Non-Profit Corporation)**

Pursuant to the provisions of Article 1396-4.02 of the Texas Non-Profit Corporation Act, the undersigned Corporation adopts the following Article of Amendment to the Articles of Incorporation of ARROW CHILD AND FAMILY MINISTRIES.

ARTICLE ONE

The name of the corporation prior to the filing of these Articles of Amendment is ARROW CHILD AND FAMILY MINISTRIES. This Corporation is a Texas non-profit corporation. The Corporation has no shareholders. The Corporation has no members.

ARTICLE TWO

Article Two of the Articles of Amendment filed with the Texas Secretary of State on September 28, 2007, is hereby amended to read in full as follows: "The name of this corporation is "ARROW CHILD & FAMILY MINISTRIES."

ARTICLE THREE

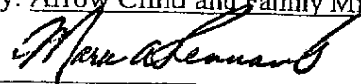
This amendment was adopted by the unanimous approval and consent of the Board of Directors of the Corporation on August 1, 2009. The number of members of the Board voting for the change in the name of the Corporation was five (5). No Board members voted against the change in the name of the Corporation. There are no members having voting rights in respect hereof.

DATED: August 1, 2009.

Tony has signed this for Mark & we'll forward as soon as we can. Lynn

ARROW CHILD & FAMILY MINISTRIES,
formerly: Arrow Child and Family Ministries

BY:


Mark A. Tennant, Chief Executive Officer



Office of the Secretary of State

**CERTIFICATE OF AMENDMENT
OF**

**ARROW CHILD AND FAMILY MINISTRIES
800062747**

[formerly: THE ARROW PROJECT]

The undersigned, as Secretary of State of Texas, hereby certifies that the attached Articles of Amendment for the above named entity have been received in this office and have been found to conform to law.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Amendment.

Dated: 09/28/2007
Effective: 09/28/2007



A handwritten signature in black ink that reads "Phil Wilson".

Phil Wilson
Secretary of State

P.O.Box 13697
Austin, Texas 78711-3697



Secretary of State

Office of the Secretary of State

September 28, 2007

Attn: Lynn Hopkins

Goodall & Davison, P.C.
Three Cielo Center, Suite 601, 1250 Capital of Texas Highway South
Austin, TX 78746 USA

RE: ARROW CHILD AND FAMILY MINISTRIES
File Number: 800062747

It has been our pleasure to file the articles of amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Statutory Filings Division
(512) 463-5555

Enclosure

Phone: (512) 463-5555
Prepared by: Laura Canales

Come visit us on the internet at <http://www.sos.state.tx.us/>
Fax: (512) 463-5709
TID: 10066

Dial: 7-1-1 for Relay Services
Document: 187327890002

SEP 28 2007

Corporations Section

**ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION OF
THE ARROW PROJECT
(A Texas Non-Profit Corporation)**

Pursuant to the provisions of Article 1396-4.02 of the Texas Non-Profit Corporation Act, the undersigned Corporation adopts the following Article of Amendment to the Articles of Incorporation of THE ARROW PROJECT.

ARTICLE ONE

The name of the corporation prior to the filing of these Articles of Amendment is THE ARROW PROJECT. This Corporation is a Texas non-profit corporation. The Corporation has no shareholders. The Corporation has no members.

ARTICLE TWO

Article One of the original Articles of Incorporation is hereby amended to read in full as follows: "The name of this corporation is "ARROW CHILD AND FAMILY MINISTRIES"

ARTICLE THREE

Section 2 of Article Four is hereby is replaced in its entirety with the following to state more specifically the purposes of the corporation and to include its mission statement as part of its purpose as follows:

Mission Statement: Arrow Child and Family Ministries serves to advance the well being of children, families, communities, and culture by providing an array of services and engaging the local church to promote Christian responsibility and commitment to strengthen family life.

Vision: Communities of children and families who have experienced healed hearts and changed lives enjoying a whole and meaningful life through faith in Jesus Christ.

Purpose: The Human Services division of Arrow Child and Family Ministries will seek, develop, implement and operate various disciplines of social service programming in order to serve vulnerable children and families in various communities across the United States and abroad.

Purpose: The Church and Community Alliance division of Arrow Child and Family Ministries will develop and offer resources to equip churches and community organizations to strengthen family life, and establish a network of people and financial resources necessary for the human service programs of the ministry.

Purpose: The Michael Reagan Center Policy and Research Institute of Arrow Child and Family Ministries will conduct research to discover and implement effective ways to benefit needy children and families consistent with a Christian worldview.

ARTICLE FOUR


This amendment was adopted by the unanimous approval of the Board of Directors of the Corporation on August 23, 2007. The number of members of the Board voting for the change in the name of the Corporation was 3. The number of Board members voting against the change in the name of the Corporation was 0. There are no members having voting rights in respect hereof.

DATED: September 19, 2007.

ARROW CHILD AND FAMILY
MINISTRIES,

formerly: The Arrow Project

BY:


Mark A. Tennant, Chief Executive Officer

P.O.Box 13697
Austin, Texas 78711-3697



Gwynn Snea
Secretary of State

Office of the Secretary of State

March 11, 2002

Goodall & Davison
1250 S Cap Of Tx Hwy, Two Cielo Center Ste 400
Austin, TX 78746 USA

RE: THE ARROW PROJECT
File Number: 121853601

It has been our pleasure to file the change of registered agent or registered office, or both for the referenced entity. This letter may be used as evidence of the filing and payment of the filing fee.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Statutory Filings Division
(512) 463-5555

Enclosure

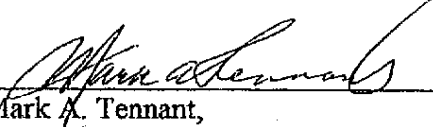
STATEMENT OF CHANGE OF
REGISTERED OFFICE
BY A NON-PROFIT CORPORATION

FILED
In the Office of the
Secretary of State of Texas
MAR 07 2002

Corporations Section

1. The name of the entity is **THE ARROW PROJECT**, and the file number issued to the entity by the Secretary of State is 01218536-01.
2. The entity is a non-profit corporation, which has authorized the changes indicated below through its board of directors or by an officer of the corporation so authorized by its board of directors, or through its members in whom management of the corporation is vested pursuant to article 2.14C, as provided by the Texas Non-Profit Corporation Act.
3. The registered office address as **PRESENTLY** shown in the records of the Texas Secretary of State is: 350 N. Sam Houston Parkway East, Suite 101, Houston, Texas 77060.
4. The address of the **NEW** registered office is 18993 Ferne Drive, Porter, Texas 77365.
5. Following the changes shown above, the address of the registered office and the address of the office of the registered agent will continue to be identical, as required by law.

By. _____


Mark A. Tennant,
Chief Executive Officer



Office of the Secretary of State

CERTIFICATE OF INCORPORATION OF

THE ARROW PROJECT
Filing Number: 800062747

The undersigned, as Secretary of State of Texas, hereby certifies that Articles of Incorporation for the above named corporation have been received in this office and have been found to conform to law.

Accordingly, the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law, hereby issues this Certificate of Incorporation.

Issuance of this Certificate of Incorporation does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 03/07/2002

Effective: 03/07/2002



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea
Secretary of State

**ARTICLES OF INCORPORATION
FOR A NON-PROFIT CORPORATION,
THE ARROW PROJECT**

FILED
In the Office of the
Secretary of State of Texas

MAR 07 2002

Corporations Section

I, the undersigned natural person, who am of the age of eighteen (18) years or more, acting as incorporator of a corporation under the Texas Non-Profit Corporation Act, do hereby adopt the following Articles of Incorporation for such corporation:

Article One

The name of the corporation is THE ARROW PROJECT.

Article Two

The corporation is a non-profit corporation.

Article Three

The period of its duration is perpetual.

Article Four

1. The corporation is organized and shall be operated exclusively for religious, charitable, scientific, literary, educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Specifically, the corporation is organized to receive and maintain a fund or funds of real or personal property, or both, and, subject to the restrictions and limitations hereinafter set forth, to use and apply the whole or any part of the income therefrom and the principal thereof exclusively for charitable, religious, scientific, literary, or educational purposes either directly or by contributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code and its regulations as they

now exist or as they may hereafter be amended, and that they are exempt from taxation under Section 501(a) of the Internal Revenue Code.

2. To provide management services for 501(c)(3) entities involved in the provision of operating facilities for quality childcare, family resources for orphaned, homeless, abused, neglected or underprivileged children and dysfunctional families and educational facilities for such children and for other similar groups.

3. No part of the earnings of the corporation shall inure to the benefit of any Director of the corporation, member or officer of the corporation, or any private individual, and no Director or officer of the corporation, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the corporation. No substantial part of the activities of the corporation shall be carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in any political campaign on behalf of or in opposition to any candidate for public office.

4. Notwithstanding any other provisions of these Articles the corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or by a corporation contributions which are deductible under Section 170(c)(2) of the Internal Revenue Code, or as hereafter may be amended.

5. To this end, the corporation shall have, in addition to all the powers conferred by law upon similar corporations, the following specific powers: To solicit and receive gifts, donations, legacies, devises, and endowments, either in money or any species of real or personal property, and to raise money in such

manner as may be determined by the Board of Directors. To buy, sell, hold, lease, exchange, improve or develop such estate as the Board of Directors may from time to time deem necessary or useful in carrying on the work of the corporation. To acquire by gift, purchase, bargain or otherwise, any kind or species of real or personal property deemed necessary or useful to the corporation in carrying on its business and to hold, use, and dispose of the same at will. To invest and reinvest its own funds of property or any assets under its control, and to deal with the same in any manner and to the fullest extent permitted by law. To do all other things not expressly prohibited by law which may be necessary or convenient in carrying out the general activities and purposes of the corporation.

Article Five

The street address of the principal office of the corporation is c/o The Arrow Project, Inc.,
Attn: Mark Tennant, President, 18993 Ferne Drive, Porter, Texas 77365.

Article Six

The name and street address of the resident agent of the corporation are Anthony C. Goodall,
Goodall & Davison, P.C., Two Cielo Center, Suite 400, 1250 S. Capital of Texas Hwy., Austin, Texas
78746.

Article Seven

The corporation has no authority to issue capital stock. The corporation will have no members.

Article Eight

The number of directors of the corporation shall be three (3), which number may be increased or decreased pursuant to the bylaws of the corporation. The names and addresses of the initial directors who

shall act until the first meeting or until their successors are duly chosen and qualified are:

Mark A. Tennant 18993 Ferne Drive
Porter, Texas 77365

Kristy Tennant 18993 Ferne Drive
Porter, Texas 77365

Christine Marra 18993 Ferne Drive
Porter, Texas 77365

Article Nine

To the extent permitted by the Texas general corporation law, the Board of Directors shall authorize the corporation to indemnify any present or former director, officer, employee or agent of the corporation against judgments, penalties (including excise and similar taxes), fines, settlements, and reasonable expenses actually incurred by the person in connection with a proceeding in which the person was, is, or is threatened to be made a named defendant or respondent because the person is or was a director, officer, employee or agent of the corporation and as more fully provided in the corporation's bylaws.

Article Ten

In the event of the dissolution of the corporation or the winding up of its affairs, the assets of the corporation and rights thereto shall not be transferred to private ownership, but shall be distributed exclusively to charitable, religious, scientific, literary, or educational organizations which would then qualify under the provisions of Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended, which are exempt from federal income taxation under Section

501(a) of the Code.

IN WITNESS WHEREOF, I have signed these Articles and acknowledge the same to be my act.



ANTHONY C. GOODALL, Incorporator



THE ARROW PROJECT

Corporate Office
18993 Terme Drive
Porter, Texas 77327

of Texas
"Fighting the battle for our kids"

281572.1200
87782.ARROW
Fax: 281572.1230

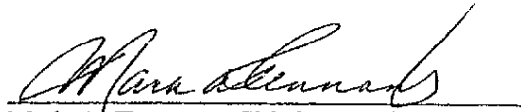
February 22, 2002

To the Secretary of State of Texas
Austin, Texas

Dear Secretary:

I am the Chairman and Chief Executive Officer of The Arrow Project of Texas, formerly known as, The Arrow Project. We hereby grant our consent to incorporator, Anthony C. Goodall, to file articles of incorporation for a non-profit corporation bearing the name, The Arrow Project.

Sincerely,



Mark A. Pennant, Chief Executive Officer

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

- Business Corporation (§ 1915)
 Nonprofit Corporation (§ 5915)

Name Anthony C. Goodall		
Address 1250 S. Capital of TX Hwy., #3-601		
City Austin	State TX	Zip Code 78746

Document will be returned to the name and address you enter to the left.



Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-NONPROFIT 7 Page(s)

Fee: \$70



T0707165003

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
The Arrow Project of Pennsylvania

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
15 S. Montgomery Street	Holidaysburg	PA	16648	Blair

(b) Name of Commercial Registered Office Provider	County
c/o Steve Lytle	Blair

3. The statute by or under which it was incorporated: 15 Pa. C.S. 5306

4. The date of its incorporation: March 8, 2004

5. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

The amendment shall be effective on: _____ at _____
Date Hour

PA DEPT. OF STATE

2007 MAR -8 PM 1:24

6. Check one of the following:

- The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
- The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate, complete one of the following:

- The amendment adopted by the corporation, set forth in full, is as follows
- _____
- _____

- The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof. See the attached amended and restated Articles.

8. Check if the amendment restates the Articles:

- The restated Articles of Incorporation supersede the original articles and all amendments thereto.

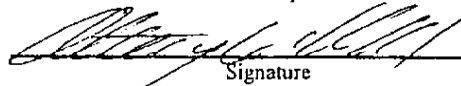
IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

7th day of March,

2007.

The Arrow Project of Pennsylvania

Name of Corporation



Signature

Authorized Attorney-in-Fact

Title

Amended and Restated

**ARTICLES OF INCORPORATION
FOR A NONSTOCK CORPORATION,
THE ARROW PROJECT OF PENNSYLVANIA**

Article One

The undersigned Anthony C. Goodall, whose address is 2929 FM 2920, Spring, Texas 7738, being at least eighteen years of age, does hereby form a corporation under the laws of the State of Pennsylvania.

Article Two

The name of the corporation is THE ARROW PROJECT OF PENNSYLVANIA.

Article Three

1. The corporation is organized and shall be operated exclusively for religious, charitable, scientific, literary, educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Specifically, the corporation is organized to receive and maintain a fund or funds of real or personal property, or both, and, subject to the restrictions and limitations hereinafter set forth, to use and apply the whole or any part of the income therefrom and the principal thereof exclusively for charitable, religious, scientific, literary, or educational purposes either directly or by contributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended, and that they are exempt from taxation under Section 501(a) of the Internal Revenue Code.

2. This corporation is created for the establishing and operating of one or more Christian homes and/or other educational facilities for quality childcare and family resources for orphaned, homeless, abused, neglected or under-privileged children and dysfunctional families. The purpose also includes the performing of assessments and evaluations of the foregoing.

3. No part of the earnings of the corporation shall inure to the benefit of any Director of the corporation, member or officer of the corporation, or any private individual, and no Director or officer of the corporation, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the corporation. No substantial part of the activities of the corporation shall be carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in any political campaign on behalf of or in opposition to any candidate for public office.

4. Notwithstanding any other provisions of these Articles, the corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or by a corporation the contributions of which are deductible under Section 170(c)(2) of the Internal Revenue Code, or as hereafter may be amended.

5. To this end, the corporation shall have, in addition to all the powers conferred by law upon similar corporations, the following specific powers: To solicit and receive gifts, donations, legacies, devises, and endowments, either in money or any species of real or personal property, and to raise money in such manner as may be determined by the Board of Directors. To buy, sell, hold, lease, exchange, improve or develop such estate as the Board of Directors may from time to time deem necessary or useful in carrying on the work of the corporation. To acquire by gift, purchase, bargain or otherwise, any kind or species of real or personal property deemed necessary or useful to the corporation in carrying on its business and to hold, use, and dispose of the same at will. To invest and reinvest its own funds of property or any assets under its control, and to deal with the same in any manner and to the fullest extent permitted by law. To do all other things not expressly prohibited by law which may be necessary or convenient in carrying out the general activities and purposes of the corporation.

Article Four

The duration of this corporation is perpetual.

Article Five

The corporation shall have no members.

Article Six

The corporation is organized upon a nonstock basis.

Article Seven

The street address of the principal office of the corporation in Pennsylvania is 15 South Montgomery Street, Holidaysburg, Pennsylvania 16648.

Article Eight

The name and street address of the resident agent of the corporation are Steve Lytle, 15 South Montgomery Street, Holidaysburg, Pennsylvania 16648.

Article Nine

The director(s) of the corporation have been elected so serve the corporation until their successors shall be duly elected, in accordance with section 5310(a) of the Non Profit Corporation Law ("NPCL").

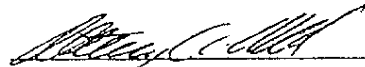
Article Ten

To the extent permitted by the Pennsylvania general corporation law, the Board of Directors shall authorize the corporation to indemnify any present or former director, officer, employee or agent of the corporation against judgments, penalties (including excise and similar taxes), fines, settlements, and reasonable expenses actually incurred by the person in connection with a proceeding in which the person was, is, or is threatened to be made a named defendant or respondent because the person is or was a director, officer, employee or agent of the corporation and as more fully provided in the corporation's bylaws.

Article Eleven

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government or to a state or local government, for a public purpose.

IN WITNESS WHEREOF, I have signed these Articles and acknowledge the same to be my act.



ANTHONY C. GOODALL,
Authorized Agent for the Corporation

RETURN TO:

Anthony C. Goodall, Esq.
1250 Capital of Texas Hwy.
Suite 3-601
Austin, Texas 78746

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

THE ARROW PROJECT OF PENNSYLVANIA

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3206243

GOODALL & DAVISON PC
1250 S CAPITAL OF TEXAS HWY, #3-601
AUSTIN, PA 78746

EXHIBIT “J-3”

Exhibit 3

Arrow Ministries and Its Related Affiliates 990's (2009-2010)

- Arrow Child & Family Ministries, Inc. ("Arrow Ministries")
- Arrow Child & Family Ministries of Pennsylvania, Inc. ("Arrow Pennsylvania")
- Arrow Child & Family Ministries of Maryland, Inc. ("Arrow Maryland")
- Arrow Child & Family Ministries of Texas, Inc. ("Arrow Texas")
- Arrow Child & Family Ministries of California, Inc. ("Arrow California")

2009 Exempt Organization Business Tax Return

prepared by:

DIANE FULMER, CPA

P.O. Box 182
ROUND ROCK, TX 78680-0182

ARROW CHILD AND FAMILY MINISTRIES

2929 FM 2920
SPRING, TX 77388

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)

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Jul 1, 2009, and ending Jun 30, 2010

Part I: Check if applicable (Address change, Name change, etc.), C Name of organization (ARROW CHILD AND FAMILY MINISTRIES), D Employer Identification Number (01-0628536), E Telephone number ((281) 210-1500), G Gross receipts \$ 4,163,603.

H(a) Is this a group return for affiliates? Yes No, H(b) Are all affiliates included? Yes No, H(c) Group exemption number

I Tax-exempt status (501(c)(3)), J Website (N/A), K Form of organization (Corporation), L Year of Formation (2002), M State of legal domicile (TX)

Part II Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of employees... 6 Total number of volunteers... 7a Total gross unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Mark Tennant, Date: 02/08/11, Title: CEO, CHAIRMAN

Paid Preparer's Use Only: Preparer's signature (Diane Fulmer), Date (2/11/11), Firm's name (DIANE FULMER, CPA), P.O. Box 182, ROUND ROCK, TX 78680-0182, Check if self-employed, Preparer's identifying number, EIN, Phone no. (512) 388-0582

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Seek, develop, implement, and operate various disciplines of social service programming in order to serve vulnerable children and families
See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 3,787,547. including grants of \$ 0.) (Revenue \$ 3,254,095.)

Seek, develop, implement, and operate various disciplines of social service programming in order to serve vulnerable children and families in various communities across the United States and abroad. Develop alliances with churches and communities to provide resources to children and families in need. Conduct research to discover and implement effective ways to benefit needy children and families consistent with a Christian worldview.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,787,547.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		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		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• 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		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
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		X
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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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? <i>If 'Yes,' complete Schedule I, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	20		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	45		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
3b	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)?		X
4a			
b	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 Financial Accounts.		
4a			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
5c	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?		X
6a			
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7b			
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9a			
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12b			

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1a	12	
b Enter the number of voting members that are independent		
1b	10	
2 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?		X
2		X
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?		X
3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
5		X
6 Does the organization have members or stockholders?		X
6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
8a	X	
b Each committee with authority to act on behalf of the governing body?	X	
8b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
12c	X	
13 Does the organization have a written whistleblower policy?	X	
13	X	
14 Does the organization have a written document retention and destruction policy?	X	
14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
15a	X	
b Other officers of key employees of the organization	X	
15b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a		X
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		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 Arrow Child & Family Ministries 2929 FM 2920 Spring TX 77388 (281) 210-1500

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Tennant President	40.00	X		X	X	X	208,256.	0.	50,450.	
Steve Lytle Exec VP	40.00	X			X		156,840.	0.	11,977.	
Christine Marra CFO	40.00	X		X			148,707.	0.	11,541.	
Cindy Marion Director	1.00	X					0.	0.	0.	
Kelly Chapman Director	1.00	X					0.	0.	0.	
Maria Bush Director	1.00	X					0.	0.	0.	
Madeline Collier Diretor	1.00	X					0.	0.	0.	
Tommy Tenney Director	1.00	X					0.	0.	0.	
Faye Eason Director	1.00	X					0.	0.	0.	
Susie Peake Director	1.00	X					0.	0.	0.	
Doug Reed Director	1.00	X					0.	0.	0.	
Rick Rigby Director	1.00	X					0.	0.	0.	
Melanie Sabelhaus Director	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1 b Total							513,803.	0.	73,968.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **3**

	Yes	No
3 Did the organization list any former officer , director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part 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	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	767,682.				
	g Noncash contribns included in lns 1a-1f:	\$ 79,384.				
	h Total. Add lines 1a-1f	767,682.				
PROGRAM SERVICE REVENUE	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue	3,254,095.	3,254,095.	0.	0.	
	g Total. Add lines 2a-2f	3,254,095.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	182.	0.	0.	182.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties	1,070.	0.	0.	1,070.	
	6a Gross Rents	(i) Real	140,574.			
		(ii) Personal				
	b Less: rental expenses	0.				
	c Rental income or (loss)	140,574.				
	d Net rental income or (loss)	140,574.	140,574.	0.	0.	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		4,163,603.	3,394,669.	0.	1,252.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	551,881.	535,505.	0.	16,376.
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	1,409,550.	1,371,208.	0.	38,342.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,182.	23,182.	0.	0.
9 Other employee benefits	304,180.	303,370.	0.	810.
10 Payroll taxes	140,165.	135,964.	0.	4,201.
11 Fees for services (non-employees)				
a Management				
b Legal	49,618.	49,618.	0.	0.
c Accounting	22,011.	18,618.	0.	3,393.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	17,366.	17,366.	0.	0.
12 Advertising and promotion	166,422.	128,939.	0.	37,483.
13 Office expenses	63,205.	62,220.	0.	985.
14 Information technology				
15 Royalties				
16 Occupancy	107,479.	107,479.	0.	0.
17 Travel	202,468.	188,510.	0.	13,958.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	200,714.	0.	0.	200,714.
20 Interest	391,459.	389,795.	0.	1,664.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,243.	159,172.	0.	71.
23 Insurance	84,577.	84,577.	0.	0.
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.)				
a <u>Postage</u>	20,828.	20,276.	0.	552.
b <u>Equipment Rental</u>	53,982.	53,982.	0.	0.
c <u>Staff Development</u>	5,909.	5,909.	0.	0.
d <u>Dues & Subscriptions</u>	11,557.	11,557.	0.	0.
e <u>Printing</u>	6,668.	6,668.	0.	0.
f All other expenses	193,016.	113,632.	0.	79,384.
25 Total functional expenses. Add lines 1 through 24f	4,185,480.	3,787,547.	0.	397,933.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98.2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash -- non-interest-bearing	54,108.	1	5,546.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,615,497.	4	2,943,733.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,640.	9	13,262.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,965,753.		
	b	Less: accumulated depreciation	10b 1,033,722.	5,091,114.	10c 4,932,031.
	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	71,994.	15	54,752.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,838,353.	16	7,949,324.	
LIABILITIES	17	Accounts payable and accrued expenses	77,764.	17	1,296,533.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,246,266.	23	3,168,125.
	24	Unsecured notes and loans payable to unrelated third parties	2,641,403.	24	2,625,964.
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,965,433.	26	7,090,622.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	872,920.	27	858,702.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	872,920.	33	858,702.	
34	Total liabilities and net assets/fund balances.	6,838,353.	34	7,949,324.	

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

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 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.)
6 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.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [X] An organization that normally receives: (1) more than 33-1/3 % 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 33-1/3 % 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 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) or section 509(a)(2).
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of Support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	33,716.	106,019.	221,570.	101,404.	767,682.	1,230,391.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	2,145,800.	1,425,225.	2,930,434.	3,495,250.	3,254,095.	13,250,804.
3 Gross receipts from activities that are not an 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 Total. Add lines 1 through 5	2,179,516.	1,531,244.	3,152,004.	3,596,654.	4,021,777.	14,481,195.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						14,481,195.

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	2,179,516.	1,531,244.	3,152,004.	3,596,654.	4,021,777.	14,481,195.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				16,826.	182.	17,008.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				16,826.	182.	17,008.
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 lns 9, 10c, 11, and 12.)						14,498,203.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.88%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.12%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests -- 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area containing horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No
- 9 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.

- 1 a If the organization elected, as permitted under SFAS 116, 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.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land	949,020.			949,020.
b Buildings	4,881,149.		956,935.	3,924,214.
c Leasehold improvements	2,263.		845.	1,418.
d Equipment	133,321.		75,942.	57,379.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,932,031.

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other -----		

Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Gas Well	19,490.
Accum Amortization	-4,445.
Deposits	0.
Loan Refinance Costs	59,560.
Less Accumulated Amortization	-19,853.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	54,752.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

Schedule F
(Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America	0	1	program service	child welfare ministry	136,893.
Totals	0	1			136,893.

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. Use Schedule F-1 (Form 990) if additional space is needed.

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	(i) Method of valuation (book, FMV, appraisal, other)

2 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

3 Enter total number of other organizations or entities

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Part III Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b	X
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If 'Yes' to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8	X
If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
9	9	

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
(i) Mark Tennant	208,256	0	0	14,560	35,890	258,706	229,540
(ii) Steve Lytle	156,840	0	0	11,977	3,533	172,350	175,543
(i) Christine Marra	148,707	0	0	11,541	0	160,248	135,844
(ii)	0	0	0	0	0	0	0
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Part II Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Pt I Line 1b The chairman receives a housing allowance due to his ministerial duties. He is an ordained minister and

Pt I Line 1b conducts religious worship and provides spiritual council to staff, foster families, and foster children,

Pt I Line 1b in furtherance of the Arrow Project ministries nationally and worldwide.

BAA

SCHEDULE L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **ARROW CHILD AND FAMILY MINISTRIES** Employer identification number: **01-0628536**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$ _____						

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kristy Tennant	Spouse of founder	52,753.	salary & benefits		X
Michelle Marra	child of officer	40,584.	salary & benefits		X
Melissa Marra	child of officer	40,024.	salary & benefits		X

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
▶ **Attach to Form 990.**

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Children's personal needs)		23	79,384.	cost of donation
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If 'Yes,' describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If 'Yes,' describe in Part II.		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Pt VI-B, Line 11A All board members received a copy of the 990 prior to filing for review.

Pt VI-B, Line 12c All board members are required to complete an annual conflict of interest statement

Pt VI-B, Line 12c and asked to abstain from voting on any activity in which there may be conflict.

Pt VI-B, Line 15 The organization uses other 990s and compensation studies in determining

Pt VI-B, Line 15 salaries for key employees which is then voted on by the board.

Pt VI-C, Line 19 The 990 is available for public inspection upon request at the

Pt VI-C, Line 19 organization's Spring, Texas location.

Pt III, Line 2 The organization received approval from the IRS to change its exempt

Pt III, Line 2 status from a 509(a)(3) supporting organization to a 501(c)(3) exempt

Pt III, Line 2 charitable organization to bring it in line with the other Arrow Child & Family Ministries

Pt III, Line 2 related entities that serve children and families in need.

Pt III, Line 2 IRS approval for change received May 27, 2010.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization: ARROW CHILD AND FAMILY MINISTRIES

Employer identification number: 01-0628536

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

Table with 6 columns: (A) Name, address, and EIN of disregarded entity; (B) Primary activity; (C) Legal domicile; (D) Total income; (E) End-of-year assets; (F) Direct controlling entity.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Table with 6 columns: (A) Name, address, and EIN of related organization; (B) Primary activity; (C) Legal domicile; (D) Exempt Code section; (E) Public charity status; (F) Direct controlling entity.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)	X	
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Arrow Child and Family Ministries of Texas (amt owed to ACFM)	1d	2,157,308.
(2) Arrow Child & Family Ministries of Pennsylvania (amt owed to ACFM)	1d	442,976.
(3) Arrow Child & Family Ministries of California (amt owed to ACFM)	1d	339,238.
(4) Arrow Child & Family Ministries of Maryland (amt owed by ACFM)	1e	1,061,023.
(5) Arrow Child & Family Ministries of Pennsylvania	1k	35,187.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-f)	(C) Amount involved
Arrow Child & Family Ministries of Pennsylvania	1p	47,785.
Arrow Child & Family Ministries of Texas	1k	1,391,947.
Arrow Child & Family Ministries of Texas	1i	140,154.
Arrow Child & Family Ministries of Texas	1p	361,936.
Arrow Child & Family Ministries of California	1k	18,624.
Arrow Child & Family Ministries of California	1p	22,543.
Arrow Child & Family Ministries of Maryland	1k	1,062,898.
Arrow Child & Family Ministries of Maryland	1p	306,603.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

ARROW CHILD AND FAMILY MINISTRIES

Employer identification number

01-0628536

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule --

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The Hogleund Foundation 5910 N Central Expressway, Ste 255 Dallas TX 75206	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Scurlock Foundation 3355 West Alabama, Ste 630 Houston TX 77098	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Lindahl Family Foundation 15 Legato Way Spring TX 77382	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Stephanie Deverka 10801 Smithdale Houston TX 77024	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Walter Christian Development Foundation 1100 Louisiana St., Ste. 200 Houston TX 77002	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Rockjensen Foundation, Inc. 76 Golden Scroll Circle Spring TX 77382	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Renaissance Charitable Foundation 6100 W. 96th st., Ste. 105 Indianapolis IN 46278	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	The Ark Church 450 Humble Tank Road Conroe TX 77304	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	William and Elizabeth Morrice Foundation 5420 Mallard Lane Hoffman Estates IL 60192	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Jim and Cherie Flores 1620 River Oaks Blvd Houston TX 77019	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Bill and Wendy Chiles 5545 Tupper Lake Drive Houston TX 77056	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	John and Terri Havens 2960 Lazy Lane Houston TX 77019	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Lloyd Charitable Foundation 108 Shasta Drive Cypress TX 77429	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Bank of Houston 750 Bering Drive, Ste. 100 Houston TX 77057	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Jerry and Danielle Dearing 5300 Doliver Drive Houston TX 77056	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	Greater Houston Community Foundation 4550 Post Oak Place, Ste. 100 Houston TX 77027	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Amy Slaughter 3503 Cedar Knolls A-1 Kingwood TX 77339	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Robert and Pheobe Tudor 1405 South Blvd Houston TX 77006	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARROW CHILD AND FAMILY MINISTRIES	Employer identification number 01-0628536
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Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Second Prebyterian Church PO Box 977 Yazoo City MS 39194	\$ 15,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	Claire Thielke 4109 West Northampton Place Houston TX 77098	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	Woodlands Church One Fellowship Drive Conroe TX 77384	\$ 12,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	Mac Passano 3925 Linkwood Road Baltimore MD 21210	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	The Baltimore Community Foundation 2 East Read St., 9th Floor Baltimore MD 21202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	Fair Meadows LLC 2410 Creswell Road Bel Air MD 21015	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES

01-0628536

Part Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	Bradshaw Construction Corporation 175 West Liberty Road Sykesville MD 21784	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	Greater Baltimore Committee 111 South Calvert St, Ste 1700 Baltimore MD 21202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	KCI Technologies, Inc. 936 Ridgebrook Road Sparks Glencoe MD 21152	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	Strake Foundation 712 Main Street #3300 Houston TX 77002	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

in various communities across the United States and abroad.
United States and abroad.

2009 Exempt Organization Business Tax Return

prepared by:

DIANE FULMER, CPA

P.O. Box 182

ROUND ROCK, TX 78680-0182

Arrow Child & Family Ministries of Pennsylvania

2929 FM 2920

SPRING, TX 77388

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning **Jul 1**, 2009, and ending **Jun 30**, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization Arrow Child & Family Ministries of Pennsylvania Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2929 FM 2920 City, town or country State ZIP code + 4 SPRING TX 77388	D Employer Identification Number 57-1208819 E Telephone number (281) 210-1500 G Gross receipts \$ 460,452.
F Name and address of principal officer: MARK TENNANT 2929 FM 2920 SPRING TX 77388		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ N/A		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 2004		M State of legal domicile: TX	

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>Provide Therapeutic Foster Care</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5	Total number of employees (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	20
		7a	Total gross unrelated business revenue from Part VIII, I column (C), line 12	7a
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,037.	Current Year 9,910.
	9	Program service revenue (Part VIII, line 2g)	269,172.	450,542.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,209.	460,452.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	139,008.	258,151.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	189,954.	229,080.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	328,962.	487,231.
	19	Revenue less expenses. Subtract line 18 from line 12	-58,753.	-26,779.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 71,679.	End of Year 140,472.
	21	Total liabilities (Part X, line 26)	359,579.	455,151.
	22	Net assets or fund balances. Subtract line 21 from line 20	-287,900.	-314,679.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer MARK TENNANT Type or print name and title.	Date 02/04/11 CHAIRMAN
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Paid Preparer's Use Only	Preparer's signature ▶ <i>[Signature]</i> Firm's name (or yours if self-employed), address, and ZIP + 4 DIANE FULMER, CPA P.O. Box 182 ROUND ROCK TX 78680-0182	Date 02/04/11 Check if self-employed <input type="checkbox"/> EIN ▶ Phone no. ▶ (512) 388-0582	Preparer's identifying number (see instructions)
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Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Provide service to children in need.

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 No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ...

Yes No

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 \$ 170,351. including grants of \$ 0.) (Revenue \$ 155,140.)

Foster Care - place children in approved foster homes. Provide basic and therapeutic foster care to enhance a child's well-being in a family setting

4b (Code:) (Expenses \$ 164,378. including grants of \$ 0.) (Revenue \$ 206,902.)

Intensive In-Home Services provide child protection through enhancement of family capabilities in areas of kinship support, family preservation, and family reunification.

4c (Code:) (Expenses \$ 69,495. including grants of \$ 0.) (Revenue \$ 88,500.)

Adoption - place children in permanent homes.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 404,224.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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.		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.		
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.		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
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.		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.		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		X
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.		
	• 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.		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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.		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.		X
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.		X
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.		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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? <i>If 'Yes,' complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c	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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	X	

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1 a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1 c			
2 a	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		
2 a	9		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 a			
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
3 b			
4 a	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)?		X
4 a			
b	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 Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 a			
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 b			
5 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?		
5 c			
6 a	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?		X
6 a			
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
6 b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 a			
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 b			
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 c			
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 d			
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 e			
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 f			
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 g			
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7 h			
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?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		X
9 a			
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
9 b			
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 a			
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10 b			
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders.		
11 a			
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 a			
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
12 b			

Part VII 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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body.....		
	1a	4	
b	Enter the number of voting members that are independent.....		
	1b	3	
2	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?.....		X
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?.....	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
6	Does the organization have members or stockholders?.....		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?.....	X	
8a			
b	Each committee with authority to act on behalf of the governing body?.....	X	
8b			
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.....		X
9			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?.....		X
10a			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	X	
11			
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.....	X	
12a			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.....	X	
12c			
13	Does the organization have a written whistleblower policy?.....	X	
13			
14	Does the organization have a written document retention and destruction policy?.....	X	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.....	X	
15a			
b	Other officers of key employees of the organization.....	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....		X
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			

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Arrow Child & Family Ministries 2929 FM 2920 Spring TX 77388 (281) 210-1500

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Tennant CEO, Chairman	1.00	X		X				0.	208,256.	50,450.
Faye Eason Director	1.00	X						0.	0.	0.
Cindy Marion Director	1.00	X						0.	0.	0.
Susie Peake Director	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1 b Total 0. 208,256. 50,450.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a?
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000?
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization?

Yes/No grid for questions 3, 4, and 5.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of Services, (C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part 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	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 9,910.					
	g Noncash contribns included in lns 1a-1f:	\$ 1,224.					
	h Total. Add lines 1a-1f		9,910.				
PROGRAM SERVICE REVENUE	2 a Business Code						
	b						
	c						
	d						
	e						
	f All other program service revenue:		450,542.	450,542.	0.	0.	
	g Total. Add lines 2a-2f		450,542.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
11 a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			460,452.	450,542.	0.	0.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	209,444.	209,444.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	20,150.	20,150.	0.	0.
10 Payroll taxes	28,557.	28,557.	0.	0.
11 Fees for services (non-employees)				
a Management	82,972.	0.	82,972.	0.
b Legal				
c Accounting	13,770.	13,770.	0.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,041.	1,041.	0.	0.
13 Office expenses	10,527.	10,527.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy	19,005.	19,005.	0.	0.
17 Travel	21,646.	21,646.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	35.	0.	35.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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.)				
a Family Foster Care Pymts	61,575.	61,575.	0.	0.
b Staff Development	2,983.	2,983.	0.	0.
c Foster Family Training	1,583.	1,583.	0.	0.
d Dues & Subscriptions	511.	511.	0.	0.
e Insurance	1,975.	1,975.	0.	0.
f All other expenses	11,457.	11,457.	0.	0.
25 Total functional expenses. Add lines 1 through 24f	487,231.	404,224.	83,007.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	2,372.	1	250.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	68,964.	4	137,574.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	343.	9	2,648.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
		b Less: accumulated depreciation		10b	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)	71,679.	16	140,472.	
LIABILITIES	17	Accounts payable and accrued expenses	359,579.	17	455,151.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	359,579.	26	455,151.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	-288,228.	27	-314,961.
	28	Temporarily restricted net assets	328.	28	282.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	-287,900.	33	-314,679.	
34	Total liabilities and net assets/fund balances.	71,679.	34	140,472.	

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Part X Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

	Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to line 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

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Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization

Employer identification number

Arrow Child & Family Ministries of Pennsylvania

57-1208819

Part III 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).
3 A hospital or 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).
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).
6 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations...
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons...
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows for (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?; (ii) a family member of a person described in (i) above?; (iii) a 35% controlled entity of a person described in (i) or (ii) above?.

h Provide the following information about the supported organizations.

Table with 7 main columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of Support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ...						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

14	%
----	---
- 15 Public support percentage from 2008 Schedule A, Part II, line 14.....

15	%
----	---
- 16a 33-1/3 support test -- 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33-1/3 support test -- 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 17a 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
- b 10%-facts-and-circumstances test -- 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

BAA

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)		18,715.	620.	1,037.	9,910.	30,282.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose		30,822.	169,168.	269,172.	450,542.	919,704.
3 Gross receipts from activities that are not an 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 Total. Add lines 1 through 5		49,537.	169,788.	270,209.	460,452.	949,986.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						949,986.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		49,537.	169,788.	270,209.	460,452.	949,986.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 lns 9, 10c, 11, and 12.)						949,986.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	0.00 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00 %

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

Arrow Child & Family Ministries of Pennsylvania

57-1208819

Part I 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
1 Total number at end of year.....		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?..... Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... Yes No

9 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.

1 a If the organization elected, as permitted under SFAS 116, 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.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶

Part VIII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

Part IX Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ▶		

Part X Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)	

Part XI Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		460,452.
2	Total expenses (Form 990, Part IX, column (A), line 25)		487,231.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-26,779.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-26,779.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	460,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	460,452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	460,452.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	487,231.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	487,231.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	487,231.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

Arrow Child & Family Ministries of Pennsylvania

57-1208819

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If 'Yes' to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	7	x
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.	8	x
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

Multiple horizontal dashed lines for providing supplemental information.

pt VI-A, line 3 Management activities are provided by a related non-profit organization, Arrow Child and Family Ministries.
pt XI, line 2c The board of directors assumes responsibility for the audit.
pt VI-B, line 11a A copy of the 990 was provided to all board members prior to filing for review.
pt VI-B, line 12c Each board member is required to sign an annual statement regarding
pt VI-B, line 12c any potential conflicts of interest and abstain from any
pt VI-B, line 12c matter that may involve conflict.
pt VI-B, line 15 The organization does not currently have any highly compensated employees.
pt VI-C, line 19 The 990 is available for review upon request at the organization's Spring, TX location.

<p>Department of the Treasury Internal Revenue Service</p> <p>SCHEDULE O (Form 990)</p>	<p>Supplemental Information to Form 990</p> <p>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.</p>	<p>Name of the organization Arrow Child & Family Ministries of Pennsylvania</p> <p>Employer identification number 57-1208819</p>
--	---	--

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)

- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees

- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	
			1a-1e	1f-1r
(1) Arrow Child and Family Ministries (owed to company by Arrow PA)		1e	442,976.	
(2) Arrow Child and Family Ministries		1i	35,187.	
(3) Arrow Child and Family Ministries		1o	47,785.	
(4)				
(5)				
(6)				

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF

2009

OMB No. 1545-0047

Organization type (check one):

- Section:
- 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 - 527 political organization
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Form 990-PF

Form 990 or 990-EZ

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

General Rule -

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Arrow Child & Family Ministries of Pennsylvania

Employer identification number

57-1208819

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Nelman Group 614 North Front Street Harrisburg PA 17101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2009 Exempt Organization Business Tax Return
prepared by:

DIANE FULMER, CPA

P.O. Box 182

ROUND ROCK, TX 78680-0182

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland
2929 FM 2920
SPRING, TX 77388

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.

Department of the Treasury Internal Revenue Service

For the 2009 calendar year, or tax year beginning Jul 1, 2009, and ending Jun 30, 2010

Part I Summary: A Check if applicable, B Please use IRS label, C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts, H(a) Is this a group return for affiliates?, H(b) Are all affiliates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile, N Other

Part II Signature Block: 20 Total assets (Part X, line 16), 21 Total liabilities (Part X, line 26), 22 Net assets or fund balances. Subtract line 21 from line 20.

Table with 2 columns: Revenue, Expenses. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part III Signature Block: Signature of officer, Date, Mark Tennant, CEO, Chairman

Part IV Signature Block: Signature of officer, Date, Mark Tennant, CEO, Chairman

Part V Signature Block: Signature of officer, Date, Mark Tennant, CEO, Chairman

Part VI Signature Block: Signature of officer, Date, Mark Tennant, CEO, Chairman

Part VII Signature Block: Signature of officer, Date, Mark Tennant, CEO, Chairman

Part VIII Signature Block: Signature of officer, Date, Mark Tennant, CEO, Chairman

4d Other program services. (Describe in Schedule O.)
 Expenses \$ 3,472,513, including grants of \$ 12,198,160.
 0.) (Revenue \$ 4,076,250.)

4e Total program service expenses \$ 12,198,160.

4c (Code:) (Expenses \$ 407,175, including grants of \$ 469,436.)
 Diagnostic Type III school - provides special education
 intensity III to children in the diagnostic program
 who are not attending other programs

4b (Code:) (Expenses \$ 3,796,261, including grants of \$ 4,178,905.)
 Diagnostic - A 90 day residential care program for
 children ages 5-18 who are in need of comprehensive
 assessment in order to assist future placement,
 treatment and educational planning

4a (Code:) (Expenses \$ 4,522,211, including grants of \$ 4,882,350.)
 Foster Care - place children in need in approved foster homes.
 Provide basic and therapeutic foster care to enhance a
 child's well-being in a family setting. This includes a
 new Transitional Living Program that provides basic
 & therapeutic foster care in a group home setting

1 Briefly describe the organization's mission:
 Services to children in need

- 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 No
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
- 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.

Part IV Checklist of Required Schedules

1	2	3	4	5	6	7	8	9	10	11	12	13	14a	14b	15	16	17	18	19	20							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
1	2	3	4	5	6	7	8	9	10	11	12	13	14a	14b	15	16	17	18	19	20							
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	Is the organization required to complete Schedule B, Schedule of Contributors?	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.	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	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.	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	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.	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	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.	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X.	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. If 'No,' complete Schedule D, Parts XI, XII, and XIII is optional.	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	Did the organization maintain an office, employees, or agents outside of the United States?	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.	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	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.	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.	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.	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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? <i>If 'Yes,' complete Schedule L, Part III</i>		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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c	c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	27		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	274		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
3b	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)?		X
4a			
b	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 Financial Accounts.		
4a			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
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?		X
6a			
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7b			
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9a			
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12b			

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
	1a	6	
b	Enter the number of voting members that are independent		
	1b	5	
2	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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10a		X
10b		
10b		
11	X	
11	X	
12a	X	
12a	X	
12b	X	
12b	X	
12c	X	
12c	X	
13	X	
13	X	
14	X	
14	X	
15		
15a	X	
15a	X	
15b	X	
15b	X	
16a		X
16a		X
16b		
16b		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Arrow Child & Family Ministries 2929 FM 2920 Spring TX 77388 (281) 210-1500

Part 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	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45,681.				
	g Noncash contribns included in lns 1a-1f		\$				
	h Total. Add lines 1a-1f		45,681.				
PROGRAM SERVICE REVENUE	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue		13,606,941.	13,606,941.	0.	0.	
g Total. Add lines 2a-2f		13,606,941.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		3,700.	0.	0.	3,700.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	113,378.				
		(ii) Personal					
		b Less: rental expenses	113,378.				
		c Rental income or (loss)	0.				
	d Net rental income or (loss)		0.	0.	0.	0.	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			13,656,322.	13,606,941.	0.	3,700.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	165,588.	165,588.	0.	0.
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	6,257,150.	6,257,150.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,030.	27,030.	0.	0.
9 Other employee benefits	821,612.	821,612.	0.	0.
10 Payroll taxes	556,035.	556,035.	0.	0.
11 Fees for services (non-employees)				
a Management	1,369,501.	0.	1,369,501.	0.
b Legal	3,936.	3,936.	0.	0.
c Accounting	27,231.	27,231.	0.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
g Other	287,379.	287,379.	0.	0.
12 Advertising and promotion	8,027.	8,027.	0.	0.
13 Office expenses	67,923.	67,923.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy	383,918.	383,918.	0.	0.
17 Travel	88,433.	88,433.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,251.	23,251.	0.	0.
20 Interest	221,079.	211,907.	9,172.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	154,957.	154,957.	0.	0.
23 Insurance	61,997.	61,997.	0.	0.
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.)				
a <u>Staff Development Costs</u>	14,874.	14,874.	0.	0.
b <u>Drug Testing & Criminal Bkgrds</u>	20,145.	20,145.	0.	0.
c <u>Family Training</u>	2,270.	2,270.	0.	0.
d <u>Program Related Svcs</u>	2,750.	2,750.	0.	0.
e <u>Food & Food Preparation</u>	247,629.	247,629.	0.	0.
f All other expenses	2,764,118.	2,764,118.	0.	0.
25 Total functional expenses. Add lines 1 through 24f	13,576,833.	12,198,160.	1,378,673.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	59,401.	1	32,553.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,313,602.	4	1,622,697.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	1,144,866.	7	1,061,023.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	36,521.	9	2,484.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,056,650.		
	b	Less: accumulated depreciation	10b 1,549,060.	10c	4,507,590.
	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	11,661.	15	11,662.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,187,375.	16	7,238,009.	
LIABILITIES	17	Accounts payable and accrued expenses	393,409.	17	399,450.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,471,921.	23	2,378,692.
	24	Unsecured notes and loans payable to unrelated third parties	425,000.	24	483,333.
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,290,330.	26	3,261,475.
FINANCIAL STATEMENTS	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	3,893,045.	27	3,969,052.
	28	Temporarily restricted net assets	4,000.	28	7,482.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	3,897,045.	33	3,976,534.	
34	Total liabilities and net assets/fund balances.	7,187,375.	34	7,238,009.	

BAA

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

	Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to line 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?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland

Employer identification number

52-2325727

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 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.)
- 6 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % 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 33-1/3 % 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 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) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA 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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	21,625.	29,188.	24,102.	16,832.	45,681.	137,428.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	10,388,204.	12,737,147.	13,871,066.	14,050,427.	13,610,941.	64,657,785.
3 Gross receipts from activities that are not an 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 Total. Add lines 1 through 5	10,409,829.	12,766,335.	13,895,168.	14,067,259.	13,656,622.	64,795,213.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						64,795,213.

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	10,409,829.	12,766,335.	13,895,168.	14,067,259.	13,656,622.	64,795,213.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,057.				2,057.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2,057.				2,057.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						64,797,270.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Employer Identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland

52-2325727

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of an historically important land area
 - Preservation of certified historic structure

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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 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.

1 a If the organization elected, as permitted under SFAS 116, 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.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land	695,827.			695,827.
b Buildings	3,293,176.		726,512.	2,566,664.
c Leasehold improvements	1,374,758.		225,970.	1,148,788.
d Equipment	692,889.		596,578.	96,311.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,507,590.

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		13,656,322.
2	Total expenses (Form 990, Part IX, column (A), line 25)		13,576,833.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		79,489.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		79,489.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	13,656,322.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	13,656,322.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,656,322.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	13,576,833.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	13,576,833.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,576,833.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland

52-2325727

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment? **4a**
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? **5a**
- b Any related organization? **5b**
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? **6a**
- b Any related organization? **6b**
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland 52-2325727

Pt VI-A, Line 3 Management activities are provided by a related non-profit

organization, Arrow Child and Family Ministries.

Pt XI, Line 2c The board of directors assumes responsibility for the audit.

Pt VI-B, Line 11A A copy of the 990 was provided to all board members prior to filing for review.

Pt VI-B, Line 12c Each board member is required to sign an annual statement regarding

Pt VI-B, Line 12c any potential conflicts of interest and abstain from

Pt VI-B, Line 12c any matter that may involve conflict.

Pt VI-B, Line 15 The organization does not currently have any highly compensated employees.

Pt VI-C, Line 19 The 990 is available for review upon request at the organization's Sprin, TX location.

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)	X	

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Arrow Child and Family Ministries (amts owed from other org)	1d	1,061,023.
(2) Arrow Child and Family Ministries	1l	1,062,898.
(3) Arrow Child and Family Ministries	1o	306,603.
(4)		
(5)		
(6)		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland

52-2325727

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule –

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland

52-2325727

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PROVING GROUND MEDIA, INC. ----- 2218 COMMERCE ROAD, STE 5A ----- FOREST HILL MD 21050 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code:	Description:	<u>School - Provides special education Intensity V and</u>
Expenses	<u>3,472,513.</u>	<u>related services. A year-round program for students ages</u>
Grants Of	<u>0.</u>	<u>11-21 who are experiencing difficulties in life and learning.</u>
Revenue	<u>4,076,250.</u>	

Supporting Statement of:

Form 990 p 10/Line 8 col (D)

Description	Amount
<u>The organization doesn't rely on fundraising for support, but instead relies on state contract payments.</u>	

Total

COPY

ANNUAL UPDATE OF REGISTRATION
OFFICE OF THE SECRETARY OF STATE
STATE HOUSE
ANNAPOLIS, MD 21401
410-974-5534
<http://www.sos.state.md.us>

Office of the Secretary of State - State House - Annapolis MD 21401 - Phone: (410)974-5534; E-mail

Note: Form COF-85 may be printed from our website or requested from our office

To update registration, you must, within six months of the end of your fiscal year, file with the Office of the Secretary of State. Please complete and submit to our office this form and the documents listed below.

Failure to submit the required information will result in a delay in your registration.

Name The Arrow Project dba Arrow Child & Family Ministries of Maryland
Street Address of Charity 2929 FM 2920
City, State & Zip Spring, TX 77388
Telephone (281) 210-1500 FAX (281) 210-1565
E-mail _____ if applicable

Does your organization engage or have a contract with a professional solicitor or fund-raising counsel?

Yes No (If yes, please attach a copy of the contract(s).)

In order to process your organization's registration update, you must respond to this question

Please select one:

Professional solicitor Yes No Fund-raising counsel Yes No

Is the organization a private foundation that is affiliated with any Maryland State agency?

Yes No (If yes, and raised more than \$100,000) you must submit an Audit and Agreed upon Procedures Report with application.

Please submit with this update form the following documents:

1. A copy of a signed IRS Form 990 or 990 EZ. The Office of the Secretary of State's Form COF-85 may be filed in lieu of IRS Form 990 if you are exempt from IRS filing requirements or file the 990-N Form. If your IRS Form 990 is incomplete, please submit an approved IRS request for an extension of the Form 990 filing deadline.
- 2A. If charitable contributions are at least \$200,000, but less than \$500,000, a copy of a financial review performed by an independent certified public accountant.
- or
- 2B. If charitable contributions are at least \$500,000, a copy of an audit performed by an independent certified public accountant.
3. **An updated list of the names and home or alternative business addresses of the board of directors. This may not be the same address as the charitable organization or a post office box.** Unless the home or alternative business addresses are included in the IRS Form 990, please submit a separate list, including the home or alternative business address.

Revised 4/2009

4. All contracts with a professional solicitor or fund-raising counsel and all subcontracts or other contracts in furtherance of such an agreement under which solicitation is conducted in Maryland.
 This organization does not use a professional solicitor or fundraising counsel.
5. Any changes to the registration or other documents, e.g., change to name, address, telephone number, articles of incorporation, etc.
6. A check or money order made payable to the *Secretary of State* in payment of the **registration fee**. This fee is based on the organization's level of charitable contributions (see chart below).

For purposes of determining the registration fee and the audit or review requirement, charitable contributions are computed by adding lines 1(b), 1(c), 1(d), 1(f), 8(a) and 9(a) of Part VIII (page 9) on the IRS Form 990 or by adding lines 1 and 6(a) of IRS Form 990 EZ. For Parent Teacher Association (PTA's), add lines 1(b), 1(c), 1(d), 1(f), 8(a), 9(a) and 10(a) of Part VIII (page 9) on IRS Form 990 or lines 1 and 6(a) and 7(a) on IRS Form 990 EZ. If completing the COF-85 Form, charitable contributions are computed by adding lines 1(1), 1(b) and 9(a), except Parent Teacher Association (PTA's), add lines 1(a), 1(b), 9(a) and 10(a).

Level of Charitable Contributions	Annual Registration Fee
Less than \$25,000 (see note below)	\$0
At least \$25,000 but less than \$50,001	\$50
At least \$50,001 but less than \$75,001	\$75
At least \$75,001 but less than \$100,001	\$100
\$100,001 and above	\$200

* A charitable organization that collects less than \$25,000 in charitable contributions but uses the services of a professional solicitor is required to pay an annual fee of \$50.

Failure to sign and complete the certification below will result in a delay of your registration.

I hereby certify that this registration statement and all supporting documents are true to the best of my knowledge, and the IRS Form 990 or IRS Form 990-EZ for the fiscal year ending June 30 (month), 2010 (year) submitted to the Office of the Secretary of State under §6-408 of the Business Regulation Article of the Annotated Code of Maryland is a copy of the form submitted to the Internal Revenue Service.

Diane W Fulmer CPA

Name of Individual Preparing this Form

Signature

Mark Tennant, Chairman

Title (Chairman, President, Principal Officer)

Date



**ARROW CHILD & FAMILY MINISTRIES
MARYLAND BOARD of DIRECTORS**

Chairman

Mr. Mark Tennant
Arrow Child & Family Ministries
2929 FM 2920
Spring, TX 77388
281-210-1525 (*office*)
281-210-1562 (*fax*)
mark.tennant@arrow.org

Board Members

Mr. Mounir Benmoha
Timonium Financial Center Manager
2129 York Rd.
Timonium, MD 21093
410-308-6605 (*office*)
410-561-2421 (*fax*)
443-717-1394 (*cell*)
mounir.benmoha@citi.com
mbenmoha@comcast.net

Ms. Sarah Ortiz-Brown
Bliss Restaurant & Wine Bar
4404 Antrim Ct.
Aberdeen, MD 21001
410-272-0505 (*work*)
410-322-5562 (*cell*)
mybliss@mac.com

Mr. Kevin Pitts
106 N. Meadow Dr.
Glen Burnie, MD 21060
443-306-4752
kevinemailaccount@yahoo.com

Ms. Linda Tice
Wealth Management Advisor
PSA Insurance & Financial Services
11311 McCormick Rd.
Hunt Valley, MD 21031-8622
443-798-7419 (*direct line*)
443-798-7219 (*fax*)
linda@psafinancial.com

Ms. Millicent Tyler
2472 Etting St.
Baltimore, MD 21217
410-383-8104 (*home*)
410-669-2432 (*fax*)
443-468-6322 (*cell*)
miltyl@verizon.net

Honorary Board Members

Mr. Jeffrey Caplan
Super Linens
601 S. Broadway
Baltimore, MD 21231
410-732-7900 (*office*)
410-732-7902 (*fax*)
superlinensman@aol.com

Ms. Susan Trionfo
Hopkins Construction Co., Inc.
9 Wildon Ct.
Kingsville, MD 21087
410-817-4800 (*office*)
410-592-5274 (*home*)
410-241-3909 (*cell*)
sbtrionfo@comcast.net

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

For the 2009 calendar year, or tax year beginning **Jul 1**, 2009, and ending **Jun 30**, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland		D Employer identification number 52-2325727
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 2929 FM 2920	City, town or country State ZIP code + 4 SPRING TX 77388	E Telephone number (281) 210-1500
F Name and address of principal officer: Mark Tennant 2929 FM 2920 SPRING TX 77388		G Gross receipts \$ 13,769,700.		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
J Website: ▶ N/A		H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If 'No,' attach a list. (see instructions)		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1992		M State of legal domicile: TX
Part I Summary				

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Services to children in need</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 6
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 5
	5	Total number of employees (Part V, line 2a) 5 274
	6	Total number of volunteers (estimate if necessary) 6 50
	7a	Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b	
Revenue	8	Contributions and grants (Part VIII, line 1h) 16,832. 45,681.
	9	Program service revenue (Part VIII, line 2g) 14,050,427. 13,606,941.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15. 3,700.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,067,274. 13,656,322.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,541,578. 7,827,415.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 6,536,690. 5,749,418.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,078,268. 13,576,833.	
19	Revenue less expenses. Subtract line 18 from line 12 -10,994. 79,489.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 7,187,375. 7,238,009.
	21	Total liabilities (Part X, line 26) 3,290,330. 3,261,475.
	22	Net assets or fund balances. Subtract line 21 from line 20 3,897,045. 3,976,534.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Mark Tennant Date: 02/03/11
 Type or print name and title: CEO, Chairman

Paid Preparer's Use Only	Preparer's signature: <u>[Signature]</u> Date: <u>2/3/11</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>DIANE FULMER, CPA</u> <u>P.O. Box 182</u> <u>ROUND ROCK TX 78680-0182</u>	EIN ▶	Phone no. ▶ <u>(512) 388-0582</u>

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Services to children in need

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 No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 4,522,211. including grants of \$ 0.) (Revenue \$ 4,882,350.)

Foster Care - place children in need in approved foster homes.

Provide basic and therapeutic foster care to enhance a child's well-being in a family setting. This includes a new Transitional Living program that provides basic & therapeutic foster care in a group home setting

4b (Code:) (Expenses \$ 3,796,261. including grants of \$ 0.) (Revenue \$ 4,178,905.)

Diagnostic - A 90 day residential care program for children ages 5-18 who are in need of comprehensive assessment in order to assist future placement, treatment and educational planning

4c (Code:) (Expenses \$ 407,175. including grants of \$ 0.) (Revenue \$ 469,436.)

Diagnostic Type III School - Provides special education intensity III to children in the Diagnostic program who are not attending other programs

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 3,472,513. including grants of \$ 0.) (Revenue \$ 4,076,250.)

4e Total program service expenses 12,198,160.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		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		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• 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		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
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		X
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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		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		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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		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		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		X
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		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):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
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	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		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		X
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		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	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	27		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	274		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
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)?		X
4b	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 Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11b	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?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

Part VII 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.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body		
b	Enter the number of voting members that are independent		
2	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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		X
10 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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers of key employees of the organization	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Arrow Child & Family Ministries 2929 FM 2920 Spring TX 77388 (281) 210-1500

Part 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	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	45,681.				
	g Noncash contribns included in lns 1a-1f		\$				
	h Total. Add lines 1a-1f		45,681.				
PROGRAM SERVICE REVENUE	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue		13,606,941.	13,606,941.	0.	0.	
	g Total. Add lines 2a-2f		13,606,941.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		3,700.	0.	0.	3,700.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	113,378.				
		(ii) Personal					
		b Less: rental expenses	113,378.				
		c Rental income or (loss)	0.				
	d Net rental income or (loss)		0.	0.	0.	0.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions		13,656,322.	13,606,941.	0.	3,700.		

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	165,588.	165,588.	0.	0.
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	6,257,150.	6,257,150.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,030.	27,030.	0.	0.
9 Other employee benefits	821,612.	821,612.	0.	0.
10 Payroll taxes	556,035.	556,035.	0.	0.
11 Fees for services (non-employees)				
a Management	1,369,501.	0.	1,369,501.	0.
b Legal	3,936.	3,936.	0.	0.
c Accounting	27,231.	27,231.	0.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	287,379.	287,379.	0.	0.
12 Advertising and promotion	8,027.	8,027.	0.	0.
13 Office expenses	67,923.	67,923.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy	383,918.	383,918.	0.	0.
17 Travel	88,433.	88,433.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,251.	23,251.	0.	0.
20 Interest	221,079.	211,907.	9,172.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	154,957.	154,957.	0.	0.
23 Insurance	61,997.	61,997.	0.	0.
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.)				
a Staff Development Costs	14,874.	14,874.	0.	0.
b Drug Testing & Criminal Bkgrds	20,145.	20,145.	0.	0.
c Family Training	2,270.	2,270.	0.	0.
d Program Related Svcs	2,750.	2,750.	0.	0.
e Food & Food Preparation	247,629.	247,629.	0.	0.
f All other expenses	2,764,118.	2,764,118.	0.	0.
25 Total functional expenses. Add lines 1 through 24f	13,576,833.	12,198,160.	1,378,673.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	59,401.	1	32,553.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,313,602.	4	1,622,697.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	1,144,866.	7	1,061,023.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	36,521.	9	2,484.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,056,650.		
	b	Less: accumulated depreciation	10b 1,549,060.	10c	4,507,590.
	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	11,661.	15	11,662.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,187,375.	16	7,238,009.	
LIABILITIES	17	Accounts payable and accrued expenses	393,409.	17	399,450.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,471,921.	23	2,378,692.
	24	Unsecured notes and loans payable to unrelated third parties	425,000.	24	483,333.
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,290,330.	26	3,261,475.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	3,893,045.	27	3,969,052.
	28	Temporarily restricted net assets	4,000.	28	7,482.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	3,897,045.	33	3,976,534.	
34	Total liabilities and net assets/fund balances.	7,187,375.	34	7,238,009.	

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

BAA

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16 a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17 a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	21,625.	29,188.	24,102.	16,832.	45,681.	137,428.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	10,388,204.	12,737,147.	13,871,066.	14,050,427.	13,610,941.	64,657,785.
3 Gross receipts from activities that are not an 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 Total. Add lines 1 through 5	10,409,829.	12,766,335.	13,895,168.	14,067,259.	13,656,622.	64,795,213.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						64,795,213.

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	10,409,829.	12,766,335.	13,895,168.	14,067,259.	13,656,622.	64,795,213.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,057.				2,057.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2,057.				2,057.
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.)						64,797,270.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests -- 2008. If the organization did not check the box on line 14, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland

52-2325727

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for Yes/No questions.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
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.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 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.

- 1 a If the organization elected, as permitted under SFAS 116, 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.
b If the organization elected, as permitted under SFAS 116, 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 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land	695,827.			695,827.
b Buildings	3,293,176.		726,512.	2,566,664.
c Leasehold improvements	1,374,758.		225,970.	1,148,788.
d Equipment	692,889.		596,578.	96,311.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,507,590.

Part XIV Supplemental information (continued)

Area with horizontal dashed lines for supplemental information.

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland

52-2325727

Part III Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment? **4a** X
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? **5a** X
- b Any related organization? **5b** X
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? **6a** X
- b Any related organization? **6b** X
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III **8** X

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland 52-2325727

Pt VI-A, Line 3 Management activities are provided by a related non-profit

organization, Arrow Child and Family Ministries.

Pt XI, Line 2c The board of directors assumes responsibility for the audit.

Pt VI-B, Line 11A A copy of the 990 was provided to all board members prior to filing for review.

Pt VI-B, Line 12c Each board member is required to sign an annual statement regarding

any potential conflicts of interest and abstain from

any matter that may involve conflict.

Pt VI-B, Line 15 The organization does not currently have any highly compensated employees.

Pt VI-C, Line 19 The 990 is available for review upon request at the organization's Sprin, TX location.

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Arrow Child and Family Ministries (amts owed from other org)	1d	1,061,023.
(2) Arrow Child and Family Ministries	1l	1,062,898.
(3) Arrow Child and Family Ministries	1o	306,603.
(4)		
(5)		
(6)		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland 52-2325727

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule —

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

THE ARROW PROJECT dba Arrow Child & Family Ministries of Maryland

52-2325727

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PROVING GROUND MEDIA, INC. 2218 COMMERCE ROAD, STE 5A FOREST HILL MD 21050	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code:	Description:	<u>School - Provides special education Intensity V and</u>
Expenses	<u>3,472,513.</u>	<u>related services. A year-round program for students ages</u>
Grants Of	<u>0.</u>	<u>11-21 who are experiencing difficulties in life and learning.</u>
Revenue	<u>4,076,250.</u>	

Supporting Statement of:

Form 990 p 10/Line 8 col (D)

Description	Amount
<u>The organization doesn't rely on fundraising for support, but instead relies on state contract payments.</u>	

Total

2009 Exempt Organization Business Tax Return

prepared by:

DIANE FULMER, CPA

P.O. Box 182

ROUND ROCK, TX 78680-0182

ARROW CHILD AND FAMILY MINISTRIES OF TEXAS

2929 FM 2920

SPRING, TX 77388

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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning **Jul 1**, 2009, and ending **Jun 30**, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization ARROW CHILD AND FAMILY MINISTRIES OF TEXAS	D Employer Identification Number 74-2622426
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 2929 FM 2920	E Telephone number (281) 210-1500
		City, town or country State ZIP code + 4 SPRING TX 77388	G Gross receipts \$ 17,787,590.
F Name and address of principal officer: MARK TENNANT 2929 FM 2920 SPRING TX 77388		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.ARROW.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1992	M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Services to children in need		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	118
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	69,716.	166,906.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,370,421.	17,620,679.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3.	5.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,263.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,453,403.	17,787,590.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,137,233.	4,536,491.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,760,510.	13,208,212.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,897,743.	17,744,703.
19 Revenue less expenses. Subtract line 18 from line 12	-444,340.	42,887.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,573,251.	4,820,158.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,562,811.	3,635,795.
		-989,560.	1,184,363.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: MARK TENNANT Date: 02/04/11
 Type or print name and title: CHAIRMAN

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 2/4/11
 Firm's name (or yours if self employed), address, and ZIP + 4: DIANE FULMER, CPA
P.O. Box 182
ROUND ROCK TX 78680-0182
 Preparer's identifying number (see instructions): (512) 388-0582
 EIN: Phone no.: (512) 388-0582

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Services to children in need

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 No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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 \$ 12,951,426. including grants of \$ 0.) (Revenue \$ 14,982,658.)

Foster Care - place children in need in approved foster homes.

Provide basic and therapeutic foster care to enhance a child's well-being in a family setting

4b (Code:) (Expenses \$ 566,553. including grants of \$ 0.) (Revenue \$ 719,000.)

Adoption - provide adoption placement for children in need

4c (Code:) (Expenses \$ 1,608,926. including grants of \$ 0.) (Revenue \$ 1,856,957.)

Home & Community Based Services - contract with Texas Dpt of Mental Health and Retardation to provide support services such as residential and therapeutic care for individuals with developmental disabilities

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 93,856. including grants of \$ 0.) (Revenue \$ 62,064.)

4e Total program service expenses 15,220,761.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		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		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• 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		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
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		X
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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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? <i>If 'Yes,' complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c	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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	X	

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	80		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	118		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
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)?		X
4a			
b	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 Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
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?		X
6a			
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from other members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body		
1 a	5		
b	Enter the number of voting members that are independent		
1 b	4		
2	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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers of key employees of the organization	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Arrow Child and Family Ministries 2929 FM 2920 Spring TX 77388 (281) 510-1500

Part 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	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	166,906.				
	g Noncash contribns included in lns 1a-1f		\$ 28,541.				
	h Total. Add lines 1a-1f		166,906.				
PROGRAM SERVICE REVENUE	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue		17,620,679.	17,620,679.	0.	0.	
g Total. Add lines 2a-2f		17,620,679.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		5.	0.	0.	5.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			17,787,590.	17,620,679.	0.	5.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,712.	131,712.	0.	0.
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	3,546,056.	2,995,880.	550,176.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,276.	18,276.	0.	0.
9 Other employee benefits	542,410.	484,776.	57,634.	0.
10 Payroll taxes	298,037.	257,357.	40,680.	0.
11 Fees for services (non-employees)				
a Management	1,753,883.	0.	1,753,883.	0.
b Legal				
c Accounting	27,948.	24,153.	3,795.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
g Other	239,393.	238,891.	502.	0.
12 Advertising and promotion	9,008.	8,837.	171.	0.
13 Office expenses	85,682.	77,817.	7,865.	0.
14 Information technology				
15 Royalties				
16 Occupancy	490,629.	480,193.	10,436.	0.
17 Travel	330,915.	295,992.	34,923.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	146,341.	138,829.	7,512.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,955.	53,788.	9,167.	0.
23 Insurance	140,782.	130,733.	10,049.	0.
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.)				
a <u>Repairs & Maintenance</u>	60,786.	59,195.	1,591.	0.
b <u>Utilities</u>	113,273.	111,212.	2,061.	0.
c <u>Dues & Subscriptions</u>	12,900.	12,238.	662.	0.
d <u>Equipment Rental</u>	114,208.	98,336.	15,872.	0.
e <u>Printing & Copying</u>	3,353.	3,101.	252.	0.
f All other expenses	9,616,156.	9,599,445.	16,711.	0.
25 Total functional expenses. Add lines 1 through 24f	17,744,703.	15,220,761.	2,523,942.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash -- non-interest-bearing	5,959.	1	1,450,565.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,397,322.	4	1,635,711.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	127.	9	43,919.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,678,353.		
	b Less: accumulated depreciation	10b 1,029,218.	1,144,245.	10c 1,649,135.
	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	25,598.	15	40,828.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,573,251.	16	4,820,158.	
LIABILITIES	17 Accounts payable and accrued expenses	2,077,541.	17	2,194,359.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	41,879.	23	33,083.
	24 Unsecured notes and loans payable to unrelated third parties	1,443,391.	24	1,408,353.
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,562,811.	26	3,635,795.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	-1,001,996.	27	1,095,552.
	28 Temporarily restricted net assets	12,436.	28	88,811.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	-989,560.	33	1,184,363.	
34 Total liabilities and net assets/fund balances.	2,573,251.	34	4,820,158.	

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

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Form 990 (2009)

Part III 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	135,090.	60,595.	69,518.	69,716.	166,906.	501,825.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	12,580,900.	7,417,555.	15,330,734.	16,370,421.	17,620,679.	69,320,289.
3 Gross receipts from activities that are not an 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 Total. Add lines 1 through 5	12,715,990.	7,478,150.	15,400,252.	16,440,137.	17,787,585.	69,822,114.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						69,822,114.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	12,715,990.	7,478,150.	15,400,252.	16,440,137.	17,787,585.	69,822,114.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				3.	5.	8.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				3.	5.	8.
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 lns 9, 10c, 11, and 12.)						69,822,122.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES OF TEXAS

74-2622426

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, 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., 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land	46,961.	0.		46,961.
b Buildings	293,789.	0.	103,359.	190,430.
c Leasehold improvements	1,835,659.	0.	553,597.	1,282,062.
d Equipment	501,944.	0.	372,262.	129,682.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,649,135.

Part X Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	17,787,590.
2	Total expenses (Form 990, Part IX, column (A), line 25)	17,744,703.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	42,887.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	42,887.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	17,787,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,787,590.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,787,590.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	17,744,703.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,744,703.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,744,703.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt XI Line 8 In 2010, the organization acquired a Texas non-profit corporation
 Pt XI Line 8 Panhandle Assessment Center under the purchase method of
 Pt XI Line 8 accounting for \$2,131,036 and is included in this return.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES OF TEXAS

74-2622426

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ARROW CHILD AND FAMILY MINISTRIES OF TEXAS

Employer identification number

74-2622426

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Goods for Foster Children)	X	22	288,541	cost of donated property
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES OF TEXAS

74-2622426

Pt III, Line 3 Management activities are provided by related non-profit
organization, Arrow Child and Family Ministries.
Pt XI, Line 2c The board of directors assumes responsibility for the audit.
Pt VI-B, Line 11A A copy of the 990 was provided to all board members prior to filing for review.
Pt VI-B, Line 12c Each board member is required to sign an annual statement regarding
any potential conflicts of interest and abstain from any matter
that may involve conflict.
Pt VI-B, Line 15 The organization does not currently have any highly compensated employees.
Pt VI-C, Line 19 The 990 is available for review upon request at the organization's Spring, TX location.

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts I, III, or IV of this schedule.

		Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to other organization(s)	1b	X
c	Gift, grant, or capital contribution from other organization(s)	1c	X
d	Loans or loan guarantees to or for other organization(s)	1d	X
e	Loans or loan guarantees by other organization(s)	1e	X
f	Sale of assets to other organization(s)	1f	X
g	Purchase of assets from other organization(s)	1g	X
h	Exchange of assets	1h	X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n	Sharing of paid employees	1n	X
o	Reimbursement paid to other organization for expenses	1o	X
p	Reimbursement paid by other organization for expenses	1p	X
q	Other transfer of cash or property to other organization(s)	1q	X
r	Other transfer of cash or property from other organization(s)	1r	X

2. If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Arrow Child & Family Ministries (amts owed to other org)	1e	2,157,308.
(2) Arrow Child & Family Ministries	1j	140,154.
(3) Arrow Child & Family Ministries	1l	1,391,947.
(4) Arrow Child & Family Ministries	1o	361,936.
(5)		
(6)		

BAA

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

ARROW CHILD AND FAMILY MINISTRIES OF TEXAS

Employer identification number

74-2622426

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule –

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES OF TEXAS

74-2622426

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COWDEN CHARITABLE FOUNDATION PO BOX 17001 SAN ANTONIO TX 78217	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HARRY S & ISABEL C CAMERON FOUNDATION PO BOX 2518 HOUSTON TX 77252	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	REES-JONES FOUNDATION 5956 SHERRY LANE DALLAS TX 75225	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code:	Description:	
	Transitional Housing	
Expenses	93,856.	
Grants Of	0.	
Revenue	62,064.	

Additional Information For Tax Return

ARROW CHILD AND FAMILY MINISTRIES OF TEXAS

74-2622426

Form 990 p 1: Pt I, Ln 22, Current yr

In 2010, the organization acquired a Texas non-profit corporation Panhandle Assessment Center under the purchase method of accounting for \$2,131,036 and is included in this return.

Supporting Statement of:

Form 990 p 10/Line 7 col (D)

Description	Amount
<u>The organization doesn't rely on fundraising for support, but instead relies on state contract payments.</u>	

Total

2009 Exempt Organization Business Tax Return
prepared by:

DIANE FULMER, CPA
P.O. Box 182
ROUND ROCK, TX 78680-0182

ARROW CHILD AND FAMILY MINISTRIES OF CALIFORNIA
2929 FM 2920
SPRING, TX 77388

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning **Jul 1**, 2009, and ending **Jun 30**, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization ARROW CHILD AND FAMILY MINISTRIES OF CALIFORNIA		D Employer Identification Number 26-1132000
		Number and street (or P.O. box if mail is not delivered to street addr) 2929 FM 2920	Room/suite	E Telephone number (281) 210-1500
		City, town or country SPRING	State ZIP code + 4 TX 77388	G Gross receipts \$ 40,123.
		F Name and address of principal officer: Mark Tennant 2929 FM 2920 SPRING TX 77388		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number		
J Website: N/A				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation: 2007	M State of legal domicile: CA	

Part I Summary	
1 Briefly describe the organization's mission or most significant activities: <u>Provide service to children in need</u>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of employees (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12
	7b Net unrelated business taxable income from Form 990-T, line 34
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25)
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses. Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20	

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Date: 02/15/11 Signature of officer: <u>Mark Tennant</u> Type or print name and title: CEO, CHAIRMAN
Paid Preparer's Use Only	Preparer's signature: <u>[Signature]</u> Date: <u>[Date]</u> Check if self-employed: <input type="checkbox"/> Preparer's identifying number (see instructions): 388-0582 Firm's name (or yours if self-employed), address, and ZIP + 4: <u>DIANE FULMER, CPA</u> <u>P.O. Box 182</u> <u>ROUND ROCK TX 78680-0182</u> EIN: <u>[EIN]</u> Phone no.: <u>(512) 388-0582</u>

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Provide service to children in need

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 No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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 \$ 198,415. including grants of \$ 0.) (Revenue \$ 11,470.)

Foster Care - place children in approved Foster homes. Provide basic and therapeutic foster care to enhance a child's well-being in a family setting.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 198,415.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		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		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• 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		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
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		X
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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	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? <i>If 'Yes,' complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
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? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If 'Yes,' complete Schedule L, Part II</i>	26	X
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? <i>If 'Yes,' complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c 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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
3b	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)?		X
4a			
b	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 Financial Accounts.		
4a			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
5c	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?		X
6a			
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7b			
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9a			
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12b			

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
	1a	4	
b	Enter the number of voting members that are independent		
	1b	3	
2	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?		X
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?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
10b		
11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	X	
b		
12b	X	
c		
12c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		
16b		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ **ARROW CHILD & FAMILY MINISTRIES 2929 FM 2920 SPRING TX 77388 (281) 510-1500**

Part 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	28,653.			
	g Noncash contribns included in lns 1a-1f:		\$			
	h Total. Add lines 1a-1f		28,653.			
PROGRAM SERVICE REVENUE	2 a _____ Business Code					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue		11,470.	11,470.	0.	0.
	g Total. Add lines 2a-2f		11,470.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue		0.	0.	0.	0.	
e Total. Add lines 11a-11d		0.				
12 Total revenue. See instructions		40,123.	11,470.	0.	0.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	118,406.	118,406.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	647.	647.	0.	0.
9 Other employee benefits	13,652.	13,652.	0.	0.
10 Payroll taxes	10,274.	10,274.	0.	0.
11 Fees for services (non-employees)				
a Management	41,167.	0.	41,167.	0.
b Legal				
c Accounting	1,042.	1,042.	0.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	11,123.	11,123.	0.	0.
12 Advertising and promotion				
13 Office expenses	2,968.	2,968.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy	16,984.	16,984.	0.	0.
17 Travel	8,682.	8,682.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	982.	0.	982.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,323.	1,323.	0.	0.
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.)				
a <u>Family Foster Care Pymts</u>	4,337.	4,337.	0.	0.
b <u>Staff Development</u>	1,535.	1,535.	0.	0.
c <u>Foster Family Training</u>	410.	410.	0.	0.
d <u>Telephone</u>	3,352.	3,352.	0.	0.
e <u>Printing</u>	1,402.	1,402.	0.	0.
f All other expenses	2,278.	2,278.	0.	0.
25 Total functional expenses. Add lines 1 through 24f	240,564.	198,415.	42,149.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	1,313.	1	902.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	4,364.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	84.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	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	2,255.	15	2,225.
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,568.	16	7,575.	
LIABILITIES	17	Accounts payable and accrued expenses	141,308.	17	345,756.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	141,308.	26	345,756.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	-137,740.	27	-338,791.
	28	Temporarily restricted net assets		28	610.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	-137,740.	33	-338,181.	
34	Total liabilities and net assets/fund balances.	3,568.	34	7,575.	

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Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2 a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2 a		X
2 b	X	
2 c	X	
3 a		X
3 b		

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf ...						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ...						
4 Total. Add lines 1 through 3 ...						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ...						
6 Public support. Subtract line 5 from line 4 ...						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 ...						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ...						
11 Total support. Add lines 7 through 10 ...						
12 Gross receipts from related activities, etc. (see instructions) ...					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ...						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ...	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 ...	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ...	<input type="checkbox"/>	
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ...	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ...	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ...	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")				6,035.	28,653.	34,688.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose				150.	11,470.	11,620.
3 Gross receipts from activities that are not an 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 Total. Add lines 1 through 5				6,185.	40,123.	46,308.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						46,308.

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				6,185.	40,123.	46,308.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						46,308.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES OF CALIFORNIA

26-1132000

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
- 9 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.

- 1a If the organization elected, as permitted under SFAS 116, 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.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

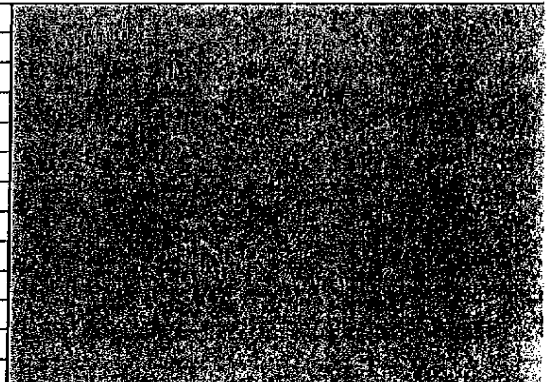
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Deposits	2,225.
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15) ▶	2,225.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	



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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		40,123.
2	Total expenses (Form 990, Part IX, column (A), line 25)		240,564.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-200,441.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-200,441.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	40,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	40,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	40,123.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	240,564.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	240,564.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	240,564.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES OF CALIFORNIA

26-1132000

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III **8** X

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

Schedule J (Form 990) 2009

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

ARROW CHILD AND FAMILY MINISTRIES OF CALIFORNIA

Employer identification number

26-1132000

Pt VI-A, Line 3 Management activities are provided by a related non-profit organization, Arrow Child and Family Ministries.

Pt XI, Line 2c The board of directors assumes responsibility for the audit.

Pt VI-B, Line 11A A copy of the 990 was provided to all board members prior to filing for review.

Pt VI-B, Line 12c Each board member is required to sign an annual statement regarding

Pt VI-B, Line 12c any potential conflicts of interest and abstain from any matter

Pt VI-B, Line 12c that may involve conflict.

Pt VI-B, Line 15 The organization does not currently have any highly compensated employees.

Pt VI-C, Line 19 The 990 is available for review upon request at the organization's Spring, TX location.

Part IV Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	X	X	X	X														
b Gift, grant, or capital contribution to other organization(s)																		
c Gift, grant, or capital contribution from other organization(s)																		
d Loans or loan guarantees to or for other organization(s)																		
e Loans or loan guarantees by other organization(s)					X													
f Sale of assets to other organization(s)																		
g Purchase of assets from other organization(s)																		
h Exchange of assets																		
i Lease of facilities, equipment, or other assets to other organization(s)																		
j Lease of facilities, equipment, or other assets from other organization(s)																		
k Performance of services or membership or fundraising solicitations for other organization(s)																		
l Performance of services or membership or fundraising solicitations by other organization(s)																		
m Sharing of facilities, equipment, mailing lists, or other assets												X						
n Sharing of paid employees																		
o Reimbursement paid to other organization for expenses																		
p Reimbursement paid by other organization for expenses																		
q Other transfer of cash or property to other organization(s)																		
r Other transfer of cash or property from other organization(s)																		

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Arrow Child and Family Ministries (owed to company by Arrow CA)	1e	339,238.
(2) Arrow Child and Family Ministries	1l	18,624.
(3) Arrow Child and Family Ministries	1o	22,543.
(4)		
(5)		
(6)		

BAA

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

ARROW CHILD AND FAMILY MINISTRIES OF CALIFORNIA

Employer identification number

26-1132000

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule --

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ARROW CHILD AND FAMILY MINISTRIES OF CALIFORNIA

26-1132000

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CALIFORNIA COMMUNITY FOUNDATION 445 SOUTH FIGUEORA ST, STE 3400 LOS ANGELES CA 90071	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
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Supporting Statement of:

Form 990 p 10/Line 7 col (D)

Description	Amount
<u>The organization doesn't rely on fundraising for support but instead relies on state contract payments.</u>	

Total

EXHIBIT “J-4”

Exhibit 4

**Arrow Pennsylvania
Post-Transfer Program Operations Organization Chart**

Arrow Child & Family Ministries Pennsylvania Organization Chart Post-Transfer Program Operations

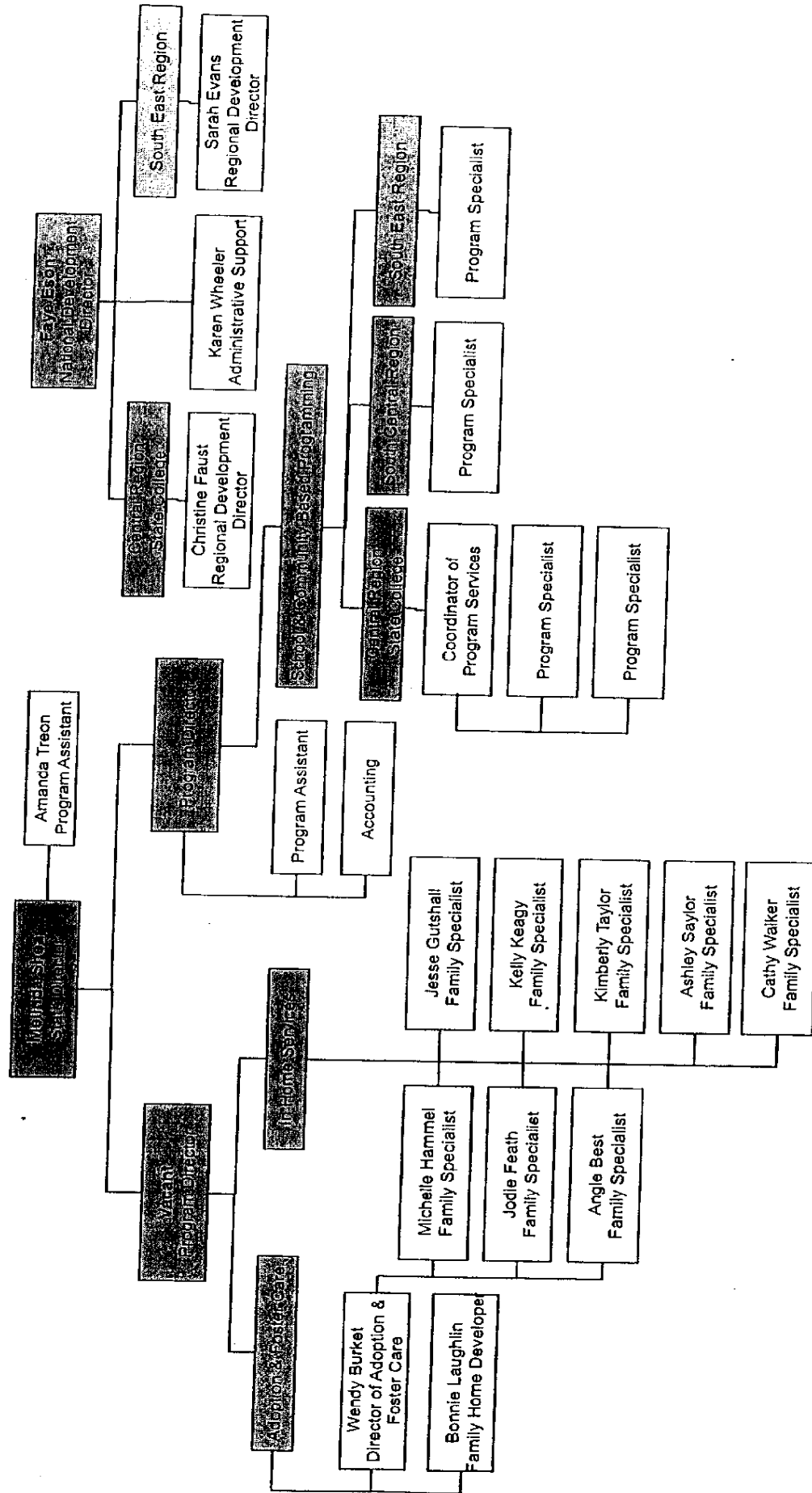


EXHIBIT “J-5”

Exhibit 5

**Arrow Ministries and Its Related Affiliates
Applicable Corporate Policies and Procedures**

POLICIES AND PROCEDURES MANUAL
SECTION 3: Human Resources

POLICY TITLE: Minimum Standards for Off-the-Job Conduct
Board Approval Date: January 15, 2009
Effective Date: February 1, 2009

PURPOSE

To outline Arrow Child & Family Ministries' expectations regarding employee off-the-job conduct.

POLICY

Arrow Child & Family Ministries expects that all employees will conduct themselves in such a manner that their actions will not adversely reflect upon the Ministry. Arrow Child & Family Ministries expects employees, volunteers, foster parents, consultants, and board members to observe the highest standards of moral, ethical, and lawful behavior, so that their actions will not affect their ability to assume the full responsibility of their respective jobs.

Due to the nature of Arrow Child & Family Ministries' services, any arrests due to off-the-job conduct that may threaten the safety of children or clients may result in termination.

PROCEDURE

- ❖ Any employee who is arrested or receives notice of possible criminal prosecution, including violation mandating a court appearance, must report to the Human Resource department.
- ❖ Any employee who is notified that they are being investigated by a government entity for abuse or neglect of a child, disabled or elderly adult must report this to the Human Resource department.
- ❖ Such arrests and investigations must be reported to the Human Resource department immediately if occurring during normal working hours or immediately on the next business day.
- ❖ Failure to comply with this policy will subject the employee to disciplinary action, up to and including immediate termination.

POLICIES AND PROCEDURES MANUAL
SECTION 5: Service Delivery

POLICY TITLE: Volunteer Service for Non-Employees
Board Approval Date: May 19, 1998
Effective Date: June 1, 1998
Revision History: 10/1/06, 1/9/09

PURPOSE

To define Arrow Child and Family Ministries' policy for volunteer service for non-employees and to effectively administer and utilize volunteers, as well as to provide general guidance concerning determination of eligibility for specific placement, orientation, training, and supervision.

POLICY

Arrow Child and Family Ministries will actively recruit volunteers to augment the existing services that the Ministry provides to children and families. Arrow recognizes that a volunteer program provides an opportunity for the community to get involved and provide an invaluable service to our most vulnerable citizens. Arrow will ensure that each volunteer is appropriately screened to work with children and families.

Volunteers can serve in a variety of roles including but not limited to: supporting direct care staff; mentoring children or families; leading group activities; facility work projects; service on auxiliary boards and committees; and fund raising activities. All volunteers are subject to the policies and procedures of Arrow Child and Family Ministries. Additionally, volunteers who perform similar functions as paid staff must meet the same requirements and have the same qualifications. If applicable, documentation must be contained in the file of how these requirements are met. All volunteer activities are under the direction of appropriate management staff.

Volunteers that provide services through another agency or organization shall submit that agency's applicable policies prior to performing any service to Arrow.

Any person currently on parole, probation, or referred to community service through the courts because of criminal activity is prohibited from volunteering at Arrow.

PROCEDURE

- ❖ Any individual wishing to serve as a volunteer will be directed to Arrow Child and Family Ministries' Church and Community Alliance Division. Exceptions may be made in extenuating circumstances for individuals who wish to provide volunteer work on a one time only basis only if their assigned duty will not involve interaction with clients in

care. In such instances, the volunteer work may be coordinated by the local office and reported to the Church and Community Alliance Division.

- ❖ A file will be maintained on each volunteer which will include the following:
 - A completed Volunteer Application
 - A signed copy of Arrow Child & Family Ministry's Confidentiality Policy
 - A signed copy of Arrow's Reporting Procedures for Child Abuse and Neglect
 - Tuberculosis screening as recommended by the Center for Disease Control.

- ❖ Any volunteer who works more than 40 hours per month or who will work unsupervised and have direct contact with persons whom Arrow serves must undergo the following screening:
 - Federal and State Criminal History Check
 - Central Registry Child Abuse Clearance
 - References (at least two personal references)

- ❖ Additionally, volunteers who provide transportation for clients must submit the following:
 - A valid driver's license
 - Liability insurance
 - Consent to a Department of Motor Vehicle's check

- ❖ Additional requirements may be needed based on State laws and program regulations.

- ❖ Arrow's Church and Community Alliance designee will interview the volunteer to assess the applicant's knowledge, skills and abilities to determine specific placement or activities for the volunteer. All approved volunteers will be added to Arrow Child and Families Volunteer Data Base.

- ❖ Once assigned for placement, all volunteers will receive orientation and training based upon their specific placement/activity. Volunteers will recognize the importance of confidentiality and their responsibility to report abuse or neglect. Generally, volunteers will receive the same training opportunities as paid personnel performing similar job duties. The supervisor must provide training that enables the volunteer to perform their assigned duties.

- ❖ All volunteers are expected to complete a time sheet and keep track of his or her volunteer hours. The individual's supervisor will forward the timesheet to Arrow's Church and Community Alliance Division.

- ❖ Any concerns or issues regarding the behavior or performance of the volunteer must be addressed immediately by the supervisor. Arrow Child and Family Ministries may terminate volunteers at any time.

- ❖ Once the volunteer's services are no longer needed, the supervisor will submit a Notice of Volunteer Termination.

POLICIES AND PROCEDURES MANUAL
SECTION 5: Service Delivery

POLICY TITLE: Client Rights
Board Approval Date: May 19, 1998
Effective Date: June 1, 1998
Revision History: 9/18/01, 11/1/07

PURPOSE

To ensure that client and student rights are protected.

POLICY

Arrow Child & Family Ministries' staff, volunteers, contracted services providers and foster parents will ensure that the following client rights are upheld in the delivery of service, consideration for acceptance for service, and discharge decisions. State, Regional, and Program Directors will ensure that all new clients are informed of their rights prior to or at the time of admission.

- ❖ Arrow Child & Family Ministries' clients have the right to be free from prejudice due to the client's race, ethnic group, language spoken, handicap, disabling condition, religion, age, or financial status.
- ❖ Arrow Child & Family Ministries' clients have the right to receive services in a safe, clean, accessible environment.
- ❖ Arrow Child & Family Ministries' clients have the right to have input into their treatment, educational or care plans, length of treatment, and discharge plans.
- ❖ Arrow Child & Family Ministries' clients have the right to review their records under the conditions of the release of records policy.
- ❖ Arrow Child & Family Ministries' clients have the right to refuse treatment and medication unless the client's rights are limited by law or court order. The client will be informed of the consequences of refusing treatment by staff. In the case of a minor client, the custody holder will be notified of refusal of treatment.
- ❖ Arrow Child & Family Ministries' clients have the right to choose their own religious beliefs and practices. Clients may be restricted from destructive or harmful behaviors, whether the behavior has a religious significance or not. Clients may be encouraged to attend religious services, but will not be coerced to participate in religious services. Every effort will be made to provide clients with the opportunity to participate in religious services, celebrations, etc. in keeping with their chosen religion.

- ❖ Arrow Child & Family Ministries' clients in out of home care have the right to safe, humane, and clean living environments free from ridicule, coercion, abuse, and neglect. Children have the right to nutritious meals and snacks, storage for private items, adequate hygiene, spending money, adequate clothing, visits, phone calls and mail, age appropriate education, and recreation.

In addition, Arrow Child & Family Ministries will ensure that all individual rights conferred on clients by local, state and federal laws, as well as relevant licensing bodies, are protected. These additional protected rights are enumerated in program specific policies and are reviewed with clients prior to or at the time of admission.

POLICIES AND PROCEDURES MANUAL
SECTION 5: Service Delivery

POLICY TITLE: Behavior Management

Board Approval Date: May 19, 1998

Effective Date: June 1, 1998

Revision History: 9/18/01, 11/1/07

PURPOSE

To ensure that behavior management practices are consistent with treatment objectives, are non-abusive, and are appropriate to each client's needs.

POLICY

Staff, foster parents, volunteers, and other designated caregivers are responsible for providing appropriate, effective, and non-abusive behavior management interventions to clients in order to:

- ❖ maintain the safety of clients and others
- ❖ achieve specific treatment objectives
- ❖ teach or shape appropriate behaviors
- ❖ promote healthy self esteem, and
- ❖ promote the development of self control.

Harsh, degrading, abusive, and/or excessive behavior management interventions may never be used with clients. All Arrow employees, volunteers and caregivers are required to report inappropriate, harmful, or prohibited behavior management interventions to Arrow program management staff.

If any person has a reasonable suspicion that any child has been abused or neglected, he or she must report these suspicions to the appropriate state agency.

PROCEDURE

- ❖ Individualized behavior management and supervision plans will be developed for each client as soon as possible after admission to services. Behavior management and supervision plans will be reviewed on a regularly scheduled basis. Plans may be reviewed more frequently or on an emergency basis as warranted by the client's behavior and needs. Special attention will be given to any sexually aggressive or problematic behaviors of the client.
- ❖ All caregivers for the client will be made aware of approved and prohibited behavior management techniques for each client. All caregivers must be made aware of any sexually aggressive or problematic behaviors of the client.

- ❖ All staff, foster parents, and designated caregivers will receive general training in behavior management. Additionally, each program manual will contain policies and procedures outlining approved, as well as prohibited, behavior management and discipline techniques specific to the needs of each program's client population. Management staff will be responsible for ensuring that staff, foster parents, and other designated caregivers under their supervision are trained in program specific behavior management and discipline policies.
- ❖ Each Arrow Child & Family Ministries' program will outline policies and procedures regarding the use of physical restraints and seclusion. If physical restraints are permitted by an Arrow Child & Family Ministries' program, they may only be used in emergency situations after other less restrictive interventions have failed. When restraints are allowed, program policies and procedures will include a mechanism for reviewing the use of restraints and implementing strategies to reduce the frequency of restraints.
- ❖ All Arrow Child & Family Ministries' programs will incorporate positive reinforcement strategies to the greatest extent possible.

POLICIES AND PROCEDURES MANUAL
SECTION 5: Service Delivery

POLICY TITLE: Client Threat to Self or Others

Board Approval Date: May 19, 1998

Effective Date: June 1, 1998

Revision History: 9/18/01, 1/9/09

PURPOSE

To promote the safety and well-being of clients who are at risk of harming themselves or others, and also the safety of any other individuals the client has contact with.

POLICY

In the event a client presents a danger or threat to self or others, Arrow Child & Family Ministries will take specific steps to minimize the risk to the client or others. These steps will include consultation with the supervisor, treatment team or mental health consultant, and notification of the custody holder. Under no circumstances will staff make decisions about handling situations in isolation. Other members of the treatment team will be consulted.

Arrow Child & Family Ministries will seek to maintain clients in the least restrictive environment possible, and provide additional supports and safety plans as warranted to stabilize placement in a least restrictive environment. However, clients will be referred to or placed in more restrictive settings when it is not possible to provide for client safety using less restrictive alternatives.

PROCEDURE

- ❖ Each client's threat of harm to self or others will be assessed as part of the intake and admissions process. When necessary, safety plans will be put in place prior to or at the time of admission. All safety plans will be reviewed by the treatment team on a regular schedule to determine their continuing appropriateness, as well as the continuing appropriateness of the current placement or setting.
- ❖ If Arrow Child & Family Ministries' staff suspects that a client not already on a safety plan presents a threat of harm to self or others, or that a client's current safety plan is no longer sufficient, staff will consult with management staff within 24 hours, or sooner if warranted by the severity of the client's moods or behaviors.
- ❖ If any foster parent or volunteer has a reasonable suspicion that a client presents a threat of harm to self or others, that person will notify Arrow Child & Family Ministries' staff immediately. Staff must relay the concern to management staff promptly. Staff must also relay the concerns of therapist, teachers, and other service providers to Arrow Child

& Family Ministries' management staff, even if the staff member does not share those concerns.

- ❖ Management staff will determine whether a formal safety plan is necessary. If a plan is necessary, all treatment team members, including therapists, caregivers, custody holders, the client, and others involved in the client's treatment, will consult to develop a plan to ensure client safety, as well as the safety of others in the client's environment.
- ❖ If the treatment team determines that the client cannot be safely maintained in the current placement or setting, the client will be referred or moved to a more restrictive setting.
- ❖ If, at any time, a client represents an imminent danger of significant harm to self or others, emergency services will be contacted to ensure the safety of the client and others in the client's environment.
- ❖ If, at any time, Arrow management staff determines that a client represents a clear or imminent threat to the safety of a specific person (whether that person is associated with Arrow or not), Arrow will notify that person and law enforcement in accordance with the concept of "Duty to Warn" as established by *Tarasoff v. Regents of the University of California*. In these cases, Arrow's responsibility to notify a targeted individual supersedes the client's right to confidentiality. Management staff will consult with members of the treatment team, as well as internal resources such as the Quality Assurance department, Corporate Counsel and/or Senior Management, as needed to determine whether it is necessary to notify an individual of the threat of harm.
- ❖ In the event that a violent incident occurs, including critical injury or death, as a result of a client's actions, staff will follow the crisis management policies and procedures of Arrow Child & Family Ministries, and any program specific crisis management policies and procedures.

POLICIES AND PROCEDURES MANUAL
SECTION 5: Service Delivery

POLICY TITLE: Reporting Suspected and Alleged Abuse or Neglect
Board Approval Date: May 19, 1998
Effective Date: June 1, 1998
Revision History: 9/18/01, 1/9/09

PURPOSE

To ensure that all reasonable suspicions of child or adult abuse, neglect, or exploitation are reported to the appropriate State agencies in a timely and accurate manner.

POLICY

When any employee, volunteer, or foster parent suspects abuse, neglect, or exploitation of any Arrow Child & Family Ministries' client, that individual must make a report directly to the state agency charged with investigation of these allegations. Staff members are not discharged from their responsibility simply by reporting to a supervisor.

Arrow Child & Family Ministries will not discriminate or retaliate against any person, including staff, foster parents, and volunteers, who makes an allegation of abuse, neglect, or exploitation based on a reasonable suspicion. Arrow Child & Family Ministries will not discriminate or retaliate against a client for making allegations of abuse, neglect, or exploitation. Repeated, frivolous allegations by clients will be regarded as a treatment issue.

Arrow Child & Family Ministries will expect all staff to report any reasonable suspicions of the abuse, neglect, or exploitation of any child or vulnerable adult, whether or not that child or adult is served by Arrow.

Arrow Child & Family Ministries will not interfere with State or law enforcement investigations. All staff, foster parents, and volunteers will cooperate fully with state or law enforcement investigations of abuse, neglect, and exploitation.

PROCEDURE

- ❖ All Arrow Child & Family Ministries' staff, foster parents, and volunteers will be trained on the legal definitions of abuse, neglect, and exploitation for the jurisdiction(s) for which they provide service in, and the legal reporting requirements in these jurisdictions. All staff, foster parents, and volunteers will be provided with the appropriate toll-free reporting hotline numbers.
- ❖ All service-delivery staff, foster parents, and other designated caregivers will receive training in how to recognize the signs of abuse, neglect, and exploitation in the specific client population(s) they serve.

- ❖ Each Arrow Child & Family Ministries' program will develop policies and procedures for internal reporting of suspected abuse, neglect, and exploitation. All staff, foster parents and volunteers will be trained in program-specific internal reporting policies and procedures.
- ❖ Staff, foster parents, and volunteers must report any reasonable suspicions of abuse, neglect, or exploitation to the appropriate state agency, and internally according to program-specific procedures, within 24 hours. If it is reasonable to suspect that a child or vulnerable adult may be harmed within the 24 hour time period, Arrow management staff will be contacted immediately so that appropriate precautions may be taken.
- ❖ If an immediate threat of harm exists, staff, foster parents, and/or volunteers will contact emergency services, such as ambulance or police, immediately. Arrow management staff will also be contacted as soon as the immediate danger has passed.
- ❖ When an allegation or report is received, management staff will promptly implement safety plans to protect the alleged victim(s). If necessary, the alleged victim(s) will be moved to another placement or setting for the duration of the investigation. If any Arrow staff, foster parent, or volunteer is the alleged perpetrator, management staff will take appropriate actions to limit or prohibit client contact by that person based on the specifics of the allegation, including: the severity of the alleged behavior, the credibility of the reporter, and any impact on child well-being made by removing or limiting the alleged perpetrator from contact with clients. Such actions may include reassignment to another position or administrative leave.
- ❖ In some cases, Arrow may conduct internal investigations or fact-finding activities. These actions will not compromise a state or law enforcement investigation of the incident in any way.
- ❖ The parents or Managing Conservator will be notified within 24 hours any time Arrow receives a credible report of abuse, neglect, or exploitation of a minor client.
- ❖ Staff will complete any required documentation as outlined in program specific manuals

POLICIES AND PROCEDURES MANUAL
SECTION 5: Service Delivery

POLICY TITLE: Transporting Children & Clients

Board Approval Date: May 19, 1998

Effective Date: June 1, 1998

Revision History: 9/18/01, 11/1/07

PURPOSE

To ensure that all staff, volunteers, and foster parents exercise caution while transporting clients. Every effort will be made to assure the safety, health, and well being of clients.

POLICY

While transporting child and clients in care, the driver and all passengers will use safety belts at all times. All children will be properly restrained in a car seat, booster, or other safety system as mandated by local, state, and federal law, appropriate to the child's age, weight, and level of development. Appropriate precautions will be taken when transporting persons with physical disabilities, such as locks for wheelchairs and hydraulic lifts.

Caregivers will ensure that each client receives appropriate supervision during transportation. Caregivers will be mindful that the act of driving reduces a person's ability to maintain a high level of supervision and take appropriate precautions, including having a second caregiver present, as necessary.

At no time will a child be left unsupervised in a vehicle.

PROCEDURE

- ❖ Staff and volunteers should avoid transporting a single child at a time. Attempts should be made to have another child or adult present in the vehicle.
- ❖ The Program Director will ensure that periodic safety checks are completed on all Arrow Child & Family Ministries owned vehicles. Tires, windshield wipers, and other operating systems in the vehicle will be kept in good repair at all times. First Aid kits will be carried in Arrow Child & Family Ministries owned vehicles. Prior to a staff member or volunteer driving a full size van, the Program Director will ensure that the staff is familiar with the operation of the vehicle and is able to drive it properly.
- ❖ Staff, volunteers, and foster parents who transport children, whether in their personal vehicle or Arrow Child & Family Ministries vehicle, will verify that they have a current driver license and up-to-date auto insurance. The Human Resource department will check driving records of all staff or volunteers that will transport clients.

- ❖ Arrow Child & Family Ministries will conduct periodic audits regarding the safety of Arrow Child & Family Ministries' vehicles and the proper qualifications for any driver who transports clients in the course of providing service through Arrow.
- ❖ Any employee arrested or convicted of reckless driving or driving under the influence of drugs or alcohol will be suspended from driving for Arrow Child and Family Ministries immediately pending an investigation. Staff whose jobs require the ability to drive clients may be terminated.
- ❖ Arrow Child & Family Ministries expects that all foster children, foster parents, staff and volunteers will use appropriate caution when traveling by car. Staff, foster parents and volunteers are expected to abide by any and all state and local laws regarding car transportation, including following all posted speed limits and other traffic laws, as well as using proper child restraints in their automobiles. In addition:
 - Staff and foster parents will make certain their vehicle is in safe operating condition and all safety equipment is operational.
 - Staff and foster parents will make certain that their ability to drive is not impaired by fatigue, over-the-counter or prescription medication, illicit substances, or emotional upset.
 - Staff and foster parents will employ the child safety lock feature on their vehicles if such a feature is present in the car. Such a measure will be utilized to protect both children and adults, as it prevents children from either intentionally or accidentally opening car doors as the vehicle is moving.
 - Staff and foster parents should use appropriate caution if a child's behavior becomes volatile or agitated when riding in a vehicle. If needed, the driver will pull the car to the side of the road until the child's behavior has de-escalated, and it is safe to continue driving.
 - Staff and foster parents should limit distractions, such as eating or using a cellular phone while driving with children in the vehicle. Foster parents and employees must always obey local, state, and federal ordinances concerning the use of electronic devices while driving.
 - Staff and foster parents may not smoke in a vehicle when children are present.
 - All adults and children must be completely inside a vehicle when it is in operation. No person should have limbs or other body parts extended outside a window. No person should ride on the hood, trunk, or running board of a vehicle. Children may not ride in the open bed of a pick-up truck.

POLICIES AND PROCEDURES MANUAL
SECTION 5: Service Delivery

PROCEDURE TITLE: Critical Incidents
Board Approval Date: January 15, 2009
Effective Date: February 1, 2009

PURPOSE

To define how Arrow Child & Family Ministries will address critical incidents.

POLICY

A critical incident is a non-routine occurrence that has or may have dangerous or significant consequences on the child in care and/or threaten the integrity of Arrow Child & Family Ministries.

All critical incidents will be reported to the referring agency worker and the appropriate Arrow Child & Family Ministries' employees immediately, including the Program Director, Regional and/or State Director, and Quality Assurance Department. All incidents in violation of Federal or State law will be reported to law enforcement.

PROCEDURE

Examples of critical incidents include:

- A child dies while in the care of Arrow Child & Family Ministries.
 - A critical injury or illness such as third degree burns, amputation, or coma.
 - Allegations of severe abuse, neglect, or exploitation of a child by a foster parent, staff, or volunteer.
 - Validation of significant abuse, neglect, or exploitation of a child by a foster parent, staff, or volunteer.
 - A stranger or birth parent abduction of a child in our care.
 - Other incidents with the potential to result in litigation or a major media story.
- ❖ All critical incidents must be reported immediately to the Program Director. The Program Director will be responsible for reporting the incident to the Regional and/or State Director and state referring agency in accordance with the regulatory standards. The Program Director will contact law enforcement if the serious incident is in violation of Federal or State law or as required by regulatory standards. Law enforcement may also be contacted to file a missing person report.
- ❖ If the Program Director is not readily available, serious incidents must be reported immediately to the State Director/Vice President of Operations. The State Director/Vice President of Operations must ensure that all serious incidents will be reported to the state

referring agency, the Quality Assurance department, the CEO, the COO, and the Sr. Vice President/Corporate Counsel.

- ❖ Within 24 hours of the incident, a panel discussion of all Arrow employees referenced above will take place. Based upon the incident, the panel should discuss the critical incident, decide upon future action, and discuss possible preventative measures in the event of another similar incident. The panel will generate a report for Senior and Executive Management.
- ❖ The Sr. Vice President/Corporate Counsel will be responsible for notifying the insurance carrier of incidents exposing Arrow Child & Family Ministries to potential liability.
- ❖ The Quality Assurance department will be responsible for conducting an internal investigation of the incident.
- ❖ Any media requests regarding the critical incident will be forwarded to the CEO and/or the Executive Vice President/COO. A designee may be appointed as official representative of the company.

**POLICIES AND PROCEDURES MANUAL
SECTION 3: HUMAN RESOURCES**

POLICY TITLE: NON-DOT Drug and Alcohol Testing Program

Board Approval Date: March 1, 2004

Effective Date: May 1, 2004

Revision History: 1/1/06

PURPOSE

While abuse of alcohol and drugs among our employees is the exception rather than the rule, Arrow Child & Family Ministries (hereinafter referred to as "the Company") shares the concern expressed by many over the growth of substance abuse in American society. This company is committed to doing its best to satisfy the needs of its customers and at the same time care about the well being of each of its employees. The abuse of drugs, alcohol and/or other controlled substances by employees is a concern, because such behavior is detrimental both to the company's business objectives and, more important, harmful to the health and welfare of the employee involved as well as his or her coworkers.

The objective of the policy is to inform employees of this company's position on the use and abuse of drugs, alcohol and/or other controlled substances, and to advise them of the actions which will be imposed for violations of these Guidelines.

These drug and alcohol testing rules will be intended to protect the safety of resident children, workers, and the general public through the appropriate drug testing of employees, while also protecting the rights of employees. This policy is not, does not represent and should not be taken as a contract for employment. Violation of this policy may result in disciplinary action up to and including termination.

Any questions regarding this policy or the drug and alcohol testing program and procedures may be directed to the Director of Human Resources, Jacque Finch 281-210-1528

I. EMPLOYEES SUBJECT TO TESTING

This policy applies to all applicants of Arrow Child & Family Ministries. This policy does not apply to foster parents that are verified by child placing agencies except in cases where the agency reasonable suspicions of drug use by the foster parent.

II. DEFINITIONS USED IN THIS POLICY

"Abusing drugs" is the use of drugs or substances defined by the Texas Controlled Substances Act, Texas Health and Safety Code, Chapter 481 or prescription or non-prescription drug that is not being used for the purpose in which it was prescribed or manufactured. All drug testing will at minimum screen for marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). Alcohol screenings will take place if reasonable suspicion exists of employee consumption according to the prohibited conduct outlined in this policy.

"Accident" -- For the purpose of this Policy an accident is defined as an incident involving an employee in whom there is either a "fatality" or, an injury to any person, as a result of the accident, requiring treatment away from the workplace or scene of the accident, or *any* damage to a Company vehicle.

"Alcohol" means any alcoholic beverage (beer, wine, liquor, etc.), or over the counter or prescription medication containing alcohol, the consumption of which may affect the behavior, performance and actions of the employee to the extent that he may pose a threat to the safety of himself or his co-workers, and/or manifests itself with a blood alcohol level of 0.02 or greater (includes ethyl alcohol and other low molecular weight alcohols such as methyl and isopropyl alcohols that can be used as intoxicants).

"Alcohol Screening Device" is a device that uses bodily fluids to detect the presence of alcohol at 0.02 or more BAC. "Bodily fluids" used in devices for testing that have been approved by NHTSA are "exhaled deep lung air" and "saliva". An Alcohol Screening Device from the National Highway Transportation Safety Authority Conforming Products List is to be used for required testing.

"Applicant" or "Employee Applicant" means any individual who applies for employment as an employee of the Company.

"Cancelled or Invalid Test" is neither a positive nor a negative test. (In drug testing, a drug test that has been declared invalid by a Medical Review Officer.) A specimen that has been rejected for testing by a laboratory is treated the same as a cancelled test.

"Controlled substances" or "Illegal drugs" means any controlled substance or drug, the sale, possession or consumption of which is illegal. The term includes prescription drugs not legally obtained and prescription drugs not being used in the manner, combination or quantity prescribed. It also includes any drug or substance listed under the controlled substance Drug Device and Cosmetic Act 64. Drugs specifically being tested for include amphetamines, marijuana, opiates, cocaine, and phencyclidine (PCP).

"Drug Testing" is the scientific analysis of urine, blood, breath, saliva, hair, tissue, and other specimens for detecting a drug.

"EBT" or "Evidential Breath Testing Device" means an EBT approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Conforming Products List of Evidential Breath Measurement Devices: ("CPL")

"Legal Drugs" include prescription drugs and over-the-counter drugs which have been legally obtained and are being used only in the manner, combination or quantity for which they were prescribed or manufactured.

"Medical Review Officer" means a licensed doctor of medicine or osteopathy with knowledge of drug abuse disorders that is employed or used by the Company to review drug test results, and maintain drug testing files for applicants and employees subject to testing. The Medical Review Officer is familiar with the characteristics of drug tests (sensitivity, specificity, and predictive value), the laboratories running the tests and the medical conditions and work exposures of the employees. The role of the Medical Review Officer will be to review and interpret the positive test results.

"Negative Test Result" in drug testing, means a result, reviewed by an MRO and determined to have no evidence of prohibited drug use. In alcohol testing, means a confirmation test result of less than 0.02.

"Positive Test Result" in drug testing, means a drug test result reviewed by a MRO and verified to have evidence of prohibited drug use. In alcohol testing, means a confirmation test result of 0.02 or greater.

Initial Drug Testing

Initial test cutoff Levels (ng/ml)

Marijuana metabolites.....	50
Cocaine metabolites.....	300
Opiate metabolites.....	300*
Phencyclidine.....	25
Amphetamines.....	1,000

**-25 ng/ml if immunoassay specific for free morphine.*

Confirmatory Drug Testing

Confirmatory test cutoff Levels (ng/ml)

Marijuana metabolite.....	15
Cocaine metabolite.....	150
Opiates:	
Morphine.....	300
Codeine.....	300
Phencyclidine.....	25
Amphetamines:	
Amphetamine.....	500
Methamphetamine (3).....	500

(1) Delta-9-tetrahydrocannabinol-9-carboxylic acid

(2) Benzoylcegonine

(3) Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml.

"Random drug testing" is a testing cycle that varies the frequency and intervals that specimens are collected for testing and selects employees in a random manner that does not eliminate already tested employees from future testing. The testing should ensure all employees are subject to random testing on a continuing basis.

"Reasonable Suspicion" means a reasonable belief based on facts sufficient to lead a prudent person to conclude that the employee may be abusing drugs. Sufficient facts may include direct observations of the employee using or possessing drugs, or exhibiting physical symptoms, including but not limited to slurred speech or difficulty in maintaining balance; erratic or marked changes in behavior, including a decrease in the quality or quantity of the employee's productivity

"Substance Abuse Professional" or ("SAP") means a licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug-related disorders.

"Under the Influence" means, for the purpose of this Policy, the employee is affected by a drug or alcohol, or the combination of a drug and alcohol, in any detectable manner. A determination of whether an employee is under the influence of drugs or alcohol will be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee.

III. ALCOHOL PROHIBITIONS: PROHIBITED CONDUCT

All employees are strictly prohibited from:

- A. Reporting or remaining on duty when the employee's BAC indicates a 0.02 or greater alcohol concentration
- B. Possessing alcohol - Employees are prohibited from being on duty, attending company sponsored functions, or operating a company vehicle while the employee possesses alcohol.
- C. Using alcohol while on duty - Employees are prohibited from using alcohol while on duty, on Company time, at Company sponsored functions, or on Company premises.
- D. Refusing to submit to an alcohol test - Employees may not refuse to submit to any alcohol test required under this policy.
- E. The unlawful or unauthorized presence of alcohol is prohibited - Employees are prohibited from engaging in the unlawful or unauthorized manufacture, distribution or sale of alcohol on Company premises, in Company vehicles, or while engaged in Company activities. *In no case, shall any employee become intoxicated at any Company sponsored event. Employees are also prohibited from driving from the event while under the influence of alcohol.*
- F. Supervisor's responsibilities - Supervisor or manager may not permit an employee to perform Company duties or functions when the supervisor has actual knowledge that an employee:
 1. Possesses alcohol *where prohibited under this policy.*
 2. Is using alcohol while performing Company duties, or
 3. Has used alcohol immediately prior to performing Company duties, or has an alcohol concentration of 0.02 or greater.

IV. DRUG PROHIBITIONS

- A. Illegal or illicit drug use while on duty or while off duty on Company premises is prohibited. Employees must also alert Company officials to the use of prescription medications that may impede their ability to perform their jobs safely.
 1. Employees are prohibited from reporting for duty, or remaining on duty when the employee uses any drugs, on or off the job, except when the use is pursuant to a

doctor's orders and the doctor has advised the employee that the substance does not adversely affect the employee's ability to safely perform his/her duties. The employee must also alert Company officials to the use of prescription medications that may impair performance and/or pose a safety hazard.

2. Prescription medications that cause an employee to be under the influence as defined above, and which are not taken according to specific instructions of the employee's prescribing physician, will result in a violation of this policy.

- B. If the employee tests positive for drugs, and is not terminated, performing Company duties is prohibited until the employee successfully completes any drug or alcohol treatment program as prescribed by the Substance Abuse Professional.
- C. Refusal to submit to a required drug test is prohibited.
- D. Unlawful or unauthorized presence of drugs is prohibited.
- E. Employees are prohibited from engaging in the unlawful or unauthorized manufacture, distribution, sale or possession of drugs on Company premises, in Company vehicles or while engaged in Company activities or functions.

V. PROHIBITIONS AGAINST WORKING OR REPORTING TO WORK UNDER THE INFLUENCE OF LEGAL DRUGS WHICH AFFECT SAFETY OR PERFORMANCE.

- A. Except as provided below, use or being under the influence of any legal drug while engaged in Company activities is prohibited to the extent such use or influence may affect the safety of the employee, co-workers, or members of the public, the employee's job performance, or the safe or efficient operation of the Company and its equipment.
- B. It shall not be a violation of this policy if an employee can prove that his or her use of a controlled substance (except for methadone) was prescribed by a licensed medical practitioner who is familiar with the employee's medical history and assigned duties.

The Medical Review Officer will provide an opportunity for an employee to discuss a positive test result and clarify if a prescribed medication was involved.

- C. An employee under the influence of any medication containing alcohol or a controlled substance has an obligation to inquire and determine whether the controlled substance being taken may or will affect his or her ability to safely and effectively perform his or her job duties. If the employee is using a controlled substance at the direction of a physician, dentist or other licensed practitioner, the employee is required to obtain a written statement of any work restrictions.
- D. Any such information must be reported to the Director of Human Resources prior to commencing work under the influence of any controlled substance. An employee may continue to work, even though under the influence of a controlled substance, if the Director of Human Resources and the Prescribing Physician have determined that the employee does not pose a threat to his or her own safety, the safety of co-workers, the public, or that the employee's job performance will not be significantly affected by the controlled substance. Otherwise, the employee may be required to take a leave of absence or comply with other appropriate action determined by the Director of Human Resources.

- E. Employees are also prohibited from using prescription medication, which was prescribed for another person, or prescription medications, which were not originally prescribed for the employee's current medical condition or are no longer valid for use by the employee.

VI. DRUG AND ALCOHOL TESTING PROCEDURES

A. Drug and Alcohol Testing Required

Testing procedures contained herein comply with the Department of Health & Human Services procedural guidelines (49 CFR, Part 40). As required by this policy, employees may be subject to drug and/or alcohol testing in the following situations:

- Pre-employment Testing (drugs only)
- Reasonable Suspicion Testing
- Post-Accident Testing
- Return-to-Duty Testing
- Follow-Up Testing
- Random

1. Pre-Employment Testing

- a. Each employee-applicant to whom the Company has extended a conditional offer of employment must submit to controlled substance testing after the offer of employment but before performing job duties. The employment offer will be conditional upon the passage of the drug test. Any applicant refusing to be tested will not be hired.
- b. Any applicant testing positive for drugs will not be hired.

2. Reasonable Suspicion Testing: Drugs and Alcohol

- a. Where there is reasonable suspicion that an employee is using drugs, or is under the influence of alcohol, the Company will require the employee to be tested for the use of controlled substances and/or alcohol.

Supervisors will contact the Director of Human Resources who will assess whether the employee will be required to submit to a drug and alcohol test where there is reasonable suspicion to believe that the drug and alcohol rules have been violated.

- b. Determination to test will be based on "specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee." Observations shall be made by a supervisor or Company official who has been trained per these rules.
- c. The conduct should be witnessed by at least two (2) supervisors or Company officials, if at all feasible. If not feasible, only one supervisor or Company official need witness the conduct.
- d. The supervisor or supervisors must have received training in the identification of actions, appearance, or conduct of an employee, which are indicative of the use of controlled substances or alcohol.

- e. The employee must submit to reasonable suspicion drug and alcohol testing when requested to do so by the Company.
 - f. The person who makes the decision to test shall not conduct the alcohol test. Alcohol testing is authorized only if the observations are made during, just before or just after the employee's workday. The employee, likewise, can only be tested during, just before or just after the performance of job duties or while attending company sponsored events.
 - g. A reasonable suspicion alcohol test must be administered within two hours of the determination, but in no case later than four hours from the reasonable suspicion determination.
 - h. The supervisor or other designated Company official will "transport" the employee to the collection site for a Breath and/or Urine Sample. The employee will not be allowed to drive himself.
 - i. Documentation of the observations leading to a reasonable suspicion drug or alcohol test should be prepared and signed by the supervisor or Company official who made the observations and forwarded to Human Resources, as soon as possible after the observed behavior.
 - j. If the results of a reasonable suspicion alcohol and/or drug test are negative, the employee will be compensated for all time lost from work, which is directly attributable to the request to take the test. However, no compensation shall be available to an employee who is already on suspension at the time the employee takes the test based upon conduct other than the suspected violation of the Company's substance abuse policy.
 - k. Under the reasonable suspicion testing provisions, when it is infeasible or impossible to conduct a reasonable suspicion test in a timely manner (e.g., an EBT is unavailable or broken), the employee is not permitted to perform, nor is the Company to allow performance of, any job functions for twenty-four hours. The employee will not be penalized for any lost time in pay.
3. Post-Accident Testing: Drugs and Alcohol
- a. When tests must be administered: Post-accident alcohol tests are required to be administered *as soon as possible* within two (2) hours, but *in no case* later than eight (8) hours, following the accident.
 - b. Employee's Responsibility:
 - i. All employees will be drug and alcohol tested, as soon as practicable, following an accident (as previously defined) involving the employee, when the accident results in either: (a) fatality, (b) bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident, (c) one or more motor vehicles *incurring damage as a result of the accident*.
 - ii. An employee who is subject to post-accident testing must remain readily available for a drug and alcohol test, or the Company may consider the employee to have refused to submit to testing.

- iii. The employee subject to post-accident testing must refrain from consuming alcohol for eight hours following the accident, or until he/she submits to an alcohol test, whichever comes first.
- iv. If the employee has not submitted to an alcohol test within 2 hours, the Supervisor shall prepare and maintain on file a record stating the reason a test was not promptly administered.

It will be determined on a case-by-case basis whether or not the employee involved in the "accident" which results in the need for a test, may work while the results of both the drug and alcohol test are being determined. In serious accidents involving a fatality, serious injury to the employee, or injury to a third party, the employee may be transported to a collection facility or the collection will be performed on site and the employee's Supervisor will provide for the employee to be transported to his home as necessary. In these cases the employee will not work until the results of both the drug and alcohol tests are verified to be negative. However, in those cases where the accident is minor (as determined by the Company), the injury is minor (as determined by the Company), and there is no other evidence or reason to believe that drugs or alcohol played any role in the accident, the employee will be free to continue to work while the Company waits for the Drug and Alcohol Test results.

- v. The Company may obtain post-accident test results from government authorities: In lieu of conducting a post-accident test, when prescribed under this policy, the Company may obtain the results of a breath or blood test for the use of alcohol or a urine test for the use of drugs conducted by Federal, State or local officials having independent authority for the test, provided such tests meet the applicable Federal, State or local requirements.

4. Return-to-Duty Testing

- a. If an employee is off work for any reason (leave of absence, vacation, sickness, workers compensation etc.) for more than 90 days, a return-to-duty test will be required, prior to returning to work.
- b. In the case of a positive Drug or Alcohol Test:
 - i. Under this policy, if an employee is given the opportunity to return to work, after having engaged in prohibited conduct regarding alcohol misuse, he or she shall meet all Substance Abuse Professional requirements and undergo a return-to-duty alcohol test indicating a breath alcohol concentration of less than 0.02 before the employee returns to duty.
 - ii. If an employee is given the opportunity to return to work, after having engaged in prohibited conduct regarding controlled substance use, the employee shall undergo a return-to-duty controlled substance test with a result indicating a verified negative for controlled substance use, before the employee returns to duty.

In either event, if a return-to-duty test is required, the employee must also have been evaluated by a substance abuse professional (SAP) and have

participated in and satisfactorily completed any assistance or rehabilitation program prescribed.

5. Follow-Up Testing

Following a determination that an employee is in need of assistance in resolving problems associated with alcohol misuse and/or use of controlled substances, the employee shall be subject to a minimum of six follow-up controlled substance and/or alcohol tests in the first 12 months, as directed by the substance abuse professional.

6. Random Testing

Each year, the Company will administer a number of random drug tests for its covered employees. These unannounced tests will be spread reasonably throughout the 12-month period. The Company will select covered employees for testing by using a random selection process provided by an objective, outside third party administrator, which ensures that each covered employee has an equal chance of being selected for testing.

Random drug testing shall be conducted in accordance with the following requirements:

- a. Random drug testing shall be administered at a minimum annual rate of twenty-five percent (25%) of the average number of employee positions.
- b. The Company shall ensure that random drug tests are unannounced and spread reasonably throughout the calendar year.
- c. Employees selected for random drug tests shall proceed immediately to the testing site upon notification of being selected.

B. Quality Assurance Plan for Evidential Breath Testing Equipment

The Company requires each collection site to provide the Company with a Quality Assurance Plan for each EBT it uses. This plan provides the inspection, maintenance and calibration requirements for the EBT. In addition, the Company ensures that the BATs are proficient in the operations of EBTs. Further, the Company requires collection sites to use only EBTs that are on the National Highway Traffic Safety Administration's Conforming Products List of Evidential Breath Measurement Devices.

C. Written Notice

All applicants and employees subject to this policy are being given prior notification of the drug and alcohol testing policy before testing commences. Changes or revisions to this policy will also be communicated to employees.

D. Urinalysis/Breath Alcohol Consent Form & Acknowledgement Form

Prior to any testing under this policy, the individual will be required to sign a Urinalysis and/or Breath Alcohol Consent Form and the attached Employee Acknowledgement Form indicating notice of and consent to the Company drug

and alcohol testing policy and procedures. Applicants refusing to sign these forms will not be permitted to continue the application process. Current employees refusing to sign these forms will be subject to discipline up to and including discharge.

E. Confirmation Reanalysis of Test Results

1. Positive Drug Tests

All confirmed positive drug test results will be reviewed by an MRO (Medical Review Officer) to determine whether there is any legitimate explanation for the positive test result. This review may include a medical interview, review of the employee's medical history, or review of any other relevant biomedical factors and all medical records made available by the tested employees.

Employees testing positive will be given the opportunity to discuss with the MRO any legitimate explanation for the positive test result. If the MRO determines that there is a legitimate medical explanation for the confirmed positive test result, the MRO will report the test result to the Company as negative. If the MRO determines that there are no legitimate explanations for the confirmed positive test result, the results will be verified by the MRO.

The MRO may verify a test as positive without having communicated directly with the employee when:

- The employee expressly declines the opportunity to discuss the test, or the designated Company representative has successfully contacted the employee and instructed the employee to contact the MRO and more than five (5) days have passed since the employee was contacted by the Company's representative.
- Upon request by the employee or applicant (within 72 hours of being notified results), any applicant or employee testing positive for controlled substances will be given a reliable confirmatory urinalysis retest of the sample by another D.H.H.S. Certified Lab. Retest will include a confirmatory test using the gas chromatography/mass spectrometry (GC/MS) methodology. All costs for the re-test shall be paid for by the employee unless the test proves negative. Confirmed positive test results shall be reported to the Medical Review Officer. If reanalysis fails to detect the presence of the previously confirmed drug the MRO must cancel the tests and report the cancellation to Employer and Employee. Actions required from the first positive test are not "stayed" pending the split specimen's result.

2. Positive Alcohol Tests

If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed. The confirmation test will be conducted within 30 minutes from the end of the screening test. The confirmation test result is the final result upon which any discipline or other action under the Company's policy shall be based.

F. Inability to Provide Adequate Amount of Specimen / Sample

1. **Drugs:** The employee must provide at least 45 milliliters of urine for a drug test. If the employee is unable to provide such a quantity of urine then the employee will be instructed to drink a set amount of fluid and after a period of up to three hours, again attempt to provide a complete specimen. For a Pre-employment Drug Test, if an applicant is still unable to provide an adequate specimen this will constitute a refusal to test and the applicant will be considered ineligible for employment with the Company.

For all other types of drug testing, if the employee is still unable to provide an adequate specimen, the MRO will refer the employee for a medical evaluation. If the MRO determines that there is no legitimate medical explanation for the employee's failure to provide an adequate amount of urine, this will constitute a refusal to test and be handled in the same manner as a positive test.

2. **Alcohol:** Each employee shall blow forcefully into the mouthpiece of the EBT for at least six (6) seconds or until the EBT indicates that an adequate amount of breath has been obtained.

If an applicant fails to provide, or is unable to provide an adequate breath sample, this will constitute a refusal to test rendering the applicant ineligible for employment with the Company.

If an employee is unable to provide an adequate amount of breath for a Breath Alcohol sample, then a retest using saliva or blood would be allowed.

If an employee fails to provide or claims that he or she is unable to provide a sufficient amount of breath sample to permit a valid breath test because of a medical condition, the Company will require the employee to be evaluated by a physician. If the physician determines that the employee's alleged medical condition could not preclude the giving an adequate breath sample, this will be considered a refusal to test.

G. Specimen Adulteration: MRO / Company Guidelines

In the event the MRO receives a laboratory report indicating the possibility of specimen adulteration, the MRO shall follow procedures outlined below to review and interpret the laboratory report:

1. **Specific Gravity and Creatinine:** The MRO will report the laboratory findings, including invalid, negative, and cancelled tests, to the SAPM (Substance Abuse Program Manager). The Company may require the donor's next urine specimen to be collected under direct observation procedures.
2. **Specimen not suitable:** In specimen not suitable reports, the MRO should first discuss the test result with the appropriate laboratory forensic toxicologist to obtain more facts or documentation. The MRO should then contact the employee/applicant and inform him/her that the urine specimen was not suitable for testing, and will inquire whether medication (e.g. non-steroidal anti-inflammatory agents) or another medical explanation may account for the specimen's unsuitability. If no acceptable explanation for the unsuitability is provided, the MRO will inform the

employee/applicant that another urine specimen will be collected under direct observation procedures. The MRO will also report the result to the Company and inform the Company that another urine specimen collection under direct observation is required. If there is an acceptable explanation for the unsuitability the MRO will report the specimen as cancelled.

3. Specimen adulterated - The MRO will report the result as "specimen adulterated" to the SAPM and inform the SAPM that the laboratory finding constitutes a refusal to submit to testing. Under this policy, this requires that the employee be removed from performing any job function.
4. Dilute Specimen – Arrow Child & Family Ministries reserves the right to perform a L.O.D. (Limits Of Detection) drug test analysis on all specimens deemed “negative and dilute” from the laboratory. The results will then be forwarded to the MRO for review. An employee who is deemed to be positive by the MRO after an LOD test will be terminated. A LOD test will report the amount of THC or other prohibited drug contained in an employee or perspective employee’s urine at the lowest level for which the laboratory can accurately measure and confirm the prohibited drug metabolite. These levels will be lower than the standard cutoff levels as outlined under the definitions section of this policy for “Positive Drug Test”
5. Suspicion of Specimen Dilution, Adulteration or Substitution at the Collection Site (all tests including Pre-Employment) - In the event that an employee provides a specimen which is suspected by the collector or collection site person of having been diluted, altered, adulterated, or substituted, the individual will be required to provide a second specimen during the same visit and as soon as possible under direct observation of a same gender collection site person. This would also be required when the temperature of the specimen falls outside of the acceptable limits of 90° - 100°F. These procedures would be followed with all tests, including Pre-Employment in these situations.
6. Dilute Negative Test Results - In cases where any (including a pre-employment), drug test result is negative/dilute, the employee or applicant would immediately be required to provide another urine specimen, without any advance notice to proceed to the collection site. (This collection is not to be done under direct observation unless there is another basis for direct observation) The result of the second test, not that of the original test, becomes the test of record. If the second test is also negative and dilute, the employee or applicant will not be required to take a third test. The cost for the second test in all cases except Random Tests with a negative or second dilute negative result shall be the responsibility of the employee.

If the applicant or employee is directed to take another test but refuses to do so, the applicant/employee has violated this company’s policy therefore the applicant will not be hired and the employee will be subject to discipline up to and including termination for a first offense.

7. Dilute Positive Test Results - If the test result is positive and dilute the test will be treated as a verified positive test. The employee will not be directed to take another test. Disciplinary action up to and including termination will occur.

8. Invalid Test Results - When the laboratory reports that the test is an invalid result, the employee must provide a second collection immediately under direct observation with the minimum possible advance notice that the employee must go to the collection site.
9. Specimen Rejected for Testing (e.g. because of a fatal flaw or uncorrectable error) - In the case of a pre-employment, return-to-duty, or follow-up test a second collection, under direct observation, will be required. In all other tests, the MRO will report the test as cancelled and no other action will be required.
10. Direct Observation occurs when:
 - a. Collector observes Employee tampering with or attempting to tamper with specimen.
 - b. Employer requests that a return-to-duty or follow-up test be performed under direct observation.
 - c. Laboratory result of "Invalid" specimen and there is no valid medical explanation.
 - d. Split specimen could not be performed or was invalid after initial test was positive.
 - e. Specimen temperature is out of range
 - f. Specimen deemed "not suitable" for testing
 - g. Specimen is "rejected for testing" with a return-to-duty, pre-employment or follow-up test.
 - h. Specimen was substituted with a creatinine concentration greater than or equal to 2mg/dL and less than or equal to 5mg/dL and the MRO reported it as negative and dilute.

H. Notification of Test Results

1. Drugs: The Company will notify an employee-applicant of the results of a pre-employment controlled substance test provided the applicant requests such results, in writing, within 60 days of being notified of the disposition of the employment application. The results of a reasonable cause, random or post-accident controlled substance test will be communicated to the employee subject to testing provided the results were positive. The employee will also be told what drugs were discovered.
2. Alcohol: Confirmed positive alcohol test results shall be communicated directly to the employee from the Breath Alcohol Technician (BAT) performing the Alcohol Test. Immediately thereafter, the BAT will provide the Director of Human Resources the confirmed alcohol test results in a confidential manner. At that time, assuming positive results are equal to or greater than 0.02, an employee is prohibited from performing duties for the Company and will be asked to arrange alternate transportation home or will be offered transportation home. Under no circumstances will the employee be allowed to drive a Motor Vehicle for the Company or drive his/her own vehicle if clocked in on company time. The employee's supervisor will arrange to transport the employee home. If the employee insists on driving his own car and his BAC is .06 or greater, the Breath Alcohol Technician and/or the Supervisor will contact the police and advise them of the situation.

VII. CONSEQUENCES TO EMPLOYEES ENGAGING IN PROHIBITED CONDUCT

Employees who are observed engaging in prohibited behavior or tested at .02 or above for alcohol or positive for controlled substances or refuse to be tested, are subject to the following consequences:

- A. Discipline up to and including possible termination even for the first offense.
- B. If an employee is not terminated, he/she shall be immediately removed from Company duties until the following conditions are met:
 - 1. Employees shall be advised of the resources available to them in evaluating and resolving problems associated with the misuse of alcohol or use of controlled substances. Employees are encouraged to use Group Insurance resources such as the Employee Assistance Program.
 - 2. Employees shall immediately be referred to a SAP (Substance Abuse Professional).
 - 3. Employees must be evaluated by a Substance Abuse Professional (SAP) who shall determine what assistance, if any, the employee needs in resolving problems associated with alcohol misuse and controlled substance use, before that employee may be returned to work, if that option is offered by the Company.
 - 4. Before an employee returns to duty, he/she shall undergo a return-to-duty alcohol test with a result indicating a breath alcohol level of less than 0.02 if the conduct involved alcohol, or a controlled substance test with a verified negative result if the conduct involved controlled substance use.
 - 5. In addition, each employee identified as needing assistance in resolving problems associated with alcohol or controlled substances must be re-evaluated by the SAP to determine and certify that the employee has followed the rehabilitation program previously prescribed, if that employee is being allowed to return to his position, and before he is allowed to perform any duties.
 - 6. The employee shall also be subject to unannounced follow-up alcohol and controlled substance testing. The number and frequency of such follow-up testing shall be as directed by the SAP, and consist of at least six tests in the first 12 months but may continue, as directed by the SAP, for up to five (5) years.
- C. Termination for any second offense.

VIII. SAP EVALUATION, REHABILITATION AND PAY

- A. When an employee tests positive, pay will cease. If the employee is given the opportunity to return to work, reinstatement of pay will take place when the employee has:
 - 1. Been evaluated by a SAP to determine whether the employee is in need of assistance to help resolve problems related to alcohol or drug use and,
 - 2. Completed any treatment recommended by the SAP and,
 - 3. Been evaluated by the SAP to ensure that the employee has properly followed the treatment program and,

4. Undergone a return-to-duty test with an alcohol concentration of less than .02 and/or a negative drug test.

IX. GROUNDS FOR DISCIPLINE

An employee bringing onto the Company's premises or property, having possession of, being under the influence of, possessing in the employee's breath, body, blood or urine in an amount equal to or greater than 0.02, or using, consuming, transferring, selling or attempting to sell or transfer any form of illegal drug or alcohol as defined above while on Company business or at any time during the hours between the beginning and the ending of the employee's work day, while on duty or on Company property or any violation of The Federal Drug Free Workplace Act (if applicable), is guilty of misconduct and may be subject to discipline including suspension without pay from employment to seek treatment services, for the first offense and termination for any second offense. After an employee completes all requirements for rehabilitation treatment and qualifies for reinstatement of employment by Arrow Child & Family Ministries, he/she will be considered for job vacancies for which he/she is qualified. However, there is no guarantee that the former employee will be rehired. Failure to submit to required medical or physical examinations or tests is misconduct and is grounds for discipline up to and including possible termination.

X. REFUSAL TO SUBMIT TO AN ALCOHOL OR DRUG TEST

Refusal to submit to an alcohol or controlled substance (drug) test means that an employee:

- B. Fails to provide adequate breath for testing without a valid medical explanation,
- C. Fails to provide adequate urine for controlled substance testing without a valid medical explanation,
- D. Engages in uncooperative conduct that clearly obstructs the testing process,
- E. Refuses to sign the drug or alcohol testing form(s),
- F. Misuses alcohol between initial and confirmatory test and/or refuses to take the confirmatory test.*
- G. Arrive late or does not arrive at all, at the collection site, without an acceptable and verifiable excuse.
- H. Provides an adulterated specimen (as verified by the testing lab or collection site or MRO) to be tested. (includes soap and other substances)

**Refusal to test will be considered the same as a Positive Drug or Alcohol Test.*

XI. SELF IDENTIFICATION PROGRAM

Since the primary purpose of this policy is to deter employees from having alcohol and controlled substances in their systems while performing job duties, employees should be able to identify themselves as unfit to work. The Company encourages employees to decline, without penalty, to perform or continue to perform their job if the employee knows that he/she is or may be impaired by alcohol or controlled substances.

This program, however, will not interfere with the tests required by this policy. For example, an employee could not identify himself as unfit to drive after having been notified

of a random or reasonable suspicion test and expect to avoid the consequences for a positive test or a refusal to test. This program could, however, permit an employee to initiate a voluntary alcohol test to determine whether the employee is in violation of these rules, without fear of consequences required by this policy, regardless of the test results.

However, after self-identifying, the employee will be referred to the SAP for an assessment and required by this policy to comply with all SAP recommendations. The employee will not be permitted to return to work until he/she has complied with these requirements.

XII. CERTIFIED LABORATORIES

All tests conducted pursuant to this policy shall be performed by laboratories who meet the certification requirements under the Department of Health and Human Services' Mandatory Guidelines for Federal Drug Testing Programs (SAMHSA Certified Labs).

XIII. COMPENSATION FOR TESTS

All time spent providing a breath and/or urine sample, including travel time to and from the collection site in order to comply with post-accident, reasonable suspicion or follow-up testing shall be considered as work time and the employee will receive his or her regular compensation for such time.

XIV. COST OF TESTING

- A. The cost of the initial urine drug and breath alcohol testing, unless otherwise provided for in the Agreement, shall be borne by the Company.
- B. The costs of any confirmatory drug tests sent to another DHHS/SAMHSA certified lab, as requested by the employee will be paid for by that employee. However, if the tests prove negative, costs shall be borne by the Company. (See Appendix A)
- C. Costs of any Return-to-Duty and/or Follow-Up Testing performed will be paid for by the employee. (See Appendix A)

XV. EMPLOYEE ORIENTATION AND SUPERVISOR TRAINING

As part of its commitment to provide safe conditions to the public and its employees, the Company provides education and training addressing the effects and consequences of controlled substance and alcohol use on personal health, safety, and the work environment, and the manifestations and behavioral results that may indicate controlled substance use or abuse. The program is provided to all Company

officials and supervisory personnel and will include Supervisor Training for Controlled Substances (drugs) and Alcohol. All employees will also be provided the following information: (See Exhibit I).

XVI. COMPLIANCE AS A CONDITION OF EMPLOYMENT

All employees are hereby advised that full compliance with the Company's controlled substance and alcohol policies shall be a pre-condition of employment and a condition of

continued employment at this Company. Any employee who violates this policy shall be subject to discipline up to and including immediate discharge, even for the first offense.

This policy supersedes, prior to this date, any written policies issued as, or included in, manuals, handouts, or individual policies. This policy is effective immediately upon receipt by the employee.

This policy is subject to changes, revisions, etc., without prior notice, depending on policy requirements.

XVII. LEAVE OF ABSENCE PRIOR TO TESTING

- A. An employee shall be permitted to take an unpaid leave of absence for the purpose of undergoing treatment pursuant to an approved program of alcoholism or drug use. The leave of absence must be requested prior to the commission of any act subject to disciplinary action and may not occur on the day of a random drug or alcohol test.
- B. Such leave of absence shall be granted on a one-time basis and shall be for a maximum of ninety (90) days, unless extended by mutual agreement. While on such leave, the employee shall not receive any of the benefits provided by the Company except continued accrual of seniority. This leave will be provided under the conditions set forth in the Family and Medical Leave Act.
- C. If the employee is referred for counseling or is given a leave of absence, the employee may contact his/her insurance carrier concerning insurance benefit coverage.
- D. Employees requesting to return to work from a leave of absence for drug use shall be required to submit to future random drug testing for up to 12 months. Failure to do so will subject the employee to discipline including discharge without the receipt of a prior warning letter.
- E. The provisions of this Section shall not apply to probationary employees.
- F. Any other costs not covered by the insurance carrier will be the responsibility of the employee.

APPENDIX A
FINANCIAL CONSIDERATIONS FOR THE EMPLOYEE

1. Cost of Medical Opinion for Shy Bladder or Shy Lung (Employee responsible for cost) – If an *Employee* needs to get a medical opinion in a shy bladder or shy lung situation, this required activity is at the expense of the *Employee*. The *Employee* will pay the Licensed Medical Practitioner directly.
2. Leave of Absence (Unpaid Leave of Absence) - After a first *Prohibited Conduct* event, where the *Employee* is not terminated, the *Employee* will be either given non-safety-sensitive duties to perform or placed on an unpaid leave of absence at the option of Employer until the *Employee* has met all requirements to return to duty.
3. Cost of Split Specimen Test (Employee responsible for cost) – If the *Employee* requests the split specimen portion of urine to be tested, it will be at his/her expense unless the split specimen test does not reconfirm the original positive test result. If requested, the test will be conducted. *Employee* agrees to reimburse Employer for the expense of this item.
4. If Split specimen Test Does Not Reconfirm Positive Test Result (Employer responsible to back pay) – If a split specimen test is performed and that test result does not reconfirm the positive test result, back pay will be provided if the *Employee* was on an unpaid leave of absence.
5. Substance Abuse Professional Services (Employee responsible for cost) – *Employee* will be responsible for the expense of the Substance Abuse Professional services, follow-up test monitoring, and additional required SAP services after completion of a treatment program, if any, after a first *Prohibited Conduct Event*, where an *Employee* is not terminated, *Employee* agrees to reimburse Employer for the expense of this item. However, the *Employee* will be provided with a list of SAP's by the employer at no charge.
6. Cost of Treatment (Employee responsible for cost) – *Employee* will be responsible for the expense of any treatment not covered by insurance, whether a current or terminated employee, contractor, etc. *Employee* will make own arrangements to pay treatment provider directly.
7. Cost of Return-to-Duty Test(s) (Employee responsible for cost) - *Employee* will be responsible for the expense of any return-to-duty Drug and/or Alcohol test after the first *Prohibited Conduct* event. *Employee* agrees to re-imburse Employer for the expense of this item through payroll deduction.
8. Cost of Follow-up Tests (Employee responsible for cost) – If required, the cost of all follow-up tests will be at the expense of the *Employee*. This follow-up testing program will continue for up to sixty months. *Employee* will be responsible for payment of tests to employer. *Employee* agrees to Re-imburse Employer for the expense of this item.
9. Negative Dilute Specimen Retests – The cost of all retests due to the original sample being deemed “negative dilute” will be the responsibility for the employee except for Random Tests where the second sample is either negative or also negative dilute.

EXHIBIT “J-6”

Exhibit 6

Budget Detail for 24 Months of Program Operations
TSM Assets to be Transferred to Arrow Pennsylvania

Arrow Child & Family Ministries of PA
TSM Transition
MONTHLY PROGRAM BUDGET Year 1

	Year 1 Operating Budget											
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
TOTAL	\$ 10,150	\$ 300	\$ 425	\$ 575	\$ 275	\$ 4,625	\$ 425	\$ 1,650	\$ 100	\$ 150	\$ 350	\$ 650
ACTIV & RECREATION	950	15	10	510	15	15	100	250	-	-	10	15
AWARDS & SCHOLAR	3,950	-	-	100	100	-	100	150	-	-	-	-
CLOTHING	575	280	1,200	250	60	2,300	100	100	-	-	-	-
DUES & SUBSCRIPTIONS	-	-	-	-	-	-	-	-	-	-	-	-
ELECTRICITY/HEAT	88,663	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389
EMPLOYEE BENEFITS	-	-	-	-	-	-	-	-	-	-	-	-
EQUIPMENT PURCHASE	10,630	509	280	230	674	379	279	280	6,388	375	529	278
FEES & PERMITS	1,800	85	360	110	285	210	100	-	120	90	90	265
FOOD/HSHD SUPPLIES	-	-	-	-	-	-	-	-	-	-	-	-
FURNITURE/FIXTURES	-	-	-	-	-	-	-	-	-	-	-	-
GENERAL EXPENSE	17,486	982	981	981	-	7,285	1,739	745	745	745	1,556	745
INSURANCE	1,850	154	154	154	154	154	155	154	154	154	154	155
MAINTENANCE/REPAIR	1,700	20	154	154	154	154	300	1,300	72	30	-	-
MEDICAL COSTS	9,300	873	1,122	1,300	225	122	498	72	423	72	423	872
OFFICE REPRODUCT.	13,000	1,087	1,082	1,082	1,082	1,082	1,087	1,082	1,082	1,082	1,087	1,082
OFFICE SUPPLY	443,900	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992
PAYROLL	40,679	3,390	3,390	3,390	3,390	3,390	3,380	3,390	3,390	3,390	3,390	3,390
PAYROLL TAX	19,000	2,560	2,510	2,170	760	1,020	1,170	1,120	1,160	1,320	1,270	1,420
POSTAGE	4,000	500	500	1,000	500	500	-	-	-	-	500	-
PRINTING	105,557	10,210	10,127	8,960	7,730	8,015	8,990	8,040	7,840	9,990	9,825	8,070
PROF SERVICES	32,800	100	900	100	100	100	22,600	8,500	65,053	100	100	100
PROGRAM COUNSELORS	128,300	-	531	36,642	319	18,055	7,700	11,000	-	-	-	-
PROGRAM FOOD/LODGE	11,000	-	-	-	-	-	-	-	-	-	-	-
PROGRAM SERVICES	70,000	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833
RENT	1,700	940	-	230	-	100	100	100	30	200	-	-
SEMINARS & MEETINGS	1,250	104	103	105	103	105	103	105	104	105	104	104
STEWARDSHIP	16,500	1,350	1,650	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350
TELEPHONE	26,300	1,900	1,800	2,200	1,800	2,400	2,400	6,000	1,900	1,900	1,900	1,900
TRANS OF CHILDREN	77,200	21,792	5,992	5,992	5,992	5,992	4,242	4,242	4,242	4,242	4,242	4,242
TRAVEL	56,934	4,826	4,280	5,911	3,733	5,371	5,360	8,240	3,867	3,775	3,858	3,751
MANGT FEE	38,500	19,250	-	19,250	-	-	-	-	-	-	-	-
CONSULTING - PRAESIDIUM	120,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
REBRANDING	30,000	10,000	10,000	10,000	-	-	-	-	-	-	-	-
LEGAL	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	\$ 1,384,124	\$ 140,600	\$ 103,212	\$ 109,830	\$ 88,400	\$ 122,783	\$ 122,550	\$ 183,035	\$ 91,208	\$ 89,283	\$ 91,010	\$ 88,767

Arrow Child & Family Ministries of PA
TSM Transition
MONTHLY PROGRAM BUDGET Year 2

	Year 2 Operating Budget												
	TOTAL	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24
ACTIV & RECREATION	\$ 10,150	\$ 300	\$ 225	\$ 425	\$ 975	\$ 275	\$ 4,625	\$ 425	\$ 1,650	\$ 100	\$ 150	\$ 350	\$ 650
AUDIOVISUAL	950	15	10	10	510	15	15	100	250	-	-	10	15
AWARDS & SCHOLAR	450	-	-	-	100	100	-	100	150	-	-	-	-
CLOTHING	3,350	-	-	1,200	250	-	2,300	100	100	-	-	-	-
DUES & SUBSCRIPTIONS	575	280	60	-	60	-	-	50	-	-	-	-	-
ELECTRICITY/HEAT	-	-	-	-	-	-	-	-	-	-	-	60	65
EMPLOYEE BENEFITS	88,663	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389	7,389
EQUIPMENT PURCHASE	-	-	-	-	-	-	-	-	-	-	-	-	-
FEES & PERMITS	10,630	509	280	379	280	674	379	279	280	6,388	375	529	278
FOOD/HSHD SUPPLIES	1,800	85	85	360	110	285	210	100	-	120	90	90	265
FURNITURE/FIXTURES	-	-	-	-	-	-	-	-	-	-	-	-	-
GENERAL EXPENSE	-	-	-	-	-	-	-	-	-	-	-	-	-
INSURANCE	17,486	982	982	981	981	-	-	-	-	-	-	-	-
MAINTENANCE/REPAIR	1,850	154	154	154	154	154	154	155	154	154	154	154	155
MEDICAL COSTS	1,700	20	-	-	50	-	-	-	-	-	-	-	-
OFFICE REPRODUCT.	6,500	273	422	2,498	600	225	122	498	72	423	30	-	-
OFFICE SUPPLY	6,500	540	540	540	545	540	540	540	545	540	545	540	545
PAYROLL	443,900	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992	36,992
PAYROLL TAX	40,679	3,390	3,390	3,390	3,390	3,390	3,390	3,390	3,390	3,390	3,390	3,390	3,390
POSTAGE	14,000	1,310	1,270	1,260	820	760	1,020	1,170	1,120	1,160	1,320	1,270	1,420
PRINTING	2,000	-	500	-	500	-	-	-	-	-	-	-	-
PROF SERVICES	63,365	5,515	5,240	5,515	5,230	5,230	5,515	5,240	5,540	5,340	5,000	5,000	5,000
PROGRAM COUNSELORS	32,800	100	100	900	100	100	100	22,600	8,500	-	100	100	100
PROGRAM FOOD/LODGE	120,800	-	-	500	34,500	300	17,000	7,250	61,250	-	-	-	-
PROGRAM SERVICES	11,000	-	-	-	-	-	-	-	-	-	-	-	-
RENT	70,000	5,833	5,833	5,833	5,833	5,833	5,833	5,833	11,000	-	-	-	-
SEMINARS & MEETINGS	1,700	-	940	-	230	-	-	-	5,833	5,833	-	5,833	5,833
STEWARDSHIP	1,250	104	105	103	105	103	105	103	105	30	200	-	100
TELEPHONE	16,500	1,350	1,350	1,650	1,350	1,350	1,350	1,350	1,350	104	105	104	104
TRANS OF CHILDREN	26,300	1,900	1,900	1,900	2,200	1,900	2,400	2,400	6,000	1,350	1,350	1,350	1,350
TRAVEL	36,992	4,241	2,491	2,491	4,241	2,491	2,491	4,241	2,491	2,491	1,900	1,900	1,900
MINGT FEE	77,429	5,346	5,269	5,585	8,070	5,108	7,486	7,663	11,715	5,441	5,249	5,252	5,224
CONSULTING - PRAESIDIUM	-	-	-	-	-	-	-	-	-	-	-	-	-
REBRANDING	60,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
LEGAL	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	\$ 1,163,819	\$ 81,628	\$ 80,527	\$ 85,055	\$ 120,664	\$ 78,213	\$ 112,301	\$ 115,127	\$ 172,921	\$ 82,990	\$ 60,229	\$ 80,283	\$ 79,893

TSM Assets to be Transferred to Arrow Pennsylvania

Category	# ea.	Breakdown/Description				
Staff Office	10	Desk	Desk Chair	Lateral File	Shelf	Credenza
Add'l Office	5	Tables	Chairs			
Intern Offices	8	Desk	Chair	File Cabinet	cubicles	
Conference Rooms	4	Table	8-10 Chairs ea, totaling 32-40	Lateral File	Shelf	Credenza
Common Areas	4	Tables	2-4 Chairs per table	File Cabinet	Shelf	Credenza
Computers for Offices	18	Computer	* 9 Printers	Monitors	Cables	Speakers
Common Area Computers	4	Computer	* 9 Printers	Monitors	Cables	Speakers
Network Devices & Peripherals		3 ethernet switches; 6 ext. hard drives	security device; 2 wireless routers	45 power strips;	25 USB keyboards; 25 optical mice	wireless VPN firewall; UPS batt backup
Multimedia Equipment		2 Projectors	3 Digital Cameras	HD Camcorder	5 Toshiba Laptops	
Other Equipment		5 copiers	3 safes	2 postage machines	3 fax machines	2 dgtl phone systems; 20 phones
Vehicles		White 1997 Dodge Maxi-Wagon	Silver 2006 Ford Econoline			
Intellectual Property		Donor perfect Database copy	Program Filemaker File copies	Constant Contact data		
Program Materials		tents, cookware, & other camping equip; 25 bins children's bedding; 10 coolers	6 tables; 10 boxes stuffed animals; 10 boxes health/hygiene materials	35 boxes prizes; 20 boxes books; 10 bins crafts; 15 bags sports equipment	2 sets carnival equip; 12 boxes shirts; 5 boxes notebooks	teambuilding initiatives; various other camp & program materials