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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)

2010 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

Form 990 header section including A (For the 2010 calendar year), B (Check if applicable), C (Name of organization ARCHWAY INC), D (Employer identification no. 06-1520154), E (Telephone number (203) 933-0167), F (Name and address of principal officer SUSAN BOOTH), G (Gross receipts \$ 35,661), H(a) (Is this a group return for affiliates?), H(b) (Are all affiliates included?), H(c) (Group exemption number), I (Tax-exempt status 501(c)(3)), J (Website: NONE), K (Form of organization Corporation), L (Year of formation 1999), M (State of legal domicile CT)

Part I Summary

Table with 22 rows detailing financial and operational data for 2010. Includes mission statement: 'ALL ACTIVITIES ARE FOR THE ACCOMPLISHMENT OF PROVIDING BASIC LIVING ASSISTANCE INCLUDING BUT NOT LIMITED TO FOOD CLOTHING AND SHELTER FOR HOMELESS AND UNDERPRIVILEGED HOMELESS CHILDREN IN ROMANIA'. Financial data includes revenue of 50,170 and expenses of 51,299, resulting in a net loss of 1,129.

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

Signature block for SUSAN BOOTH, PRESIDENT, dated 06-02-2014.

Preparer information for GARY CHAIKLIN, CHAIKLIN TAX SERVICE, dated 06-02-2014.

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

For Paperwork Reduction Act Notice, see the separate instructions.

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RECEIVED stamps: STATE UNIT RECEIVED JUN 10 2014 TPR BRANCH OGDEN; RECEIVED JUN 05 2014 OGDEN, UT

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

ALL ACTIVITIES ARE FOR THE ACCOMPLISHMENT OF PROVIDING BASIC LIVING ASSISTANCE INCLUDING BUT NOT LIMITED TO FOOD CLOTHING AND SHELTER FOR HOMELESS AND UNDERPRIVILEAGED HOMELESS CHILDREN IN ROMANIA

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 \$ 53,635 including grants of \$ \_\_\_\_\_) (Revenue \$ 35,661 )  
ACIEVEMENT OF THE TAX EXEMPT PURPOSE AND MISSION

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 ▶ 53,635

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and other organizational activities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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. Disclosure

- 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.
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

SUSAN BOOTH (203) 933-0167
232 PECK AVENUE West Haven, CT 06516

**Part VII**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                           |               |                       |                                     |             | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|--|---------------------------|---------------|-----------------------|-------------------------------------|-------------|--|---|---|
|                                      |  | I n d i v i d u a l                    | I n s t i t u t i o n a l | O f f i c e r | K e y e m p l o y e e | H i g h e s t c o m p e n s a t e d | F o r m e r |  |   |   |
| (1) BOBBIE KOMISAR<br>DIRECTOR       | 2.00   | X                                      |                           |               |                       |                                     |             | 0  | 0   | 0   |
| (2) FRANCIS OLEARY DUNTZ<br>DIRECTOR | 2.00   | X                                      |                           |               |                       |                                     |             | 0  | 0   | 0   |
| (3) FRANK SZYMBORSKI<br>DIRECTOR     | 2.00   | X                                      |                           |               |                       |                                     |             | 0  | 0   | 0   |
| (4) JOHN DIFRANCESCO<br>DIRECTOR     | 2.00   | X                                      |                           |               |                       |                                     |             | 0  | 0   | 0   |
| (5) KAREN BOOTH<br>DIRECTOR          | 2.00   | X                                      |                           |               |                       |                                     |             |  |   |   |
| (6) SUSAN BOOTH<br>PRESIDENT         | 10.00  | X                                      |                           | X             |                       |                                     |             | 0  | 0   | 0   |
| (7)                                  |  |  |                           |               |                       |                                     |             |  |   |   |
| (8)                                  |  |  |                           |               |                       |                                     |             |  |   |   |
| (9)                                  |  |  |                           |               |                       |                                     |             |  |   |   |
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| (16)                                 |  |  |                           |               |                       |                                     |             |  |   |   |

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

| (A)<br>Name and Title | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |   |   |   |   |   |   | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
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|                       |  | o                                      | s | s | s | s | s | s |  |   |   |
|                       |  | r                                      | e | s | s | s | s | s |  |   |   |
|                       |  | a                                      | s | s | s | s | s | s |  |   |   |
|                       |  | r                                      | e | s | s | s | s | s |  |   |   |
|                       |  | i                                      | s | s | s | s | s | s |  |   |   |
|                       |  | o                                      | s | s | s | s | s | s |  |   |   |
|                       |  | r                                      | e | s | s |   |   |   |  |   |   |

**Part VIII** Statement of Revenue

|  |   |   | (A)<br>Total revenue                                     | (B)<br>Related or<br>exempt<br>function<br>revenue    | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>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   | 35,661  |   |   |  |  |
|  | g   | Noncash contributions included in lines 1a-1f \$  |  |   |   |   |  |  |
|  | h   | <b>Total.</b> Add lines 1a-1f . . . . . ▶   |  | 35,661  |   |   |  |  |
| Program Service Revenue                                | 2a  | _____   | Business Code  |   |   |   |  |  |
|  | b   | _____   |  |   |   |   |  |  |
|  | c   | _____   |  |   |   |   |  |  |
|  | d   | _____   |  |   |   |   |  |  |
|  | e   | _____   |  |   |   |   |  |  |
|  | f   | All other program service revenue . . . . .   |  |   |   |   |  |  |
|  | g   | <b>Total.</b> Add lines 2a-2f . . . . . ▶   |  |   |   |   |  |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶  |  |   |   |   |  |  |
|  | 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  | <b>Total.</b> Add lines 11a-11d . . . . . ▶                       |   |  |   |   |   |  |  |
| 12   | <b>Total revenue.</b> See instructions . . . . . ▶                |   | 35,661   | 0   | 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)

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 . . . . .   |                       |                                 |  |                             |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9  | Other employee benefits . . . . .  |                       |                                 |  |                             |
| 10   | Payroll taxes . . . . .  |                       |                                 |  |                             |
| 11   | Fees for services (non-employees):   |                       |                                 |  |                             |
| a  | Management . . . . .   |                       |                                 |  |                             |
| b  | Legal . . . . .  |                       |                                 |  |                             |
| c  | Accounting . . . . .   | 400                   | 400                             |  |                             |
| d  | Lobbying . . . . .   |                       |                                 |  |                             |
| e  | Professional fundraising services See Part IV, line 17 . . . . .   |                       |                                 |  |                             |
| f  | Investment management fees . . . . .   |                       |                                 |  |                             |
| g  | Other . . . . .  | 44,155                | 44,155                          |  |                             |
| 12   | Advertising and promotion . . . . .  |                       |                                 |  |                             |
| 13   | Office expenses . . . . .  | 931                   | 931                             |  |                             |
| 14   | Information technology . . . . .   |                       |                                 |  |                             |
| 15   | Royalties . . . . .  |                       |                                 |  |                             |
| 16   | Occupancy . . . . .  |                       |                                 |  |                             |
| 17   | Travel . . . . .   |                       |                                 |  |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| 20   | Interest . . . . .   |                       |                                 |  |                             |
| 21   | Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .  | 8,149                 | 8,149                           |  |                             |
| 23   | Insurance . . . . .  |                       |                                 |  |                             |
| 24   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                       |                                 |  |                             |
| a  | _____  |                       |                                 |  |                             |
| b  | _____  |                       |                                 |  |                             |
| c  | _____  |                       |                                 |  |                             |
| d  | _____  |                       |                                 |  |                             |
| e  | _____  |                       |                                 |  |                             |
| f  | All other expenses . . . . .   |                       |                                 |  |                             |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24f . . . . .  | 53,635                | 53,635                          | 0                                      | 0                           |
| 26   | <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  |   |     | (A)               |         | (B)         |         |
|---|--|---|-----|-------------------|---------|-------------|---------|
|   |  |   |     | Beginning of year |         | End of year |         |
| A<br>s<br>s<br>e<br>t<br>s  | 1  | Cash - non-interest-bearing . . . . .   |     | 11,626            | 1       | 1,801       |         |
|   | 2  | Savings and temporary cash investments . . . . .  |     |                   | 2       |             |         |
|   | 3  | Pledges and grants receivable, net . . . . .  |     |                   | 3       |             |         |
|   | 4  | Accounts receivable, net . . . . .  |     |                   | 4       |             |         |
|   | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .  |     |                   | 5       |             |         |
|   | 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . |     |                   | 6       |             |         |
|   | 7  | Notes and loans receivable, net . . . . .   |     |                   | 7       |             |         |
|   | 8  | Inventories for sale or use . . . . .   |     |                   | 8       |             |         |
|   | 9  | Prepaid expenses and deferred charges . . . . .   |     |                   | 9       |             |         |
|   | 10a  | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .   | 10a | 256,650           |         |             |         |
|   | b  | Less accumulated depreciation . . . . .   | 10b | 33,833            | 230,966 | 10c         | 222,817 |
|   | 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  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |   |     | 242,592           | 16      | 224,618     |         |
| L<br>i<br>a<br>b<br>i<br>l<br>i<br>t<br>i<br>e<br>s                         | 17   | Accounts payable and accrued expenses . . . . .   |     |                   | 17      |             |         |
|   | 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  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |   |     | 0                 | 26      | 0           |         |
| N<br>F<br>u<br>n<br>d<br><br>A<br>s<br>s<br>e<br>t<br>a<br>n<br>c<br>e<br>s | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |     |                   |         |             |         |
|   | 27   | Unrestricted net assets . . . . .   |     |                   | 27      |             |         |
|   | 28   | Temporarily restricted net assets . . . . .   |     |                   | 28      |             |         |
|   | 29   | Permanently restricted net assets . . . . .   |     |                   | 29      |             |         |
|   | Organizations that do not follow SFAS 117, check here <input checked="" 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, or equipment fund . . . . .  |     |                   | 31      |             |         |
|   | 32   | Retained earnings, endowment, accumulated income, or other funds . . . . .  |     | 242,592           | 32      | 224,618     |         |
|   | 33   | <b>Total net assets or fund balances . . . . .</b>  |     | 242,592           | 33      | 224,618     |         |
|   | 34   | <b>Total liabilities and net assets/fund balances . . . . .</b>   |     | 242,592           | 34      | 224,618     |         |

**Part XI**

**Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|   |   |   |          |
|---|---|---|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)   | 1 | 35,661   |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 53,635   |
| 3 | Revenue less expenses Subtract line 2 from line 1   | 3 | (17,974) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 242,592  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 | 0        |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 224,618  |

**Part XII**

**Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 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 separate basis, consolidated 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 |     |    |
| 3a |     | X  |
| 3b |     |    |

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**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

ARCHWAY INC

Employer identification number

06-1520154

**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). (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it 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?  
 (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?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

h Provide the following information about the supported organization(s)

| (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 US? |    | (vii) Amount of support |
|------------------------------------|----------|--|--|----|---|----|--|----|-------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                         |
| (A)                                |          |  |  |    |   |    |  |    |                         |
| (B)                                |          |  |  |    |   |    |  |    |                         |
| (C)                                |          |  |  |    |   |    |  |    |                         |
| (D)                                |          |  |  |    |   |    |  |    |                         |
| (E)                                |          |  |  |    |   |    |  |    |                         |
| <b>Total</b>                       |          |  |  |    |   |    |  |    |                         |

**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 or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .   |          | 67,216   | 52,923   | 50,170   | 35,661   | 205,970   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          | 67,216   | 52,923   | 50,170   | 35,661   | 205,970   |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 205,970   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .  |          | 67,216   | 52,923   | 50,170   | 35,661   | 205,970   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 205,970   |
| <b>12</b> 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**

|   |           |        |                                     |
|---|-----------|--------|-------------------------------------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 100.00 | %                                   |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 100.00 | %                                   |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .   |           |        | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2009.</b> 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"/>            |
| <b>17a 10%-facts-and-circumstances test - 2010.</b> 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>b 10%-facts-and-circumstances test - 2009.</b> 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"/>            |
| <b>18 Private foundation.</b> 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"/>            |



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II)

If the organization fails to qualify under the tests listed below, please complete Part II )

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or bus under sec 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 . . . . .   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . . |          |          |          |          |          |           |
| c Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| 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) . . . . .   |          |          |          |          |          |           |

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 2010 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 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)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

ARCHWAY INC

06-1520154

Part II 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 property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax 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, 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 easements 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 section 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 IIII 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: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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?
b If "Yes," explain the arrangement in Part XIV and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 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
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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii)...

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 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 VII Investments - Other Securities.** See Form 990, Part X, line 12

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely-held equity interests                                       |                |   |
| (3) Other   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| (I)   |                |   |
| <b>Total</b> (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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| (10)   |                |   |
| <b>Total</b> (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 |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25

| 1. (a) Description of liability  | (b) Amount |
|--|------------|
| (1) Federal income taxes   |            |
| (2)  |            |
| (3)  |            |
| (4)  |            |
| (5)  |            |
| (6)  |            |
| (7)  |            |
| (8)  |            |
| (9)  |            |
| (10)   |            |
| (11)   |            |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25) |            |

2. FIN 48 (ASC 740) 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 (ASC 740)

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

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

**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 | Investment 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 | Investment 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

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ARCHWAY INC

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

06-1520154

01. Form 990 governing body review (Part VI, line 11)

ALL REPORTING DOCUMENTS AND REPORTS ARE REVIEWED

02. Governing documents, etc, available to public (Part VI, line 19)

ALL FINACIAL INFORMATION WILL BE MADE AVAILABLE TO SATISFY ANY REQUEST

03. General explanation attachment

ALL DIRECTORS AND OFFICERS ARE ACTIVE IN THE FINANCIAL ACTIVITIES OF THIS ENTITY

990

Overflow Statement

2010  
Page 1

Name(s) as shown on return

FEIN

ARCHWAY INC

06-1520154

FUNCTIONAL EXPENSES OTHER

| Description        | Amount           |
|--------------------|------------------|
| TAX EXEMPT PURPOSE | \$ 44,155        |
| Total:             | <u>\$ 44,155</u> |

# Depreciation Detail Listing

Program Services  
For your records only

**2010**  
PAGE 1

Name(s) as shown on return

**ARCHWAY INC**

Social security number / EIN

**06-1520154**

\* = Item was disposed of during current year

| No.           | Description | Date     | Cost    | Salvage | Business % | Sec. 179 | Depr. Basis |
|---------------|-------------|----------|---------|---------|------------|----------|-------------|
| 1             | BUILDING    | 20030301 | 256,650 |         | 100.00     |          | 256,650     |
| <b>Totals</b> |             |          | 256,650 |         |            |          | 256,650     |

Land Amount =

Net Depreciable Cost = 256,650

| No.           | Life | Method | Rate  | Prior exp. | Accum dep. | Current | Bonus depreciation | AMT Current |
|---------------|------|--------|-------|------------|------------|---------|--------------------|-------------|
| 1             | 31.5 | S/L MM | 3.175 |            | 33,833     | 8,149   |                    | 8,148       |
| <b>Totals</b> |      |        |       |            | 33,833     | 8,149   |                    | 8,148       |

ST ADJ: