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990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Risc in Battering/

DAA

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2014 or tax year beginning 10/01/14, and ending 09/30/15Name of foundation A Employer identification number Archibald Memorial Home, Inc. 35-0874260 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 6008 Hollister Dr 317-493-0095 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here IN 46224 Speedway G Check all that apply Initial return Initial return of a former public charity 1. Foreign organizations, check here Amended return Final return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation X Cash Fair market value of all assets at J Accounting method: If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here 262,104 (Part I, column (d) must be on cash basis) line 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses(The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) expenses per purposes books (cash basis only) 374 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ X if the foundation is **not** required to attach Sch B 2 1,607 3 Interest on savings and temporary cash investments 1,607 1,607 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 SCHUNNING WATER Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Stmt 1 136,189 136,189 138,170 1,607 137,796 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salanes and wages 15 Pension plans, employee benefits Legal fees (attach schedule) Stmt 2 950 Accounting fees (attach schedule) Other professional fees (attach schedule) 17 Interest O Stmt 3 7,280 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Stmt 4 14,399 Ò FEB 12 20 Occupancy 21 Travel, conferences, and meetings OGDEN 22 Printing and publications 23 63,934 Other expenses (att sch) Total operating and administrative expenses. 86,563 0 Add lines 13 through 23 7,000 7,000 Contributions, gifts, grants paid 93,563 26 0 7,000 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 44,607 Net investment income (if negative, enter -0-) 1,607 137,796

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form 990-PF (2014)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6

464,280

Part IV Capital Gains	and Losses for Tax on Investme	nt Income					
	escribe the kind(s) of property sold (e.g., real estate, k warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P – Purchase D – Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)
1a N/A							
b							
<u>e</u>							<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) f) minus (g)
_a					ļ		
		ļ					
<u>c</u>		 	•				
<u>d</u>		 					
Complete only for accets shown	ng gain in column (h) and owned by the fou	ndation on 12/2	1/60				
(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(1	k) Exces	s of col (i) (j), if any		(k), but not	(h) gain minus i less than -0-) or rom col (h))
a	-			· ·			
b							
c							
d							
e							
If gain, also enter in Part I, line 8	If gain, also enter in if (loss), enter -0- in oss) as defined in sections 1222(5) and (6)-8, column (c) (see instructions). If (loss), en	Part I, line 7 ter -0- in]]	vestment Incon	2 3		
	ction 4942 tax on the distributable amount calify under section 4940(e) Do not complete		e base	period?			Yes X No
1 Enter the appropriate amount in	n each column for each year, see the instruc	tions before ma	akıng a	iny entries			
(a) Base penod years Calendar year (or tax year beginnin	(b) g in) Adjusted qualifying distribution	s !	Net value	(c) e of nonchantable-use asso	ets		(d) tribution ratio divided by cot (c))
2013							
2012	2	, 488					···-
2011		450					
2010		750					·
2009 2 Total of line 1, column (d)					2		
3 Average distribution ratio for the	e 5-year base period – divide the total on lin has been in existence if less than 5 years	e 2 by 5, or by	the		3		
4 Enter the net value of nonchant	able-use assets for 2014 from Part X, line 5	i			4_		
5 Multiply line 4 by line 3					5		
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)				6		16
7 Add lines 5 and 6					7		16
8 Enter qualifying distributions fro If line 8 is equal to or greater the Part VI instructions	m Part XII, line 4	and complete th	at part	t using a 1% tax rate.	. 8 See the		7,000

Form	990-PF(2014) Archibald Memorial Home, Inc. 35-0874260			Р	age 4
Pa	et VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	ı			16
	here ▶ X and enter 1% of Part I, line 27b		_		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, ∞I. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	Add lines 1 and 2	3			16
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			16
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a				
b	Exempt foreign organizations – tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	3			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed)			16
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 1	1			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
	(1) On the foundation > \$ (2) On foundation managers > \$				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	IN				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses .		10		X

Form	1990-PF(2014) Archibald Memorial Home, Inc. 35-087426	0			Р	age 5
Pa	art VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	1?		13		X
	Website address ▶ N/A					
14	The books are in care of ▶ Steven Stultz Tele	phone no. >				
	6008 Hollister Drive					
	Located at ▶ Speedway IN	ZiP+4 ▶	46224	-30	43	
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 – Check here					▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	▶	15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	_			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If					
	"Yes," enter the name of the foreign country					
Pi	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					·
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)				1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for					
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulation		110		-	
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	•	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		- []			
_	were not corrected before the first day of the tax year beginning in 2014?			1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2014?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		•			
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year penod (or longer penod approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2014)		N/A	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		•	4a		х
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014	1?		4b		х

om	990-PF (2014) Archibald Memorial Home, Inc.	35-0	874260			Pa	ige 6
	ert VII-B Statements Regarding Activities for Which Form	1720 May Be Re	quired (contin	nued)			
 5a	Dunng the year did the foundation pay or incur any amount to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49	45(e))?	\	′es 🗶 No		I	
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	_	_		I	
	directly or indirectly, any voter registration drive?			′es ื No		I	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		_ \	res 🗓 No		I	
	(4) Provide a grant to an organization other than a charitable, etc., organization di	escribed in	_			I	
	section 4945(d)(4)(A)? (see instructions)			res 🕱 No		I	
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or e	ducational				I	
	purposes, or for the prevention of cruelty to children or animals?			res 🕱 No		1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	the exceptions desc		L'		1	
-	Regulations section 53 4945 or in a current notice regarding disaster assistance (s	•		N/A	5b	1	
	Organizations relying on a current notice regarding disaster assistance check here	•		▶ □		1	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			ا ت		1	
Ŭ	because it maintained expenditure responsibility for the grant?	T CTO LLAX	N/A 🗍 Y	res No		ł	
	If "Yes," attach the statement required by Regulations section 53 4945–5(d).		-17	.03		1	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	promume				ı	
ua		premiums		res X No		1	
L	on a personal benefit contract?	! bfttt		es Zz NO	6.	Ţ	X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal transfer of the page 1975.	onal benefit contract	,		6b		
_	If "Yes" to 6b, file Form 8870	.	П.	res X No		1	
_	At any time during the tax year, was the foundation a party to a prohibited tax shell					ŧ	
b				N/A	7b		
Pŧ	Information About Officers, Directors, Trustees, Fo	undation Manag	gers, Hignly P	aid Employee	s,		
	and Contractors						
7 1	ist all officers, directors, trustees, foundation managers and their compensation	sation (see instruc	tions).				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense acc	count.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowan	
		<u> </u>	<u> </u>	compensation	_		
Se	e Statement 10						
					 		
		ļ					
					ļ		
		1					
					<u> </u>		
2	Compensation of five highest-paid employees (other than those included	on line 1 see instr	uctions). If none,	enter			
	"NONE."				,		
		(b) Title, and average		(d) Contributions to			
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense aco r allowan	
		devoted to position		compensation			
NC	ONE	ŀ					
		1			L		
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
					1		
		İ					
		1					
		1			t		
Tota	Il number of other employees paid over \$50,000	<u> </u>	·	·	<u> </u>		0

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	ld Memorial Home, Inc.	35-0874260	Page 7
Part VIII Information At	out Officers, Directors, Trustees, Found	ation Managers, Highly Paid En	nployees,
and Contracto			
3 Five highest-paid independer	nt contractors for professional services (see instr	uctions). If none, enterNONE."	
(a) Name a	and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			-
Total number of others receiving over	\$50,000 for professional services		•
-			
Part IX-A Summary of	Direct Charitable Activities		
List the foundation's four largest direct charitate	le activities during the tax year. Include relevant statistical information	such as the number of	_
organizations and other beneficiaries served, o	onferences convened, research papers produced, etc		Expenses
	n supports and provides mo		
	residents living at a loca	l retirement	
community.			
2			
3			1
_			
4			
Part IX-B Summary of	Program-Related Investments (see instru	 uctions)	
_	tments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
			1
2			
			1
All other program-related investments. See ins	tructions		
3			
			1

Total. Add lines 1 through 3

Form	1990-PF (2014) Archibald Memorial Home, Inc. 35-0874260		
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	dations,
	see instructions.)	1	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	}	
	purposes		
а	Average monthly fair market value of secunties	<u> 1a</u>	0
Ь	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	Pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	ounda	ations
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1_	
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)]	
С	Add lines 2a and 2b	2c	16
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
~	A STANK A CONTRACT OF THE STANK	•	
P:	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	7,000
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,	1	
	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	7,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	1	
	Enter 1% of Part I, line 27b (see instructions)	5	16
6	Adjusted qualifying distributions.Subtract line 5 from line 4	6	6,984
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation)	
	qualifies for the section 4940(e) reduction of tax in those years		

	990-PF (2014) Archibald Memorat XIII Undistributed Income (s		, inc.	35-08742	00	Page 9
re	If All Onustributed income (s	ee instructions)	(a)	(b)	(c)	(4)
1	Distributable amount for 2014 from Part XI,		Corpus	Years prior to 2013	2013	(d) 2014
•	line 7					
2	Undistributed income, if any, as of the end of	2014:				
	Enter amount for 2013 only					
	Total for prior years. 20 , 20	. 20				
3	Excess distributions carryover, if any, to 2014					
	From 2009					
	From 2010	750				
C	From 2011	450				
	From 2012	3,850				
е	From 2013				,	
f	Total of lines 3a through e		5,050			
4	Qualifying distributions for 2014 from Part XII		,			
	line 4 ▶ \$ 7,000	·				
а	Applied to 2013, but not more than line 2a					
	Applied to undistributed income of prior years					
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Election	ın İ				
	required – see instructions)					
ď	Applied to 2014 distributable amount	Ì				
e	Remaining amount distributed out of corpus		7,000			
5	Excess distributions carryover applied to 201	4	-			
	(If an amount appears in column (d), the sam	e	-			
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e Subtract line	∍ 5	12,050			
b	Pnor years' undistributed income Subtract					
	line 4b from line 2b					
C	Enter the amount of pnor years' undistributed					
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					
	tax has been previously assessed					
đ	Subtract line 6c from line 6b Taxable					
	amount - see instructions					
е	Undistributed income for 2013 Subtract line					
	4a from line 2a Taxable amount – see					
_	instructions					
f	Undistributed income for 2014. Subtract lines					
	4d and 5 from line 1. This amount must be					_
_	distributed in 2015					0
7	Amounts treated as distributions out of corpu	s				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be	l				
8	required—see instructions)	ł				
	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	l				
9	Excess distributions carryover to 2015.	ł				
-	Subtract lines 7 and 8 from line 6a	l	12,050			
0	Analysis of line 9	·				
а	Excess from 2010	750				

450

3,850

7,000

Excess from 2011

Excess from 2012 Excess from 2013

Excess from 2014

N/A

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Greater Indianapolis Deaf Club Inc. 1917 E. 46th St. Improvement Projects Indianapolis IN 46205 1,500 Ind. School for Deaf - Football 1200 E. 46th St. Indianapolis IN 46205 Football program 500 ASDC Conference 1200 E. 42nd Street Indianapolis IN 46205 Scholarships 1,300 ISD International Travel Club 1200 E. 46th Street Indianapolis IN 46205 Support 500 Greater Indianapolis Deaf Club Inc. 1917 E. 46th St. Indianapolis IN 46205 Meeting room usages 500 Deaf Youth Sports Festival P.O. Box 421304 Indianapolis IN 46242 Sports festival 500 DEAF Network P.O. Box 551024 Indianapolis IN 46220 Support 200 JrNAD YLC 8630 Fenton St. Suite 820 Support 2,000 Silver Spring MD 20910 ▶ 3a 7,000 Total Approved for future payment N/A 3b **Total** \triangleright

F	art XVI-A	Analysis of Income-Producing Activ	⁄ities				
		unts unless otherwise indicated.		ed business income	Excluded	by section 512, 513, or 514	(a)
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program sen				3	133,289	
		al Income			3	133,269	
							
	·				1		
	- Foot 200	d contracts from government agencies			+		
2	_	dues and assessments			+		
		avings and temporary cash investments			 	-	1,607
		d interest from securities			† 		
		come or (loss) from real estate					
Ĭ		anced property			·		
		-financed property					
6		come or (loss) from personal property					
	Other investr						-
) from sales of assets other than inventory					
		or (loss) from special events					
		or (loss) from sales of inventory				***	
	Other revenu						
		Statement 11	-				2,900
	е						
12	Subtotal. Add	d columns (b), (d), and (e)		(0	133,289	
13	Total. Add In	ne 12, columns (b), (d), and (e)				13	137,796
		n line 13 instructions to verify calculations)					
F	art XVI-B	Relationship of Activities to the Acc					
	Line No.	Explain below how each activity for which income is					
	N/A	accomplishment of the foundation's exempt purpose	es (other than b	y providing funds for s	such purpo	oses) (See instructions)
	N/A						
_					-		 -
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			<u> </u>									
1	Did the	e orgar	nization directly or indire	ectly engage	in any of the follow	ing with any othe	r organization descri	bed			Yes	No
	ın secti	ion 50	1(c) of the Code (other	than section	501(c)(3) organiza	itions) or in section	n 527, relating to pol	ıtıcal				
	organiz					•						
_	_			to								
а	Transfe	ers mo	m the reporting founda	tion to a none	cnaritable exempt o	organization of						
	(1) Ca	ash								1a(1)		<u> </u>
	(2) Ot	her as	sets							1a(2)	1	X
h	Other t											
										L	1	7.7
			assets to a nonchantat	-	•					1b(1)	<u> </u>	<u>X</u>
	(2) Pu	urchase	es of assets from a non	ichantable ex	cempt organization					1b(2)		_X_
	(3) Re	ental of	f facilities, equipment, o	or other asset	ts					1b(3)	1	X
	• •		sement arrangements							1b(4)		X
			-									X
			loan guarantees							1b(5)	\vdash	
	(6) Pe	erforma	ance of services or mer	nbership or f	undraising solicitati	ons				1b(6)		<u> </u>
С	Shann	g of fa	alities, equipment, mai	ling lists, othe	er assets, or paid e	mployees				1c		X
d	If the a	answer	to any of the above is	"Yes." compl	lete the following so	chedule Column	(b) should always sh	ow the fair ma	arket			
			goods, other assets, or		=							
		_		_								
	value II	n any t	transaction or sharing a	arrangement,	, show in column (c	t) the value of the	goods, other assets	, or services i	received			
-	(a) Line no	0	(b) Amount involved	(c) Nam	e of nonchantable exem	pt organization	(d) Description	on of transfers, tra	ansactions, and sharing a	rrangem	ents	
1/1	A	ļ										
			***				****					
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		- 										
			<u> </u>			_			· · · · · · · · · · · · · · · · · · ·			
					•							
		İ						<u>-</u>	*			
												
2a	Is the f	founda	tion directly or indirectl	y affiliated wi	ith, or related to, or	e or more tax-ex	empt organizations					_
	describ	bed in:	section 501(c) of the C	ode (other th	an section 501(c)(3	3)) or in section 5	27?			Y	es X	No
b	If "Yes	." com	plete the following sche	edule						_		•
) Name of organization		(b) Type of o	rganization	12.1.1.2	(c) Descrip	tion of relationship			
	A\r	,,	,		(2) 1) po 01 0	, ga., ,		(0) 5000p	usir or rolationomp			
	N/A											
												
												_
												
	Lin	der nen:	alties of perjury, I declare that	at I have evamin	ed this return, including	accompanying scher	hules and statements and	to the best of my	knowledge and belief it	t is to io		
			d complete Declaration of pr						Knowledge and belief, i	ris due,		
									May the IRS disc			
igr	า		/	/					with the prepared			-, I
ler			1 1	/			<i>[</i>		(see instructions)7 🔼	Yes	No
		١.	(151,011-1/V	Arith 1	1	10/	5/16	Тжоз	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
		· -/	Human X	rung	·		<u>~ / ' </u>		surer			
		Signa	tere of officer or trustee	V		Dáte	, <u> </u>	Title	· · · · · · · · · · · · · · · · · · ·			
	1	Pnnt/Typ	e preparer's name			Preparer's signatur	e / 2	7	Date		Check	T .
		7,	· · · · · ·			,	SCATIL	es-	-5.5			
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ren	arer S	cott	Geans, CPA			Scott Gear			02/0			
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58	Only	Firm's ac	ddress ► 1917	Crown	Plaza Blv	ď			Firm's EIN ▶ 27-	-396	520	2
	- 1		Plain	field,	IN 4616	8		t		7-83		
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350874260 Archibald Memorial Home, Inc.

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	Net Gain / Loss				0
	1	329 \$	523	200	\$ 25
	Depreciation	m	_C	5	1,352
	ک ا	‹ ›			 0
	Expense				
	 	329 \$	643	200	72 \$
	Cost	m	9	5	1,472
How Received	Sale Price	Purchase \$	Purchase 120	Purchase	120 \$
	Date Sold	7/01/07 4/01/15 \$	7/01/12 4/01/15	1/01/08 7/01/15	, ,
Description	Date Acquired	7/01/07	7/01/12	1/01/08	
Des	Whom Sold	Range - Yellow House	Range - White House	Chainsaw	Total

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Kevenue per Books	Net Investment Income	Adjus Inc	Adjusted Net Income
Rental Income	\$ 133,289	⟨v-	w.	133,289
Federal income tax netuna Forfeited Security Deposit	700			700
Rebates	12			12
Storage Fees	200			200
Membership Dues & Assessments	096			096
Total	\$ 136,189	٠ د	ν- 	136, 189

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

		Total	Net Investment	ent	Adjusted Net	Charitable Purpose
Accounting Fees Total	w w	950	w w	0	\$ \$	w w

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350874260 Archibald Memorial Home, Inc. 35-0874260 FYE: 9/30/2015

	Charitable Purpose	w w		Fair Market Value \$ 11,850		ated Net FMV 560 \$
s (continued)	Adjusted Net	φ «	<u>sstments</u>	Basis of Valuation	and Equipment	End Accumulated Depreciation \$ 207,560
ne 23 - Other Expense	Net Investment	S S	rm 990-PF, Part II, Line 13 - Other Investments	End of Year \$ 11,850 \$	-PF, Part II, Line 14 - Land, Building, and Equipment	End Cost / Basis \$ 293, 659
Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)	Total	\$ 247 2,627 840 1,105 204 100 96 71 \$ 63,934	t 6 - Form 990-PF, Part	Beginning of Year \$\\ 11,750 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	orm 990-PF, Part II, Lin	Beginning Net Book
Statement 5 -	Description	Supplies Repairs and Maintenance Travel Interpreting Services Board Liability Insurance Biennial Member Conference Ex Fidelity Bond Website Fees Other	Statement 6 - Fo	Description Cisco System Stocks Total	Statement 7 - Form 990	Description

207,560

411,586

206,761

Total

350874260 Archibald Memorial Home, Inc.

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Statement 8 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year		End of Year		
Pet/Security Deposits	\$ 1,750	\$	1,850		
Total	\$ 1,750	\$	1,850		

Statement 9 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
Prior Period Adjustment	\$ 304
Total	\$ 304

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Statement 10 - Form 990-P		ine 1 - List of Etc.	F, Part VIII, Line 1 - List of Officers, Directors, Trustees, <u>Etc.</u>	s, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Sharon Wesley-Dunn 1501 N. Downey Ave. Indianapolis IN 46219-3036	President	00.0	0	0	0
Rod Squire 8997 N. Pumpkinine Road Fairland IN 46126	Vice Preside	0.00	0	0	0
Michael Reis 3130 N. Delaware St. Indianapolis IN 46205	Secretary	0.00	0	0	0
Steven Stultz 6008 Hollister Drive Speedway IN 46224-3043	Treasurer	0.00	0	0	0
Leona Norrod 11641 Admirals Lane Indianapolis IN 46236	Board Member	0.00	0	0	0
Ann Reifel 4748 Kessler View Drive Indianapolis IN 46220	Board Member	0.00	0	0	0
Beatrice Pfaff 4682 S. 550 E. Franklin IN 46131	Board Member	0.00	0	0	0
Lisa Wilson 2015 W. 46th St. Indianapolis IN 46228	Board Member	00.00	0	0	0

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350874260 Archibald Memorial Home, Inc.

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Statement 11 - Form 990-PF, Part XVI-A, Line 11 - Other Revenue

Description

# 00011pilott						
	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	_	Related Income
Federal Income Tax Refu	- -				_	1 000
Forfeited Security Depo	\$ sit		\$		\$	1,028
Rebates						700
Storage Fees						12
-						200
Membership Dues & Asses	smen					960
Total	\$		<u> </u>	0	\$	2,900

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