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## **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

▶ 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.

Open to Public Inspection

		dar year 2015 or tax year beginning 10/01/15 , a number of the second se	and ending 09/3	0/16	A Emple	oyer identification number	
	_				<u> </u>		
		ibald Memorial Home, Inc.				<u>-0874260</u>	
		Id street (or PO box number if mail is not delivered to street address)  Parliament Way	Ro	iom/suite		none number (see instructions 7-493-0095	3)
		n, state or province, country, and ZIP or foreign postal code	<del></del>		31	1-493-0093	
_	von	• • • • • • • • • • • • • • • • • • • •	513		C If exer	mption application is pending,	check here
G	Check	all that apply. Initial return Initial return	n of a former public cha	erity	D 1 Fo	reign organizations, check he	re 🕨
		Final return Amended	•	,	2 Fo	reign organizations meeting t	he
		Address change Name cha	nge		1	% test, check here and attach	
H (	Check (	type of organization: X Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was tem	nnated under
			e private foundation		1	n 507(b)(1)(A), check here	<b>▶</b> _
		rket value of all assets at J Accounting method	X Cash Acci		F If the	foundation is in a 60-month te	rmination
е	nd of y	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere 🕨
<u>lu</u>	ne 16)	▶ \$ 309,849 (Part I, column (d) must b	e on cash basis )		<u> </u>		
P	art i	Analysis of Revenue and Expenses(The total of	(a) Revenue and	(b) Not in	ostment	(a) Advicted not	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc , received (attach schedule)	134			<del></del>	(cash basis only)
	2	Check   If the foundation is <b>not</b> required to attach Sch B		<del></del>			
	3	Interest on savings and temporary cash investments	1,186		1,186	1,186	
	4	Dividends and interest from securities					
	5a	Gross rents					
Φ	ь	Net rental income or (loss)					
2	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	-5,106				
Revenue	Ь	Gross sales price for all assets on line 6a 4,894					
8	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					- in constraint of the
۲.	C	Gross profit or (loss) (attach schedule)				7 27 307	
	11	Other income (attach schedule) Stmt 2	137,387		- 100	-137,367	3,3
	12	Total. Add lines 1 through 11	133,601		1,186	138,573 JAN 2 4 201	5. N.
es	13	Compensation of officers, directors, trustees, etc.	0		E2-6	JAN 24 201	(g)
enses	14 15	Other employee salaries and wages				CODENII	<del></del>
- be-	16a	Pension plans, employee benefits  Legal fees (attach schedule) See Stmt 3	2,000			OCDENT!	- Company out
щ	b	Accounting fees (attach schedule) Stmt 4	750			•	
A C	c	Other professional fees (attach schedule)	, 50				
ati	17	Interest					
isti	18	Taxes (attach schedule) (see instructions) Stmt 5	8,041				<del></del>
<u>.</u> E	19	Depreciation (attach schedule) and depletion Stmt 6	12,508				
Operating and Administrative Ex	20	Occupancy					
Ā	21	Travel, conferences, and meetings					
an	22	Printing and publications					
ğ	23	Other expenses (att sch ) Stmt 7 Stmt 8	57,783				
atir	24	Total operating and administrative expenses.					
ě	}	Add lines 13 through 23	81,082		0	0	0
Ö	25	Contributions, gifts, grants paid	2,900				2,900
	26	Total expenses and disbursements. Add lines 24 and 25	83,982		0	0	2,900
	27	Subtract line 26 from line 12	40.00				
	a	Excess of revenue over expenses and disbursements	49,619		1 100		
	b	Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)			1,186	138 573	
	l c	AUDISHOUND INCOMPLIE DOCATIVE ANTAL -(1-)		r			

For Paperwork Reduction Act Notice, see instructions.

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

513,899

6

	1990-PF (2015) Archibald Memorial Home, Inc. 35-0874260				P	age <b>4</b>
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see instructions)					
1a						
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		ŧ			4.0
р	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_1_			_	12
_	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, col (b)		ŧ			
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	<u>2</u> 3	<del></del>			12
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<del>                                     </del>			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	_ <del></del> -				12
6	Credits/Payments:		ļ			
а	2015 estimated tax payments and 2014 overpayment credited to 2015					
b	Exempt foreign organizations – tax withheld at source		1			
C	Tax paid with application for extension of time to file (Form 8868)  6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7	[			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				12
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	Dunng 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					É
	published or distributed by the foundation in connection with the activities.					İ
C	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					ĺ
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_			:	į
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				•	į
_	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
	If "Yes," attach a detailed description of the activities					ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
4-	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?		N/A	4a		<del>-</del>
b 5	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b 5		x
•	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  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:					į
•	By language in the governing instrument, or					ĺ
	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	ĺ
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	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IN					1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					ŧ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	1
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 2015 or the taxable year beginning in 2015 (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	L	X
				Form 99	0-PI	F (2015)

	990-PF(2015) Archibald Memorial Home, Inc.	35-0	874260			_	Page <b>6</b>
Pa	rt VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	quired (conti	nued)			
ā	During the year did the foundation pay or incur any amount to						ţ
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	5(e))?		Yes 2	K No		1
	(2) Influence the outcome of any specific public election (see section 4955), or to d	arry on,					
	directly or indirectly, any voter registration drive?			Yes 🛚	K No		1
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes 🛚	K No		<u>[</u>
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in			_		ŧ
	section 4945(d)(4)(A)? (see instructions)			Yes 2	K No		-
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	ducational					
	purposes, or for the prevention of cruelty to children or animals?			Yes 2	K No		•
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	the exceptions desc	ribed in	_	_		ŀ
	Regulations section 53 4945 or in a current notice regarding disaster assistance (se	e instructions)?			N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here						
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax					}
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes	No		Į
	If "Yes," attach the statement required by Regulations section 53 4945-5(d).				_		1
5a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums					
	on a personal benefit contract?			Yes 2	K No		-
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract?	>			6b	X
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelt	er transaction?		Yes [	K No		1
b_	If "Yes," did the foundation receive any proceeds or have any net income attributab	le to the transaction	?		N/A	7b	
Pa	rt VIII Information About Officers, Directors, Trustees, Fou	ındation Manag	gers, Highly F	Paid En	nployee	s,	
	and Contractors						
L	ist all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	emplo plans a	tributions to yee benefit nd deferred ensation		nse account, allowances
See	Statement 12			<del>                                     </del>			
				<del> </del>			
				<u> </u>			
	Compensation of five highest-paid employees (other than those included o	on line 4 see instru	uctions). If none	, enter		<u> </u>	
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	emplo plans a	tributions to yee benefit and deferred pensation		nse account, allowances
NON	TE .						
	<del></del>			†	<del></del>		
				-			
			<u></u>	-			
	number of other employees paid over \$50,000						0

<u>Form 990-PF (20</u>	15) Archibald Memorial Home, Inc.	35-0874260	Page 7
Part VIII	Information About Officers, Directors, Trustees, Four	ndation Managers, Highly Paid Er	nployees,
	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see in		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
<del></del>			
<del></del>			
<del></del>			
Total number of	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical informat other beneficianes served, conferences convened, research papers produced, etc	ion such as the number of	Expenses
	rganization supports and provides m and aging residents living at a loc		
commu		, <b></b>	
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see inst	tructions)	
	gest program-related investments made by the foundation during the tax year on lines 1 and 2	2	Amount
1 <b>N/A</b>			
	<del></del>		<del> </del>
2			
All other program so	elated investments. See instructions		<del> </del>
3	NATES WAS THE SEE WISH OFFICE		
-			
Fotal Add lines 1	11		

Form 990-PF (2015)

Form 990-PF (2015) Archibald Memorial Home, Inc.

Form	1 990-PF (2015) Ar	chibald	Memorial	Home	,_Inc.	35-08742	60	Page 9
P	art XIII Undis	tributed Inco	ome (see instru	uctions)				
					(a)	(b)	(c)	(d)
1	Distributable amount	for 2015 from P	art XI,	ļ	Corpus	Years prior to 2014	2014	2015
	line 7			[		_		0
2	Undistributed income	, if any, as of the	e end of 2015:	Γ				
а	Enter amount for 201				1			
b	Total for prior years	20 , 20	, 20	Ī				
3	Excess distributions			_ [		······································		
а	From 2010		1	750				ŧ
b	From 2011			450				<u> </u>
С	From 2012			3,850	<del>]</del>			‡
d	From 2013							· [
	From 2014			7,000	1			
f	Total of lines 3a thro	uah e			12,050			<u> </u>
4	Qualifying distribution	-	Part XII.					
	line 4 ▶ \$							<u> </u>
а	Applied to 2014, but		ne 2a					1
	Applied to undistribut			ľ				
_	(Election required – s	•	•	-	ţ			<u> </u>
С	Treated as distribution	,		t				
_	required – see instruc	•	, -: <del>-</del>	[				<u> </u>
d	Applied to 2015 distri	•				<del></del>		
	Remaining amount d			ľ	2,900			
5	Excess distributions			1		<del></del>		
	(If an amount appear			t				
	amount must be show	• •						1
6	Enter the net total of							<b> </b>
	indicated below:			ļ				<u> </u>
а		4c. and 4e. Sub	stract line 5		14,950			ŧ
	Prior years' undistribu			r	==/,550			
_	line 4b from line 2b	3100 111001110. 00	budot					[
c	Enter the amount of p	nnor vears' undis	stabuted	t				
•	income for which a no	•						[
	been issued, or on wi		•					<u> </u>
	tax has been previous		4542(a)		1			1
ď	Subtract line 6c from	-		ŀ				
_	amount - see instruct			1	ļ			<u> </u>
e	Undistributed income		act line	ŀ				
·	4a from line 2a Taxa							
	instructions	bic amount — se		1				
f	Undistributed income	for 2015 Subtre	act lines	ŀ				
•	4d and 5 from line 1			1				1
	distributed in 2016	This amount me	131 00					0
7	Amounts treated as d	ietabutione out a	of corpus	<u> </u>				<u> </u>
•	to satisfy requirement			-				<u> </u>
	170(b)(1)(F) or 4942(	•		1				[
	required—see instruc		nay be					
8	Excess distributions of	•	010 not	ŀ				<u> </u>
•	applied on line 5 or lin	•		j	750			
9	Excess distribution	•	•	-	130	· · · · · · · · · · · · · · · · · · ·		
3	Subtract lines 7 and 8		40 IU.	l	14 200			1
10		o nom ime ta		-	14,200	: 		
	Analysis of line 9		1	450	ł			1
a	Excess from 2011		<del></del>	450	-			<u> </u>
b	Excess from 2012		<del> </del>	3,850				
C	Excess from 2013		<del></del>	7 000				1
d	Excess from 2014		<del></del>	7,000				1
_е	Excess from 2015		i	2,900			1	t

35-0874260

Pa	rt XIV Private Operating Fou	indations (see ins	structions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling or d	letermination letter that	it is a private operating	]		
	foundation, and the ruling is effective for 2	015, enter the date of t	he ruling	<b>&gt;</b>		
b	Check box to indicate whether the foundation	tion is a private operatir	ng foundation described	d in section 49	042(J)(3) or 494	2(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) rotar
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed			}		
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		)	]		
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c		ļ	Į.		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
a	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)			<u> </u>		
b	"Endowment" alternative test - enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter		]			
	(1) Total support other than gross			1		
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public			<del>                                     </del>	<del>_</del>	
	and 5 or more exempt					
	organizations as provided in			•		
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from		<u> </u>			
	an exempt organization					<u> </u>
	(4) Gross investment income	L.,	L	<u> </u>	<u> </u>	<u></u>
Pa	rt XV Supplementary Inform	• •	-	he foundation had	3 \$5,000 or more	in assets at
	any time during the ye		ions.)			
1	Information Regarding Foundation Ma		Ab 20/ - 5 (b - 1 - 1 - 1 - 1 - 1 - 1	-4-6-4	ha farradation	
а	List any managers of the foundation who I				ne toundation	
	before the close of any tax year (but only to N/A	r they have contributed	more than \$5,000) (S	ee section 507(a)(2) )		
b	List any managers of the foundation who	own 10% or more of the	e stock of a compretion	(or an equally large no	rtion of the	
~	ownership of a partnership or other entity)		•			
	N/A	or which the loandatio	irrias a 10% of greater	interest		
2	Information Regarding Contribution, (	Grant, Gift, Loan, Sch	nolarship, etc Progr	ams:		
	Check here ▶ X if the foundation only				s not accept	
	unsolicited requests for funds If the found					
	other conditions, complete items 2a, b, c,		·			
а	The name, address, and telephone number	er or e-mail address of	the person to whom ap	plications should be ad	dressed	
	N/A		•			
	<del></del>					
b	The form in which applications should be : <b>N/A</b>	submitted and informat	ion and materials they	should include:		
c	Any submission deadlines					·
	N/A					
d	Any restrictions or limitations on awards, s	such as by geographica	al areas, chantable field	ls, kinds of institutions, o	or other	
	factors N/A					
	41/ F3					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Greater Indianapolis Deaf Club Inc. 1917 E. 46th St. Indianapolis IN 46205 Comedy show 300 Ind. School for Deaf - Football 1200 E. 46th St. Indianapolis IN 46205 Football program 500 Deaf Youth Sports Festival P.O. Box 421304 Sports |festival Indianapolis IN 46242 500 JrNAD YLC 8630 Fenton St. Suite 820 Support 1,200 Silver Spring MD 20910 Ind. School for Deaf- Teen Pageant 1200 E. 46th St. Indianapolis IN 46205 Teen Pageant 400 2,900 ▶ 3a **Total b** Approved for future payment N/A Total ▶ 3b

	MILAYPA Allalysis Of Ill						
Ente	er gross amounts unless otherwise ind	licated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
1	Program service revenue		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	a Rental Income				3	131,024	
	b	<del></del>			<del>                                     </del>		_ <del>_</del>
	c				1 —		
	d				<del> </del>		
	de			<del></del>			
	e						
	g Fees and contracts from governm				<del>                                     </del>		- <del></del>
	-	ient agencies			<del>                                     </del>		
	Membership dues and assessments				<del> </del> -		1,186
	Interest on savings and temporary cas				+		1,100
	Dividends and interest from securities				-		
	Net rental income or (loss) from real e	estate.			<del> </del>	<u> </u>	<u>.</u>
	a Debt-financed property			<u> </u>	<del>                                     </del>		<del></del>
	b Not debt-financed property		<u> </u>		-	·	<del></del>
	Net rental income or (loss) from perso	onal property			ļ		
	Other investment income				<u> </u>		
	Gain or (loss) from sales of assets oth	•	ļ	<u> </u>			-5,106
	Net income or (loss) from special ever			Ļ			<del></del>
	Gross profit or (loss) from sales of inv	entory			<del> </del>		
	Other revenue. a	<del></del>	ļ		ļ		
	b See Statement 13			ļ	<u> </u>		6,363
	c						
	d			<u> </u>			
	e				ļ		
	Subtotal Add columns (b), (d), and (e				)	131,024	
	Total. Add line 12, columns (b), (d), a					13	133,467
(Sec							
	e worksheet in line 13 instructions to vi						
		of Activities to the Acc	complishme	ent of Exempt Pu	rposes		
Р	art XVI-B Relationship of						
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A	contribute	d importantly to the	)
P L	art XVI-B Relationship of Line No. Explain below how each	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A	contribute	d importantly to the	)
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A	contribute	d importantly to the	)
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	)
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A	contribute	d importantly to the	)
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	)
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Accidental activity for which income is	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	
P L	art XVI-B Relationship of Line No. Explain below how eac accomplishment of the	of Activities to the Acc	reported in coli	umn (e) of Part XVI-A o y providing funds for s	contribute	d importantly to the	

,		5) Archibald				35-08			Pa	ige 13
Part	XVII 	Information Regardate Exempt Organiza	_	ansfers To an	nd Transaction	s and Relations	hips With	Noncharitable		
1 Di	d the orga	anization directly or indi		e in any of the follo	owing with any other	er organization descrit	ed		Yes	No
ın	section 50	01(c) of the Code (othe	r than section	n 501(c)(3) organi	izations) or in section	on 527, relating to poli	tical			
Or	ganızatıor	15?								1
a Tr	ansfers fr	om the reporting founda	ation to a nor	ncharitable exemp	ot organization of:					
(1	) Cash							1a(1	Щ	X
(2	) Other a	ssets						<u>1a(2</u>	<u> </u>	X
<b>b</b> Ot	ther transa	actions								1
		f assets to a nonchanta		-				<u>1b(1</u>	Щ	X
		ses of assets from a no		. •	on			<u>1b(2</u>		X
		of facilities, equipment,		ets				1b(3		X
		rsement arrangements						1b(4		X
		r loan guarantees						1b(5		X
	-	ance of services or me	•	•				1 <u>b(6</u>	4	X
		acilities, equipment, ma	_			(h) ab acidal abcorre ab	4h 6a	_ <u>1c</u>	ــــــــــــــــــــــــــــــــــــــ	
		r to any of the above is goods, other assets, or		_		• •				
		transaction or sharing	-	-	-					
	ine no	(b) Amount involved		ne of nonchantable ex				ransactions, and shanng arrange	ments	
N/A			<del>                                     </del>		<u></u>	(5) 5				
				<del></del>						
				<del></del>	<del></del>					
			T							
			<u> </u>							
2a ls	the found	ation directly or indirect	tly affiliated w	vith, or related to,	one or more tax-ex	empt organizations				
de	scribed in	section 501(c) of the C	Code (other t	han section 501(c	c)(3)) or in section 5	27?			res 🛚	No
<b>b</b> If "	Yes," con	plete the following sch	edule.							
		a) Name of organization		(b) Type o	of organization		(c) Descrip	otion of relationship		
N/	<u>A</u>			ļ						
				<u> </u>						
				<u> </u>						
İ		nalties of perjury, I declare the nd complete Declaration of p						y knowledge and belief, it is true		
	•					, , , , , , , , , , , , , , , , , , , ,		May the IRS discuss the		
Sign		/. A		,				with the preparer shown (see instructions)?	Yes	No
Here		Atrica II	Attil			10/200		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		~ muen ~	1 vill	17	/_/	10/201/		surer		
i	▼ Signa	ature of officer or trustee		<u> </u>	Øate	/	Title			
	Print/Ty	pe preparer's name			Preparer's signatur	e L. M.		Date	Check	, <b>X</b> ,
Paid					J	Sent Sa	-		self-er	mployed
Prepare	Scot	t Geans, CPA			Scott Gea			01/12/1		
Use Onl	Firm's r		wander		Stucky,	LLC		PTIN P0140		
-00 0111	Firm's a	address ► 1917	Crown	Plaza Bl	Lvd			Firm's FIN ▶ 27-39	6520	)2

Phone no

Plainfield, IN

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350874260 Archibald Memorial Home, Inc. 35-0874260

## Federal Statements

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	Net Gain / Loss		-5,106	-5,106
	Depreciation	306 \$		306 \$
	Expense De	<b>‹</b> ›		\$ 0
	Cost	306 \$	10,000	10,306 \$
How Received	Sale Price	Purchase \$	Purchase 4,894	4,894 \$
	Date Sold	ors 10/01/97 5/31/16 \$	8/22/00 4/15/16	<i></i> У-
Description	Date Acquired	ectors 10/01/97	8/22/00	
;	Whom Sold	Mslc - 3 Smoke Detectors 10/0	Cisco Stocks	Total

# Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjust	ed Net
Rental Income Forfeited Security Deposit Membership Dues & Assessments Damage Fees Sales of Food - Pot Luck Insurance Proceeds	\$ 131,024 250 836 50 14 5,213 \$ 137,387	w w	\$ \$\displays{1}{\displaystyle \displaystyle \text{\displaystyle \ta \text{\displaystyle \ta \text{\displaystyle \ta \text{\displaystyle \ta \text{\displaystyle	131,024 250 836 50 14 5,213 137,387

## Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

Description		Total	Net Investment	Adjusted Net	Charitable Purpose
Trust/Will Decanting	ς,	2,000	ς,	8	\$
Total	\$	2,000	\$	\$	\$

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FYE: 9/30/2016 35-0874260

350874260 Archibald Memorial Home, Inc.

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<i>3</i> 51	tatement 4 - Form 990-PF, Part	art I, Line 16b - Accounting	unting Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Accounting Fees	\$ 750	\$	\$	\$
Total	\$ 750	0 چ	0 چ	٠ \$

Charitable Purpose	\$	\$
Adjusted Net	ς, c	\$
Net Investment	S.	0
Total	8,041	8,041
	တ	
Description	Real Estate Taxes	Total

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Statement 6 - Form 990-PF, Part I. Line 19 - Depreciation	

	Adjusted Net Income	(C)	0
	Net Investment Income	S	\$
	Current Year Depreciation	\$ 12,508	\$ 12,508
	Life		
	Method		
ition	Prior Year Depreciation	৵	٠ 0
Description	Cost Basis	\$	\$
	Date Acquired		Total

## Federal Statements

35-0874260 FYE: 9/30/2016

350874260 Archibald Memorial Home, Inc.

Statement 7 - Form 990-PF, Part I, Line 23 - Amortization

	COGS		
	Adjusted Net Income	\$	\$
	Net Investment Income	\$	\$
	Current Year Amortization	\$ 178 \$	\$ 178
	Life	3.	
	Prior Year Amortization	<b>6</b> 7-	\$
	Cost Basis	1,783	1,783
Description	Date Acquired		<sub> </sub>
		Website Setup/Design	Total

350874260 Archibald Memorial Home, Inc. 35-0874260 FYE: 9/30/2016		Federal Statements		1/12/2017 9:46 AM
Statem	Statement 8 - Form 990-PF,	Part I, Line 23 - Other Expenses	Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses Maintenance Small Equipment Realtor Management Fees Liability and Property Insura Resident Entertainments Utilities Utilities Office Expense Bonus Rent Assistance Payments Dues, Fees, Licenses Flowers Safety Deposit Box Payroll Services Supplies Repairs and Maintenance Travel Interpreting Services Board Liability Insurance Fidelity Bond Rent Overpayment Refund Barn Roof Repair Refrigerator Disposal Fee Other Resident Expense Logo Design Fee Operating Expense	\$  13,052  146  2,153  3,162  3,000  4,832  3,000  159  17,162  3,509  3,40  1,070  1,			
				8

_		- 
1/12/2017 9:46 AM	Fair Market Value	PMY S
	sis of uation	End Accumulated Depreciation \$ 219,940
ements	Line 13 - Other Inves  End of  Year  \$ 1,700  \$ 1,700	Land, Building, and Equipment
Federal Statements	Statement 9 - Form 990-PF, Part II, Line 13 - Other Investments           Beginning of Year         End of Year         Bar Yall           \$ 11,850         \$ 1,700           \$ 11,850         \$ 1,700	Beginning Net Book \$ 86,099 \$ 117,927 \$ 204,026
350874260 Archibald Memorial Home, Inc. 35-0874260 FYE: 9/30/2016	Statement 9  Cisco System Stocks Other Total	Statement 10 - Form 990-PF, Beau Description s

350874260 Archibald Memorial Home, Inc.

35-0874260

## Federal Statements

FYE: 9/30/2016

Statement 11 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	eginning of Year	 End of Year
Pet/Security Deposits	\$ 1,850	\$ 1,700
Total	\$ 1,850	\$ 1,700

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

Description	Amou	unt
Prior Period Adjustment	\$	
Total	\$	0

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350874260 Archibald Memorial Home, Inc. 35-0874260 FYE: 9/30/2016	Federal S	Federal Statements	S	1/1	1/12/2017 9:46 AM
Statement 12 - Form 990-PF		ine 1 - List of Etc.	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	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	00.0	0	0	0
Michael Reis 3130 N. Delaware St. Indianapolis IN 46205	Secretary	00.0	0	0	0
Steven Stultz 4185 Parliament Way Avon IN 46123	Treasurer	00.0	0	0	0
Leona Norrod 11641 Admirals Lane Indianapolis IN 46236	Board Member	00.0	0	0	0
Ann Reifel 4748 Kessler View Drive Indianapolis IN 46220	Board Member	00.0	0	0	0
Beatrice Pfaff 4682 S. 550 E. Franklin IN 46131	Board Member	00.00	0	0	0
Lisa Wilson 2015 W. 46th St. Indianapolis IN 46228	Board Member	0.00	0	0	0
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350874260 Archibald Memorial Home, Inc.

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35-0874260

Federal Statements

FYE: 9/30/2016

## Statement 13 - Form 990-PF, Part XVI-A, Line 11 - Other Revenue

Description					
	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
Forfeited Security Depo					 250
Membership Dues & Asses	\$ ssmen		\$		\$ 250
Damage Fees					836
Sales of Food - Pot Luc	ck				50
Insurance Proceeds					14
			_		 5,213
Total	\$		0 \$	0	\$ 6,363