

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
		ADULT & CHILD MENTAL HEALTH CENTER, INC.	35-1534713
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity codes (See instructions)
		222 E OHIO ST	
		City or town, state or province, country, and ZIP or foreign postal code	INDIANAPOLIS, IN 46204

C Book value of all assets at end of year 34,418,984.	F Group exemption number (See instructions.)
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **RENTAL INCOME**

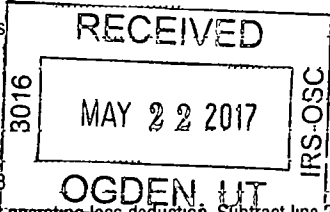
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **JOSEPH BREYER, CFO** Telephone number **317-882-5122**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
1c				
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
3				
4a	Capital gain net income (attach Schedule D)			
4a				
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4b				
4c	Capital loss deduction for trusts			
4c				
5	Income (loss) from partnerships and S corporations (attach statement)			
5				
6	Rent income (Schedule C)			
6				
7	Unrelated debt-financed income (Schedule E)			
7		472,010.	431,646.	40,364.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
9				
10	Exploited exempt activity income (Schedule I)			
10				
11	Advertising income (Schedule J)			
11				
12	Other income (See instructions; attach schedule) STATEMENT 1	108,843.		108,843.
12				
13	Total. Combine lines 3 through 12	580,853.	431,646.	149,207.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			
14				
15	Salaries and wages			
15				
16	Repairs and maintenance			17,321.
16				
17	Bad debts			
17				
18	Interest (attach schedule)			
18				
19	Taxes and licenses			
19				
20	Charitable contributions (See instructions for limitation rules)			
20				
21	Depreciation (attach Form 4562)	5,861.		
21				
22	Less depreciation claimed on Schedule A and elsewhere on return			5,861.
22a				
22b				
23	Depletion			
23				
24	Contributions to deferred compensation plans			
24				
25	Employee benefit programs			
25				
26	Excess exempt expenses (Schedule I)			
26				
27	Excess readership costs (Schedule J)			
27				
28	Other deductions (attach schedule)			77,023.
28				
29	Total deductions. Add lines 14 through 28			100,205.
29				
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			49,002.
30				
31	Net operating loss deduction (limited to the amount on line 30)			49,002.
31				
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			0.
32				
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
33				
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			0.
34				



SEE STATEMENT 2

SEE STATEMENT 3

STATEMENT 1
JUN 23 2017

9.9 20

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/> b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/> c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2014 overpayment credited to 2015	44a	
b 2015 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations' Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: Form 2439 <input type="text"/> Form 4136 <input type="text"/> Other <input type="text"/> Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="text"/> Refunded <input type="text"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *Amber Kocher* Date: *5/10/17* Title: **CFO**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	AMBER KOCHER, CPA	<i>Amber Kocher, CPA</i>	04/03/17		P01286298
	Firm's name BLUE & CO., LLC	Firm's EIN 35-1178661	Firm's address 500 N. MERIDIAN ST, SUITE 200 INDIANAPOLIS, IN 46204		
				Phone no. 317-633-4705	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 4	(b) Other deductions (attach schedule) STATEMENT 5	
(1) RENTAL INCOME-WULSIN BUILDING	282,116.	82,464.	176,647.	
(2) RENTAL INCOME-SIEAR BUILDING	66,336.	31,058.	26,075.	
(3) RENTAL INCOME-WASHINGTON BLDG	269,798.	24,109.	224,125.	
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 6	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 7	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,512,535.	2,060,977.	73.39%	207,045.	190,162.
(2) 668,067.	1,131,263.	59.05%	39,171.	33,737.
(3) 5,598,997.	6,690,271.	83.69%	225,794.	207,747.
(4)		%		
Totals			472,010.	431,646.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
PERSONAL PROPERTY RENTAL - CUBICLE AND DESKS		41,361.
PROPERTY MANAGEMENT INCOME		67,482.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		108,843.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
LEGAL SUPPLIES		725.
FACILITY		5,625.
MISC		15,004.
PROPERTY MANAGEMENT EXPENSES		144.
		55,525.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		77,023.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/04	181,856.	91,464.	90,392.	90,392.
06/30/06	24,303.	0.	24,303.	24,303.
06/30/07	32,490.	0.	32,490.	32,490.
06/30/08	47,942.	0.	47,942.	47,942.
06/30/09	110,741.	0.	110,741.	110,741.
06/30/10	119,865.	0.	119,865.	119,865.
06/30/11	4,620.	0.	4,620.	4,620.
06/30/13	14,723.	0.	14,723.	14,723.
NOL CARRYOVER AVAILABLE THIS YEAR			445,076.	445,076.

FORM 990-T **SCHEDULE E - DEPRECIATION DEDUCTION** **STATEMENT 4**

DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			82,464.	
	- SUBTOTAL -	1		82,464.
DEPRECIATION			31,058.	
	- SUBTOTAL -	2		31,058.
DEPRECIATION			24,109.	
	- SUBTOTAL -	3		24,109.
 TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)				137,631.

FORM 990-T **SCHEDULE E - OTHER DEDUCTIONS** **STATEMENT 5**

DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OCCUPANCY			116,937.	
PROPERTY TAXES			29,349.	
INTEREST EXPENSE			30,226.	
LEGAL FEES			126.	
OTHER FEES			9.	
	- SUBTOTAL -	1		176,647.
OCCUPANCY			87.	
PROPERTY TAXES			14,756.	
INTEREST EXPENSE			11,156.	
OTHER FEES			76.	
	- SUBTOTAL -	2		26,075.
OCCUPANCY			191,712.	
PROPERTY TAXES			10,473.	
INTEREST EXPENSE			21,765.	
OTHER FEES			175.	
	- SUBTOTAL -	3		224,125.
 TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)				426,847.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG AQUISITION DEBT		1,512,535.	
- SUBTOTAL -	1		1,512,535.
AVG AQUISITION DEBT		668,067.	
- SUBTOTAL -	2		668,067.
AVG AQUISITION DEBT		5,598,997.	
- SUBTOTAL -	3		5,598,997.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			7,779,599.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVG ADJUSTED BASIS		2,060,977.	
- SUBTOTAL -	1		2,060,977.
AVG ADJUSTED BASIS		1,131,263.	
- SUBTOTAL -	2		1,131,263.
AVG ADJUSTED BASIS		6,690,271.	
- SUBTOTAL -	3		6,690,271.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			<u>9,882,511.</u>