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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning July 1, , 2013, and ending June 30, , 20 14

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Armstrong School District Foundation

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

181 Heritage Park Drive (Administrative Bldg)

Suite 2

City or town, state or province, country, and ZIP or foreign postal code

Kittanning, PA 16201

D Employer identification number

25-1863644

E Telephone number

724-543-1162

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other **Foundation**

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

SCANNED DEC 18 2014 Revenue

1	Contributions, gifts, grants, and similar amounts received	1	40677
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 12290 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12290
c	Less: direct expenses from gaming and fundraising events	6c	9487
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2793
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	43470
10	Grants and similar amounts paid (list in Schedule O)	10	43256
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	4000
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	89
16	Other expenses (describe in Schedule O)	16	5000
17	Total expenses. Add lines 10 through 16 ▶	17	52345
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8875
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	80026
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-14000
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	66026

Handwritten initials and a checkmark.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes		No
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Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	Yes		No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a			
b If "Yes," was the related organization a section 527 organization?	49b			✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here	▶ <i>Carol Lorigan</i> Signature of officer	▶ 11/10/2014 Date
	▶ Carol Lorigan, Treasurer Type or print name and title	

Paid Preparer Use Only	Pnnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Armstrong School District Foundation	Employer identification number 25-1863644
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or 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—Non-functionally integrated
 - 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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	✓
(ii) A family member of a person described in (i) above?	11g(ii)	✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) Armstrong School District	25-1155031	2-School	✓		✓		✓		0
(B)									
(C)									
(D)									
(E)									
Total									

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

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Armstrong School District Foundation

Employer identification number

25-1863644

List of grants and scholarships paid

EITC Grants: \$25,606 paid to teachers during the 2013-2014 fiscal year; grants met appropriate criteria for EITC grants

ASDF Grants: \$17,475 paid to teachers from local funds during the 2013-2014 fiscal year

Scholarships: Ray Crissman Scholarship (\$500), Karen Crissman Scholarship (\$2000), and Wolsonovich Scholarship (\$1000) paid to students

Armstrong School District students in June 2014. Crissman scholarships are pass-throughs. Wolsonovich Scholarship is held in Accounts

Payable--\$1000 to be distributed each year.

Changes in Net Assets: Correction was made to classification of Wolsonovich Scholarship funds--moved from Temporarily Restricted Assets

to Accounts Payable. Adjustment made to Accounts Receivable: \$365 and Accounts Payable: \$3185 RYR Net Assets: \$66,027

Temporarily Restricted Funds were released in the amount of \$1000 to cover EITC Administrative Expenses

Other Expenses: \$5000 payment on Doris Grafton life-insurance policy (ASDF is beneficiary)

Name of the organization Armstrong School District Foundation	Employer identification number 25-1863644
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EITC GRANTS AWARDED TO TEACHERS IN ARMSTRONG SCHOOL DISTRICT

Veronica Szybka	Versatiles	\$967.20
Shauna Zukowski	STEAM Art	\$5,000
Shannock Elementary	iPad Carts	\$19539.95

ASDF GRANTS (Local Funds) AWARDED TO TEACHERS IN ARMSTRONG SCHOOL DISTRICT

Sheri Saurer	\$500
Jolena McFarland (ASD)	\$5000
Bobbi Hammill	\$1500
Angela Poster	\$2000
Barb Carnahan	\$1000
Dawn Zellefrow	\$500
Laura Bisping	\$500
Angela Boyer	\$450
Dave Powers	\$1000
Jason Venesky (ASD)	\$5000

***All monies are used exclusively for school equipment & materials.**