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# Form **990**

SCANNED JUL 02

HTA

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

Departmen of the Treasury

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

		ue Service		1/4/2044				1/2014	inspection		
$\overline{}$			endar year, or tax year beginning  C Name of organization SIGNATI	1/1/2014	, and e	naing		1/2014	ation number		
		applicable	Doing business as	RE SCHOOL FOUNDATI	ON, INC		D Employer	idenan	cauon number		
⊔,	Address	cnange	Number and street (or P O box if mail is	not delivered to etreet address)	Room/suite		25 4022076				
	Name ch	ange	14 S. ELEVENTH AVE.	not delivered to street address)	Roomsaile		35-1932976 E Telephone		<del> </del>		
Π.	nıtıal retu	·m	City or town	State	ZIP code		L relephone	Humber			
'	muarred	7111	EVANSVILLE	IN	47712-502	n .	(812) 465-9	<u>623</u>			
L F	inal return	/terminated		ign province/state/county	Foreign postal						
$\Box$	Amended	d return	,	gar pro amoundation de cana,	t ottorg// protect		G Gross rece	eipts \$	59	4,510	
=			E Name and address of account off			_					
$\Box$	Application	on pending	F Name and address of principal officer			H(a) Is the	s a group return fo	or subord	= =	No No	
			ROBERT L KOCH, II 14 S ELEVEN	TH AVE , EVANSVILLE IN 4	7712-5020	H(b) Are	all subordinate	s includ	ed? Yes_	No	
I T	ax-exem	pt status	X 501(c)(3) 501(c) (	◄ (insert no ) 4947(a)(1)	or 527	If "I	No," attach a Irs	t (see ir	nstructions)		
JV	Vebsite	: ▶				H(c) Gro	oup exemption r	umber l	<b>•</b>		
		rganization	X Corporation Trust Ass	ociation Other >		r of forma		- 1	· <del></del>		
				ociation other >	L Tea	-	ation 1993	IN SI	ate of legal domicile	<u>IN</u>	
۲	art l		nmary								
a	1	-	escribe the organization's mission	_					R AND SUPPORT		
ĕ	1		SIGNATURE SCHOOL -A CHAP		RDANCE WI	ITH THE	E APPLICAT	BLE SI	ECTIONS OF TH	E	
L a			A CODE AND THE REGULATION		. <b></b>						
Š	2	Check t	nis box ▶ if the organization	discontinued its operation	is or dispose	ed of mo	ore than 25%	6 of its	net assets.		
ŏ	3	Number	of voting members of the govern	ng body (Part VI, line 1a)				3		17	
<b>∘</b> ජි ග	4	Number	of independent voting members	of the governing body (Pa	rt VI, line 1b)	) .		4		17	
Ē	5	Total nu	mber of individuals employed in o	alendar year 2014 (Part \	/, line 2a) .		. [	5		0	
Activities & Governance	6	Total nu	mber of volunteers (estimate if ne	cessary)			[	6			
Ac	7a	Total ur	related business revenue from Pa	irt VIII, column (C), line 12	2			7a		0	
	b	Net unre	elated business taxable income from	om Form 990-T, line 34	•		<u> </u>	7b		0	
							Prior Year		Current Year		
Revenue	8	Contribi	itions and grants (Part VIII, <u>line</u> 1I	n)			294	,532	18	3,554	
	9	Progran		386	,887	40	4,431				
ě	10	Investm	ent income (Part VIII-column (A),	lines 3, 4, and 7d)				0		0	
œ	11		venue (Part-VIII, column (A),dine		1e) .		7	,092		6,525	
	12		enue add lines 8 through 11 (must				688	,511		4,510	
	13	Grants	nndsimilar amounts paid (Partax,	column (A), lines 1-3)			372	,100	46	4,429	
	14	Benefits paid to or for members (Part IX, column (A), line 4)							0 (		
Ś	15	Salaries,	other compensation, employee bene	fits (Part IX, column (A), line	s 5–10)			0	0 0		
Expenses	16a		onal fundraising fees (Part IX, col				37	,800	3	7,800	
ē	b		ndraising expenses (Part IX, colur		38,266		<del></del>				
ũ	17	Other e	penses (Part IX, column (A), line	s 11a-11d, 11f-24e) .			219	,902	20	0,841	
	18	Total ex	penses. Add lines 13-17 (must e	qual Part IX, column (A), I	ine 25)		629	,802		3,070	
	19	Revenu	e less expenses Subtract line 18	from line 12			58	,709	-10	8,560	
Net Assets or Fund Balances						Beginn	ing of Current	Year	End of Year		
sets alan	20	Total as	sets (Part X, line 16)				1,299	,850	1,19	1,289	
t As d Ba	21	Total lia	bilities (Part X, line 26)					0		0	
şŸ	22	Net ass	ets or fund balances Subtract line	21 from line 20			1,299	,850	1,19	1,289	
	ırt II	Sig	nature Block				_				
			y, I declare that I have examined this return,						ige		
and	belief, it	is true, com	ect and complete Declaration of preparer (	ther than officer) is based on all i	nformation of wh	nch prepa	rer has any kno	-	_ <del></del>		
Sign Here			Trong of Form	<u> </u>			<u>  6 </u>	26/	15		
			Signature of officer				Date	-			
	. •		ROBERT L. KOCH	t Pags							
			Type or print name and title								
_		Pnn	/Type preparer's name	Preparer's signature		Date		hook [	ー 』PTIN		
Pai								heck (_ elf-emplo	If   byed		
	pare		la nama						<del>·                                      </del>		
Us	e Only	,	's name			<del></del>	Firm's EIN				
			's address ▶				Phone no				
Ma	y the IF	RS discu	ss this return with the preparer she	own above? (see instruction	ons)				Yes	No	
For	Papen	work Red	ection Act Notice, see the separate	instructions	<del></del>	-			Form 990	(2014)	

orm 9	990 (2014)	SIGNATURE SCHOOL FOUNDATION, INC.	35-1932976	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		. 🗍
1	Briefly	describe the organization's mission		
•	•	RVE AS AN ORGANIZER AND SUPPORTER OF THE SIGNATURE SCHOOL - A CHARTER SCH	ACCUE	DANCE
		THE ADDITIONS IS SECTIONS OF THE INDIANA CODE AND THE DOLL ATIONS THERETO		
	AATTEL	THE AFFEICABLE SECTIONS OF THE INDIANA CODE AND THE ROULATIONS THERETO	• • • • • • • • • • • • • • • • • • • •	
	District			
2		e organization undertake any significant program services during the year which were not listed on	□	
	•	or Form 990 or 990-EZ?	Yes	X No
		" describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
		s?	· · Yes	X No
		" describe these changes on Schedule O.		
4	Describ	be the organization's program service accomplishments for each of its three largest program service	es, as measured	l by
		ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
	the tota	al expenses, and revenue, if any, for each program service reported.		
4a	(Code	) (Expenses \$ 656,079 including grants of \$ ) (Revenue	e \$ 410	.956 )
		•••••••••••••••••••••••••••••••••••••••		
		••••••		• • • • • • • • • • • • • • • • • • • •
41-	<u> </u>	\(\( \( \tau_{\text{constraint}} \)		
4b		) (Expenses \$ including grants of \$ ) (Revenue		
		••••••		
		***************************************		
		***************************************		
		***************************************		
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	<b>\$</b>	
				•••••
		***************************************		
		***************************************		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		••••
		•••••••••••••••••••••••••••••••••••••••		
				• • • • • • • • • • • • • • • • • • • •
4.4	Other	regram continue (Decerito in Cabadula O.)	- <del>-</del>	
4d		program services (Describe in Schedule O.)	•	
4e	(Expen	ses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	<del>-</del>
-	TOTAL N	DOMANU SELVICE EXCENSES F DOMAN DOMA		

# Form 990 (2014) SIGNATURE SCHOOL FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contnbutors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	^	X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.			V
40		9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	7: \dot{1}		<del>-</del> -
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.			
L		12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III.			
20-2		19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a 20b		X
		1		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ļ ļ		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		14	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32 .		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		_X
34	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
00	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		Eee-	990	(2014)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners? .	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6-		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		-
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	<u> </u>	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		$oxedsymbol{oxed}$
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		├—
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	Ц

Part VI

Sect	ion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 17		- W	ļ l			
	If there are material differences in voting rights among members of the governing body, or		66.	\$\$\$\tau_{\tau}\$	j- i			
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
_	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 17	,					
р 2	•							
2	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or und	er the direct	2	Х				
ŭ	supervision of officers, directors, or trustees, or key employees to a management company or of		3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization		5		X			
6	Did the organization have members or stockholders?		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint						
	one or more members of the governing body?		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,						
	stockholders, or persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions underta	iken during	10.00	6				
	the year by the following		1.00	<b>3</b> .5	į i			
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be							
2 1	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		<u> </u>			
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternai Revenue C	oae.)	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	162	X			
	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chanters	Iva		<u> </u>			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt	<del>-</del> '	10b					
11a								
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	•	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"						
	describe in Schedule O how this was done		12c	Х				
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		Х			
15	Did the process for determining compensation of the following persons include a review and ap			Į. A.				
а	independent persons, comparability data, and contemporaneous substantiation of the deliberat The organization's CEO, Executive Director, or top management official.	on and decision?	15a	<b>.</b>	X			
a b	Other officers or key employees of the organization	•	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				<del>  ^-</del>			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arm	angement	ere:	ē ,				
	and the second to sect the section of the second		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev							
	participation in joint venture arrangements under applicable federal tax law, and take steps to s		Carl la	ŀ				
	the organization's exempt status with respect to such arrangements?		16b					
	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► IN							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501)	(c)(3)s	only)	ı			
	available for public inspection. Indicate how you made these available. Check all that apply.							
40		plain in Schedule O						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	is, conflict of interest	policy	, and	j			
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization	'e hooke and rocard	. 🛌					
20								
	SUSAN E. PARSONS  14 S. FLEVENTH AVE. EVANSVILLE IN 47712-5020	(012) 400-302	٠					

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

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

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

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

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

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

					C)					
(A)	(B)	Position (do not check more than one					one	(D)	(E)	(F)
Name and Title	Average hours per	Ďοx, ι	box, unless person is both an officer and a director/trustee)					Reportable	Reportable	Estimated
	week (list any	0 5						compensation from	compensation from related	amount of other
	hours for related	r dire	stitu	Officer	ey e	mplo	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	lual t	tion	_	腹	st co	-	(W-2/1099-MISC)	(** = /****	organization
	below dotted line)	Individual trustee or director	Institutional trustee		yee	mpe				and related organizations
		Эе	stee			nsate				
(1) ROBERT L. KOCH, II	1.00					ä		-		
PRESIDENT		х		х				٥ ا	0	0
(2) EDMUND L HAFER, JR.	1 00						_			
VICE PRESIDENT		х		х				l o	0	0
(3) JOHN B. WHINREY	1 00									
SECRETARY		Х		Х				0	0	0
(4) JOHN N DANIEL, JR.	1 00									
MEMBER		Χ			ļ			0	0	0
(5) NIEL C. ELLERBROOK	1 00									•
MEMBER (6) RITA P. EYKAMP	1.00	Х	Н		├─	$\vdash$	-	0	0	0
MEMBER	1.00	х						l o	o	0
(7) RICK W GEISSINGER	1.00	Ī								
MEMBER		х						0	0	0
(8) PATRICK JACKSON	1 00									
MEMBER		Χ.						0	. 0	0
(9) ROBERT G. JONES	1 00									
MEMBER		Х	L		<u> </u>			0	0	0
(10) ANA HOLLAND KRAWEC	1 00		ŀ							•
MEMBER (11) DENNY QUINN	1.00	Х	-					0	0	0
MEMBER	1.00	X						0	o	0
(12) RONALD D. ROMAIN	1.00									
MEMBER		Х						0	o	0
(13) JOHN C. SCHROEDER	1.00									<del></del>
MEMBER		Х			L			0	0	0
(14) JENNIFER K. SLADE	1.00				1					
MEMBER		X	L_			L		0	0	
										Earn 990 (2014)

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Р	art VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ontınu	ed)	
	(A) Name and title	(B) Average hours per week (list any	Average box, u hours per office			C) sition more erson	e than is both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	E	(F) Estimated	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	other mpensation the ganization dependent of the ganization of the	on d
	VICKI SNYDER IBER	1 00	х						0				C
MEN	DAVID WAGNER IBER	<u> </u>	х						0		)		0
MEN	LINDA WHITE IBER		x						. 0	(			C
TRE	SUSAN E PARSONS ASURER				x				0	(			
								ļ					
										·			
													_
(22)													
<u>(23)</u>													
(24)										·			
(25)													
1b c d	Total from continuation sheets to Part VII,							<b>*</b> * *	0				C
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to those	listed	da t	ove	•		cei	ved more than \$	100,000 of			
3	Did the organization list any former officer, di							nigh	est compensate	d		Yes	No
4	employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sum					an	d oth		compensation from		3		Χ
•	the organization and related organizations gre										4	<del>                                     </del>	X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "									ndıvidual	5		X
500	tion B. Independent Contractors	res, complete	ocne	uuic	, , ,	101 3	ouch	001.		<del></del>	1 3	<u> </u>	
1	Complete this table for your five highest comp compensation from the organization. Report of year											ix	
	(A) Name and business add	Iress							(B) Description of ser	vices		C) ensation	
													C
								<del> </del>			_		
								$\vdash$					
								$\vdash$					(
2	Total number of independent contractors (included more than \$100,000 of compensation from the		nited	to t	hos	e lis	sted a		ve) who received	1	,		

Form 990 (2014) SIGNATURE SCHOOL
Part VIII Statement of Revenue

		Check if Schedule O contains	s a response or	note to any line	in this Part VIII.			📙
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
SS	1a	Federated campaigns	1a	0				'
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
S E	С	Fundraising events	<u>1c</u>	0	1			}
ilfts ar A	d	Related organizations	1d	0	j			1
S, G	е	Government grants (contribution	ıs) <b>1e</b>	0				
tion	f	All other contributions, gifts, gra-	nts, and					
ib u		similar amounts not included ab	ove . 1f	183,554	1			Ì
Contributions, Gifts, and Other Similar A	g	Noncash contributions included in li	nes 1a-1f: \$	0				1
ĕ Ö	h	Total. Add lines_1a-1f	•	•	183,554			
- e		<del></del>	·	Business Code				
eun	2a	RENT INCOME		611710	196,831	196,831		
₹ev	b	RENT INCOME - IN-KIND		611710	207,600	207,600		
e	c				0			
Program Service Revenue	ď			· · ·	0			
	e				0			
	f	All other program service revenu	ie .		0			
Pro	g				404,431		,, -,	· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including di	vidends, interes	st. and	19.1,351		·	
		other similar amounts) .		. •	o	1		
	4	Income from investment of tax-e	exempt bond pro	oceeds .	0			
	5	Royalties			0			
	_		(ı) Real	(II) Personal				<u></u>
	6a	Gross rents	<del></del>		Í	Ì		1
	b	Less rental expenses .						
	c	Rental income or (loss) .						,
	d	Net rental income or (loss)	<u> </u>	<b>•</b>	0			<del></del>
	l	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	(	0				
	ь	Less: cost or other basis	<del>-</del>	<u> </u>	[			
	_	and sales expenses	ا ا	ol ol		ľ		1
	С	Gain or (loss)			1	1		,
	ď	Net gain or (loss)		<b>•</b>	0			
		viol gam or (cool)	·					
e	8a	Gross income from fundraising				ł		
Ĭ.		events (not including \$	0	<u> </u>		}		
ě		of contributions reported on line	1c)					
ď		See Part IV, line 18	. a	l o		ļ		
Other Revenue	ь		<b>b</b>			ĺ		1
δ	c	Net income or (loss) from fundra	aising events		0			-
		Gross income from gaming activ	-				<del></del>	1
		See Part IV, line 19		lol				1
	Ь		b	<b>—</b> —		1		
	l	Net income or (loss) from gamir		<b>•</b>	0			
		Gross sales of inventory, less	-g =					
		returns and allowances	a	ا	[			
	Ь	Less: cost of goods sold .	b			ł		'
	l	Net income or (loss) from sales			0			
	_ <u>_</u>	Miscellaneous Revenue		Business Code				<del> </del>
	11a	VENDING		453000	35	35		
	Ъ	CVENT DADVING ECC		812930	6,490	6,490		<del>                                     </del>
	C			2.200	0,450	3,100		<del>                                     </del>
	d	All other revenue			0			<del> </del>
	e	Total. Add lines 11a-11d			6,525			
	12	Total revenue. See instructions			594,510	410,956	0	0

Sect	on 501(c)(3) and 501(c)(4) organizations must complete al	ll columns All other	r organizations mus	t complete column	(A)	
	Check if Schedule O contains a response or note	to any line in this l	Part IX		. [	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	-
1	Grants and other assistance to domestic organizations					
	domestic governments. See Part IV, line 21	464,429	464,429			
2	Grants and other assistance to domestic		]			
	ındıviduals See Part IV, line 22	. 0				
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals See Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors,					
	trustees, and key employees	0				
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	o]	]			
7	Other salaries and wages	0				
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	o				
9	Other employee benefits	0				
10	Payroll taxes	0				
11	Fees for services (non-employees)					
а	Management .	ol				
b	Legal	0				
C	Accounting	8,725	·	8,725		
d	Lobbying	0				
e	Professional fundraising services. See Part IV, line 17.	37,800		·	3	7,800
f	Investment management fees	0				
g	Other (If line 11g amount exceeds 10% of line 25, column					
9	(A) amount, list line 11g expenses on Schedule O)	o				
12	Advertising and promotion	0			<del>,·</del>	
13	Office expenses	0	·	<del></del>		
14	Information technology	0				
15	Royalties	0		-		
16	Occupancy	105,687	105,687		-	
17	Travel	0	100,007	<del></del>	<u></u>	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	0				
20	Interest	0	_	·		
21	Payments to affiliates	0				—
22	Depreciation, depletion, and amortization	31,187	31,187	0		
23	Insurance	23,331	23,331		-	
24	Other expenses Itemize expenses not covered	20,001	20,001			
	above (List miscellaneous expenses in line 24e. If			1		
	line 24e amount exceeds 10% of line 25, column			1		
	(A) amount, list line 24e expenses on Schedule O)					
а	OTHER EUROPAIONO	466				466
a b	DANK CHARCE	3,626	3,626			700
	MAINTENANCE	26,728			_	
q	SECURITY	20,728	20,728			
d	All other expenses DISPOSAL					
е 25		1,091	1,091	0.705		0.200
25 26	Total functional expenses. Add lines 1 through 24e .	703,070	<u>656,</u> 079	8,725	3	8,266
26	Joint costs. Complete this line only if the					
	organization reported in column (B) joint costs	ļ				
	from a combined educational campaign and					
	fundraising solicitation. Check here    following SOP 98-2 (ASC 958-720)  fundraising solicitation.	[				

### Form 990 (2014) Part X Balance Sheet

		Check if Schedule O contains a response of	or note to any line in this P	art X		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		495,645	1	418,271
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and				
		trustees, key employees, and highest compen				
		Complete Part II of Schedule L .			5	
	6	Loans and other receivables from other disqualified personal	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a			İ	
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary		1	
şţ		organizations (see instructions) Complete Part II of Scho	edule L		6	
Assets	7	Notes and loans receivable, net		0	7	0
Ä	8				8	
	9	Prepaid expenses and deferred charges .			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 4,416,6	71		
	b	Less: accumulated depreciation	<b>10b</b> 3,643,6		10c	773,018
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, lin		0	12	0
	13	Investments—program-related. See Part IV, lii		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		. 0	15	0
	16	Total assets. Add lines 1 through 15 (must ed		. 1,299,850	16	1,191,289
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D.		21	
S	22	Loans and other payables to current and form				
Liabilities		trustees, key employees, highest compensate	d employees, and			
abi		disqualified persons Complete Part II of Sche	dule L		22	
Ë	23	Secured mortgages and notes payable to unre	elated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelate	ted third parties	0	24	0
	25	Other liabilities (including federal income tax, i	payables to related third			
		parties, and other liabilities not included on line	es 17-24) Complete			
		Part X of Schedule D		0	25	0
	26_	Total liabilities. Add lines 17 through 25 .		0	26	0
		Organizations that follow SFAS 117 (ASC 9	58), check here▶ X an	a l		
Ses		complete lines 27 through 29, and lines 33	and 34.			
au	27	Unrestricted net assets		1,286,857	27	1,145,796
3a	28	Temporarily restricted net assets		12,992		45,493
Ð	29	Permanently restricted net assets		12,002	29	+5,+55
Ë						
ř		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	, check here $ ightharpoonup$ and	<sup>3</sup>		
8					$\vdash$	
se	30	Capital stock or trust principal, or current fund			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or	• •	·	31	
<u>let</u>	32	Retained earnings, endowment, accumulated			32	
~	33		• • • • • • • • • •			1,191,289
	34	Total liabilities and net assets/fund balances .	· · · · · <u>· · · · · · · · · · · · · · </u>	1,299,849	34	1,191,289

	990 (2014) SIGNATURE SCHOOL FOUNDATION, INC	3	<u>5-1932976                                    </u>	Pag	<sub>je</sub> 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		594	,510
2	Total expenses (must equal Part IX, column (A), line 25)	2			,070
3	Revenue less expenses Subtract line 2 from line 1	3		-108	,560
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,299	,849
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	Ì			
	column (B))	10	1	1,191	,289
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			[	X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other MODIF	IED C	ASF		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis				t
b	Were the organization's financial statements audited by an independent accountant?		2b	$\overline{\mathbf{x}}$	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20	^	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
_			1 1		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			1
2-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				.,
_	the Single Audit Act and OMB Circular A-133?	•	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		_

Form **990** (2014)

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2014

Department of the Treasury Internal Revenue Service

► 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

OMB No 1545-0047

Name of the organization Employer identification number SIGNATURE SCHOOL FOUNDATION, INC. 35-1932976 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) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . 0 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes Nο (A) (B) (C) (D) (E) 7 448.54 Total

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 245,034 307,002 343.865 294,532 183,554 1,373,987 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 245.034 307,002 343,865 294,532 183,554 1,373,987 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 785,972 6 Public support. Subtract line 5 from line 4 588,015 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 307,002 245,034 343,865 294,532 183,554 1,373,987 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 6,790 sources 750 6,490 3,314 17,344 Net income from unrelated business activities, whether or not the business is 10 11 12 13 Se 14 15 16 17

	regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	2,626	1,128	516	302		35	4,607
11	Total support. Add lines 7 through 10							1,395,938
12	Gross receipts from related activities, etc. (s	ee instructions)			· · · · · · · · · · · · · · · · · · ·	12		
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first, sec	cond, third, fourti	h, or fifth tax year a	as a section 501(c)	(3)		<b>&gt;</b>
Sec	tion C. Computation of Public Su	port Percentag	e			_		
14	Public support percentage for 2014 (line 6, o	column (f) divided by	line 11, column (		<del>-</del>	14		42 12%
15	Public support percentage from 2013 Sched	ule A, Part II, line 14				15		39 75%
16a	33 1/3% support test—2014. If the organization qualifies as			, and line 14 is 33	1/3% or more, che	ck this bo	Х	<b>▶</b> X
b	33 1/3% support test—2013. If the organization qualified box and stop here. The organization qualified	ation did not check a	box on line 13 or		is 33 1/3% or more	, check th	his	► <u>□</u>
	33 1/3% support test—2013. If the organization	ation did not check a es as a publicly suppo If the organization d is the "facts-and-circi	box on line 13 or orted organization and not check a bounstances" test,	n ox on line 13, 16a, check this box an	or 16b, and line 14 d stop here. Expla	4 ain in	his	► □ - □
17a	33 1/3% support test—2013. If the organization and stop here. The organization qualified 10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meet Part VI how the organization meets the "fact	ation did not check a es as a publicly support If the organization d ts the "facts-and-circus s-and-circumstances If the organization di neets the "facts-and-organization di	box on line 13 or orted organization and not check a burnstances" test, "test The organ  and not check a burcumstances" to	ox on line 13, 16a, check this box an nization qualifies as ox on line 13, 16a, est, check this box	or 16b, and line 14d stop here. Explass a publicly support	4 ain in ted 	his	► □ ► □

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	endar`year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	į	ŀ				
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an			******			
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	1			1	1	
	its behalf						0
5	The value of services or facilities		<u> </u>				
	furnished by a governmental unit to the						
	organization without charge	\	1		1	1	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3			-			
	received from disqualified persons						0
h	Amounts included on lines 2 and 3 received						<del></del>
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			<u> </u>	<u>-</u>	1	
U	line 6)						0
Sec	ction B. Total Support			<u> </u>	<u> </u>	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0		0	0
_	Gross income from interest, dividends,				<del>                                     </del>		
····	payments received on securities loans,				Ì		
	rents, royalties and income from similar sources						0
h	Unrelated business taxable income (less		7*.				
D	section 511 taxes) from businesses						
	acquired after June 30, 1975					1	0
_	Add lines 10a and 10b	0	0		0	o	0
	Net income from unrelated business					<del>- 4</del>	
11		Ĭ				Ì	
	activities not included in line 10b, whether						0
40	or not the business is regularly carried on	<del></del>				<del>  </del> -	0
12	Other income Do not include gain or						
	loss from the sale of capital assets					1	0
40	(Explain in Part VI )				<del> </del>	<del></del>	0
13	Total support. (Add lines 9, 10c, 11,	0		•			0
14	and 12)  First five years. If the Form 990 is for the org		0	0	<del></del>	0	0
14	organization, check this box and stop here	janization's ilist, s	econa, mila, iouri	i, or min tax year	as a section 50 I(c)	(3)	
		nort Doroanto	~~		<del></del>		
	Ction C. Computation of Public Sup			<u> </u>		46	0.000/
15	Public support percentage for 2014 (line 8, co	• • • • • • • • • • • • • • • • • • • •		(T))		15	0 00%
16	Public support percentage from 2013 Schedu				<del></del>	16	0.00%
	ction D. Computation of Investment			-t (D)		47	0.000/
17	Investment income percentage for 2014 (line		•	oiumn (t)) .		17	0.00%
18	Investment income percentage from 2013 Sc			4 and line 45 :s	than 20 4/20'	18	0 00%
туа	33 1/3% support tests—2014. If the organization more than 33 1/3%, check this have and six					and line 17 is	
L	not more than 33 1/3%, check this box and st 33 1/3% support tests—2013. If the organization					33 1/20/ 224	
D	line 18 is not more than 33 1/3%, check this t						_
20	Private foundation. If the organization did no						<b>~</b>
20	Trivere roundation, it the organization did no	A CHECK & DOX OIL	14, 13a, UL 19	D. CHECK HIIS DOX (	anu see msuuciion	3	

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

_	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Pa	rt V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	ļ		
	class or purpose, describe the designation If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	İ	1	
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	<del></del>		
-	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<del>  00</del>		· · · ·
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		<b></b>
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		h
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
-	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			ĺ
	was accomplished (such as by amendment to the organizing document)	5a		$\vdash$
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		ļ ,
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	36		ļ,
•	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			·
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			l
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			İ .
	Part VI.	6		J
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	-		<del></del>
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	•	-	<u> </u>
•	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		<sup> </sup>
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	Jd		<u> </u>
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	L	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	30		<u> </u>
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	0-		_
102	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9c		
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	ľ		
	organizations)? If "Yes," answer (b) below	10a	$\vdash$	لــــا
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	IVa		-
~	2.3 1.3 Julia de de la constante de l	1 1	i	

determine whether the organization had excess business holdings.)

## SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 20**14** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

| Employer identification number

SIGN	ATURE SCHOOL FOUNDATION, INC.		35-1932976
Par	Organizations Maintaining Done	or Advised Funds or Other Similar F	unds or Accounts.
		ered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		······································
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		** .
4	Aggregate value at end of year		
5	Did the organization inform all donors and d	onor advisors in writing that the assets hel	d in donor advised
	funds are the organization's property, subject	<del>-</del>	
6	Did the organization inform all grantees, dor		
	used only for charitable purposes and not for	r the benefit of the donor or donor advisor,	, or for any other
	purpose conferring impermissible private be	nefit?	Yes No
Par	Conservation Easements.	1911 0	
		ered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held		•
•	Preservation of land for public use (e.g., recr		of a historically important land area
	<b>=</b>	• =	•
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation eas		. 2b
C	Number of conservation easements on a ce		. 2c
d	Number of conservation easements include		
_	historic structure listed in the National Regis		
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization
	during the tax year		
4	Number of states where property subject to		***************************************
5	Does the organization have a written policy		· — —
6	violations, and enforcement of the conserva		Yes No
U	Staff and volunteer hours devoted to monito	ning, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring,	increating and enforcing concentration on	coments dumna the year
•	► \$	inspecting, and emorcing conservation ea	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re		
•	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		manda statemento that describes
Part		ctions of Art, Historical Treasures, o	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und	er SEAS 116 (ASC 958), not to report in its	s revenue statement and halance sheet
	works of art, historical treasures, or other sir	nilar assets held for public exhibition, educ	eation or research in furtherance
	of public service, provide, in Part XIII, the te	of the footnote to its financial statements	s that describes these items
ь	If the organization elected, as permitted und		
-	works of art, historical treasures, or other sir		
	of public service, provide the following amou		and the second of the land of the least of t
	(i) Revenue included in Form 990. Part VIII.	line 1	<b>&gt; \$</b>
	(ii) Revenue included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of	art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported u		
а	Revenue included in Form 990, Part VIII, Im		
	Assets included in Form 990. Part X		<b>▶</b> \$

	ule D (Form 990) 2014 SIGNATURE SCHOOL FO			34-193		Page 2
Part	III Organizations Maintaining Collec	tions of Art, Historical	Treasures, or O	ther Similar Assets	(continued)	<u> </u>
3	Using the organization's acquisition, accessi		eck any of the follo	wing that are a signific	ant	
	use of its collection items (check all that app	ly).				
а	Public exhibition	d [] L	oan or exchange p	programs		
b	Scholarly research	e 🗌 (	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain how	they further the or	ganization's exempt p	urpose in	
5	During the year, did the organization solicit of	or receive donations of art	historical treasure	es, or other similar		_
	assets to be sold to raise funds rather than to	o be maintained as part o	the organization's	collection? .	Yes _	No
Part	Complete if the organization answer		Part IV, line 9, o	r reported an amour	it on Form	
	990, Part X, line 21			-11		
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?				Yes	No
b	If "Yes," explain the arrangement in Part XIII					
_	<b>3</b>	,	•		Amount	
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		0
2a	Did the organization include an amount on F	orm 990. Part X. line 21. f	or escrow or custo	dial account liability?	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.			•		7
Part		- Chook Horo II the explan	diloit tido booti pro	A CONTRACTOR		
rait	Complete if the organization answer	arad "Vac" to Earm 000	Part IV line 10			
		Current year (b) Prior yea		back (d) Three years back	k (e) Four yea	are book
4.		(b) Filor year	(c) Two years i	back (u) Tillee years back	(e) rodi yea	ars back
1a	Beginning of year balance				+	
b	Contributions					
С	Net investment earnings, gains,					
	and losses			<del></del>	<del>                                     </del>	
d	Grants or scholarships .				<del> </del>	
е	Other expenditures for facilities		ŀ			
	and programs	-	<del></del>	<del></del>		
T	Administrative expenses					
g	End of year balance	0	0	<u>ol</u>	0	0
2	Provide the estimated percentage of the curr		e 1g, column (a)) n	ieid as		
а	Board designated or quasi-endowment	<b>▶</b>				
b	Permanent endowment	%				
С	Temporarily restricted endowment	<u>%</u>				
_	The percentages in lines 2a, 2b, and 2c show					
3a	Are there endowment funds not in the posse	ession of the organization	mat are neid and a	iaministered for the	LV.	
	organization by.				Yes	s No
	•	• • • • • •	• •		3a(i)	
	` '				3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	•			_3b	
4	Describe in Part XIII the intended uses of the		nt tunas.	<del></del>		
Part			D-404 C 44	0 5 .000 5		
	Complete if the organization answer					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
10	Land			чертемация		105 000
1a	Land	0	105,000	264 020		105,000
b	Buildings	0	895,709	261,926		633,783
C	Leasehold improvements		3,283,045	3,252,642		30,403
d	Equipment	0	132,917	129,085		3,832
<u>e</u> Total	Other		0  	0		<u>0</u> 773,018
····	n rea intes la unough le. [Column (u) must e	oquai i oiiii 330, Pail A, C	o <u>anni (B), iili<del>e</del> 10</u> 0	·/ · · · <u>· · · · </u> l		113,010

Part VII	Investments—Other Securit Complete if the organization a	inswered "Yes" to Form 990. I	Part IV, line 11b. See Forn	<u>1 990, P</u> art X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	luation
) Financial (	derivatives	0		
	eld equity interests	o o		
(A)				
(C)				
(D)				
(Ē)			<del> </del>	
_{F}				
(G)				
(H)				<del></del>
	must equal Form 990, Part X, col (B) line 12)	<del></del>		
art VIII	Investments—Program Rela		D 10/1 44 0 5 5	- 000 D-4V E - 4
	Complete if the organization a	inswered "Yes" to Form 990, I		
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year i	
(1)	<del></del>	<del></del>	Cost of Cha-on-year i	TIGINOT VAIGO
(2)		<del></del>		
(3)	<del></del>			
(4)		†		<del></del>
(5)	<del></del>			<del></del>
(6)				
(7)				
	<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(8)				
(7) (8) (9) otal. (Column (b) a	must equal Form 990, Part X, col (B) line 13)  Other Assets.	0		
(8) (9) otal. (Column (b) a			Part IV, line 11d. See Forn	n 990, Part X, line 1 (b) Book value
(8) (9) ttal. (Column (b) i	Other Assets.	answered "Yes" to Form 990,	Part IV, line 11d. See Forn	
(8) (9) tal. (Column (b) r Part IX (1)	Other Assets.	answered "Yes" to Form 990,	Part IV, line 11d. See Forn	
(8) (9) tal. (Column (b) r Part IX (1) (2) (3)	Other Assets.	answered "Yes" to Form 990,	Part IV, line 11d. See Forn	
(8) (9) tal. (Column (b) r Part IX (1) (2) (3) (4)	Other Assets.	answered "Yes" to Form 990,	Part IV, line 11d. See Forn	
(8) (9) tal. (Column (b) ) Part IX (1) (2) (3) (4)	Other Assets.	answered "Yes" to Form 990,	Part IV, line 11d. See Forn	
(8) (9) ttal. (Column (b) (2) (1) (2) (3) (4) (5) (6)	Other Assets.	answered "Yes" to Form 990,	Part IV, line 11d. See Forn	
(8) (9) tal. (Column (b) r Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	answered "Yes" to Form 990,	Part IV, line 11d. See Forn	
(8) (9) tal. (Column (b) r Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	answered "Yes" to Form 990,	Part IV, line 11d. See Forn	
(8) (9) tal. (Column (b) (c) art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	answered "Yes" to Form 990, I	Part IV, line 11d. See Forn	
(8) (9) tal. (Column (b) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets.  Complete if the organization a	answered "Yes" to Form 990, I		
(8) (9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization a  onn (b) must equal Form 990, Part X  Other Liabilities.  Complete if the organization a	answered "Yes" to Form 990, I (a) Description  (b) Line 15   .		(b) Book value
(8) (9) tal. (Column (b) (c) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X  Other Liabilities. Complete if the organization a line 25	answered "Yes" to Form 990, I (a) Description  (b) Line 15   .		(b) Book value
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(8) (9)  tal. (Column (b) (c)  art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column  art X  (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	onn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25 (a) Description of liability Income taxes	answered "Yes" to Form 990, (a) Description  (a) Description  (b) Line 15).  answered "Yes" to Form 990, (a)		(b) Book value

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	594,510
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		394,310
	Net unrealized gains (losses) on investments		
a b	5. 11. 1	-	
c d	Recoveries of prior year grants		
		20	0
e		2e 3	<u>0</u> 594,510
3	1 1	3	394,310
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIII.)	40	0
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	594,510
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	er Return.	
1	Total expenses and losses per audited financial statements	1	703,070
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	703,070
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		700,070
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	703,070
Par	t XIII Supplemental Information.	<del></del>	, , , , , , ,
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b art XI, lines 2d and 4b. Also complete this part to provide any additional inf		4, Paπ X, iine

Schedule D (Form		SIGNATURE SCHOOL FOUNDATION, INC.	34-1932976	Page <b>5</b>
Part XIII	Supple	emental Information (continued)		
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### **SCHEDULE G** (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization SIGNATURE SCHOOL FOUNDATION, INC. 35-1932976 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations e X Solicitation of non-government grants а X Internet and email solicitations f Solicitation of government grants h X Phone solicitations Special fundraising events C d X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 1 JEAN DENTON BRUBECK **FUNDRAISIN** G Х 183,554 37,800 145,754 440 HESMER ROAD EVANSVILLE IN 4771 2 0 0 0 3 0 0 0 0 0 5 0 0 0 6 0 0 7 0 0 0 8 0 0 0 9 0 0 10 0 0 Total 183,554 37,800 145,754 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		more than \$15,000 of f			ome on Form 990-EZ	, lines 1 and 6b. List
		evente war gross rese	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
ө			(event type)	(event type)	(total number)	col (c))
Revenue	1	1 Gross receipts			0	0
8		2 Less. Contributions			0	0
		minus line 2)			O	0
	4	4 Cash prizes			0	0
S	5	5 Noncash prizes			0	0
pense	6	6 Rent/facility costs			0	0
Direct Expenses	7	7 Food and beverages .			0	0
Dire	8	8 Entertainment			0	0
	9	9 Other direct expenses .			0	0
	l l	Direct expense summary Ad-     Net income summary Subtra			<b>▶</b>	( 0)
Pa	art		he organization answe	ered "Yes" to Form 990	), Part IV, line 19, or re	eported more
nue		than \$15,000 on Form	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	1 Gross revenue				0
ses	2	2 Cash prizes			<del></del> .	0
Direct Expenses	3	3 Noncash prizes				0
lrect E	4	4 Rent/facility costs .				0
	<u>۽</u>	5 Other direct expenses				0
	6	6 Volunteer labor	☐ Yes <u>%</u> No	Yes %	☐ Yes <u>%</u>	
	7	7 Direct expense summary Ad	d lines 2 through 5 in co	olumn (d)		(0)
	_8	8 Net gaming income summary	. Subtract line 7 from lir	ne 1, column (d)	<b>.</b>	0
9	)	Enter the state(s) in which the or	ganization conducts ga	ming activities		
	а	Is the organization licensed to co	onduct gaming activities	in each of these states?		
		Were any of the organization's g	aming licenses revoked	I, suspended or terminate	ed during the tax year?.	. Yes No
				• • • • • • • • • • • • • • • • • • • •		

Sched	ule G (Form 990 or 990-EZ) 2014 SIGNATURE SCHOOL FOUNDATION, INC	35-1932976 P	age 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes I	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes I	No
13	Indicate the percentage of gaming activity conducted in:		
<b>a</b>		13a	<u>%</u>
		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	;	
	Name ▶		
	Address ▶	·	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes I	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the		
	amount of gaming revenue retained by the third party ▶ \$0		
C	If "Yes," enter name and address of the third party.		
	Name ▶		
	Address ►		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation   \$0		
	Description of services provided		·
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes N	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
Part	or spent in the organization's own exempt activities during the tax year   Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iu) and (v) and	0
rait	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i		
	(see instructions)	morriadori	
Part I	Line 2b iii THE FUNDRAISING CONSULTANT, JEAN BRUBECK, WILL AT TIMES HAVE CUSTODY OF		
CON	TRIBUTION CHECKS WHEN COLLECTING; HOWEVER, SHE DOES NOT DIRECT THE USE OF OR US	E ANY	
	DS COLLECTED.		
	Line 2b v THE FUNDRAISING CONSULTANT, JEAN BRUBECK, IS PAID A MONTHLY FEE FOR		
LON	DRAISING CONSULTANT SERVICES PER CONTRACT WITH SIGNATURE SCHOOL FOUNDATION, INC		
	•		
	••••••		
	•••••••••••••••••••••••••••••••••••••••		

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United State

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 2.

► Attach to Form 990.

cares	21 or 22.	
	ine 21 c	
	art IV, li	
<b>3</b>	a,	

2014 2014

Open to Public Inspection Employer Identification number

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

SIGNATURE SCHOOL FOUNDATION, INC.

Department of the Treasury Internal Revenue Service Name of the organization 35-1932976

Part	General Information on Grants and Assistance	on on Grants	and Assistance					
1 Doc	Does the organization maintain records to substantiate the	tain records to s	ubstantiate the am	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, the grantee	s' eligibility for the gra	ints or assistance, and	
	the selection criteria used to award the grants or assistance?	award the gran	its or assistance?.					X Yes No
2 Des	Describe in Part IV the organization's procedures for monit	nization's proce	dures for monitorin	toring the use of grant funds in the United States	Is in the United States	•		
Part II	Grants and Other Assistance to Domestic Or	Assistance to	Domestic Organ	rganizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990	estic Governments	. Complete if the or	ganization answered	"Yes" to Form 990
	Part IV, line 21, for	any recipient th	nat received more	Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	can be duplicated if	additional space is	needed.	
1 (a) Nam	1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SIGNA 14 S 11TH	(1) SIGNATURE SCHOOL, INC. 14 S 11TH AVE EVANSVILLE, IN 47	36-4516999	501(c)(3)	256,829	207,600	FMV	RENT REDUCTION	BUDGET RELIEF
(2)								
(3)								
(4)								
(5)								
(9)								
(9)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Ente 3 Ente	Enter total number of section 501(c)(3) and government or Enter total number of other organizations listed in the line 1	n 501(c)(3) and organizations list	government organizat ted in the line 1 table	ganizations listed in the line 1 table table.	e 1 table .			

Page 2

SIGNATURE SCHOOL FOUNDATION, INC.

Schedule I (Form 990) (2014)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	omestic Individu	ials. Complete if the	organization answe	red "Yes" to Form 990,	Part IV, line 22.
	(a) Type of grant or assistance (b) Number of recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
8						
en en						
4						
5						
9						
4						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the information re	quired in Part I, line	2, Part III, column (b	), and any other addition	al information
Partiline	Partiline 2 CURRENTLY SIGNATURE SCHOOL FOUNDATION ONLY SUPPORTS SIGNATURE SCHOOL, A PUBLIC CHARTER OF INDIANA, TO MONITOR FUNDS	OUNDATION ONLY	SUPPORTS SIGNA	TURE SCHOOL, A PL	BLIC CHARTER OF INDI	ANA, TO MONITOR FUNDS
APPROVE	APPROVED TO SIGNATURE SCHOOL, THE SCHOOL'S EXECUTIVE DIRECTOR REPORTS ON THE SCHOOL'S ACTIVITIES, AWARDS, AND FINANCES AT THE SIGNATUI	OL'S EXECUTIVE	DIRECTOR REPORTS	S ON THE SCHOOL'S	ACTIVITIES, AWARDS,	AND FINANCES AT THE SIGNATU
SCHOOL	SCHOOL FOUNDATION BOARD MEETINGS IN ADDITION, SIGNATURE SCHOOL'S ANNUAL COMPILATION PREPARED BY AN INDEPENDENT ACCOUNTANT REVIEWEI	DITION, SIGNATU	RE SCHOOL'S ANNU	AL COMPILATION PI	REPARED BY AN INDEPE	NDENT ACCOUNTANT REVIEWE
SIGNATU	SIGNATURE SCHOOL FOUNDATION BOARD MEMBERS.	IBERS.				
				, , , , , , , , , , , , , , , , , , ,		
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### **SCHEDULE O** (Form 990 or 990-EZ)

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

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

SIGNATURE SCHOOL FOUNDATION, INC	35-1932976
FORM 990, PART VI. LINE 2- PRESIDENT ROBERT L. KOCH, II IS THE FATHER OF E	BOARD OF DIRECTORS MEMBER JENNIFER SLADE
FORM 990, PART VI, LINE 11B - THE RETURN IS INITIALLY PREPARED BY	ALLEN SIGLER, THEN REVIEWED BY THE
TREASURER OF THE SIGNATURE SCHOOL FOUNDATION, SUSAN E PAR	SONS
FORM 990, PART VI, LINE 12C - THE CONFLICT OF INTEREST POLICY IS D	DISTRIBUTED & DISCUSSED ANNUALLY
FORM 990, PART VI, LINE 19 - THE GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST	
FORM 990, PART XII, LINE 1 - MODIFIED CASH BASIS IS USED TO PREPARE TI	HE 990 AS WELL AS THE AUDITED FINANCIAL
STATEMENTS PER AUDIT NOTE 1, THIS INCLUDES THE RECORDING OF	
LIABILITIES FOR THE ACQUISITION OF LONG-LIVED ASSETS. REVENUE I	
RELATED LIABILITY IS INCURRED	
•••••••••••••••••••••••••••••••••••••••	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
SIGNATURE SCHOOL FOUNDATION, INC	35-1932976
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

SIGNATURE SCHOOL FOUNDATION, INC

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Related Organizations and Unrelated Partnerships

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No 1545-0047	2014	Open to Public	Inspection	
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Employer identification number

35-1932976

(g) Section 512(b)(13) controlled entity? Yes No (f) Direct controlling × Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had (f)
Direct controlling
entity (e) End-of-year assets ٤ (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) 501(c)(3)\ (c)
Legal domicile (state
or foreign country) Primary activity Z one or more related tax-exempt organizations during the tax year (b)
Primary activity SCHOOL (6) (a) Name, address, and EIN (if applicable) of disregarded entity (1) SIGNATURE SCHOOL, INC. 36-4516999 14 S 11TH AVE EVANSVILLE, IN 47712 (a) Name, address, and EIN of related organization Partl (1) Part II (2) (6) ଞ €. <u>.</u> (2) €, (5) ପ୍ର

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{
m HTA}$ 

Schedule R (Form 990) 2014

Page 2

SIGNATURE SCHOOL FOUNDATION, INC

Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 35-1932976 because it had one or more related organizations treated as a partnership during the tax year Part III

(k) Percentage (i) Section 512(b)(13) confrolled ownership ž Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part (j) General or Ŷ managing partner? (h) Percentage ownership Yes amount in box 20 (i) Code V—UBI of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f)
Share of total (d)
( Direct controlling entity sections 512-514) Predominant income (related, excluded from unrelated, tax under (c)
Legal domicile
(state or foreign country) (d)
(Direct controlling | (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a) Name, address, and EIN of related organization (1) Name, address, and EIN of related organization Part IV 2 € ₹ <u>(9</u> 2 2 3 <u>e</u> . [4] 35 <u>ള</u>

Schedule R (Form 990) 2014

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014 Part V

Schedule R (Form 990) 2014 × Method of determining If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. amount involved Yes 9 9 **1** Ε 7 <u>ئ</u> Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b)
Transaction
type (a-s) Lease of facilities, equipment, or other assers from the contractions for related organization(s).

Performance of services or membership or fundraising solicitations for related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Loans or loan guarantees to or for related organization(s). Gift, grant, or capital contribution from related organization(s). Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) Purchase of assets from related organization(s). Loans or loan guarantees by related organization(s). Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Gift, grant, or capital contribution to related organization(s). Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Name of related organization Sharing of paid employees with related organization(s) Dividends from related organization(s) æ Δ 0 ပ Ε ۵ 6 **\*** \_ **=** 0 <u>Б</u> Ø ପ୍ (2) **3** Ð (2)9

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# Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	d organization	See Instructions	regarding excl	usion to	r certai	in investment	partnerships			i			
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant	₹	artners	(f) Share of	(g) Share of	(h) Disproportionate	onate	(i) Code V—UBI	(I) General or		(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	on (3) tions?	total income	end-of-year assets	allocatio	ns? •	of Schedule K-1	managing partner?		ownership
			sections 512-514)	Yes	2			Yes	S	(2)	Yes	Ş	
(1)													
(2)												$\top$	
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										Sched	lute R (I	Form 99	Schedule R (Form 990) 2014

scheaule K (Fo	rm 990) 2014	SIGNATURE SCHOOL FOUNDATION, INC.	35-1932976	Page <b>5</b>
Part VII	Supplem	ental Information		
	Provide a	additional information for responses to questions on Schedule R (see in	nstructions).	
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