Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Form 990 (2018)

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information. 12/31/2018 1/1/2018 and ending For the 2018 calendar year, or tax year beginning Employer identification number Check if applicable C Name of organization SIGNATURE SCHOOL FOUNDATION, INC Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 35-1932976 Name change E Telephone number 14 S ELEVENTH AVE ZIP code City or town Initial return 812-465-9623 **EVANSVILLE** IN 47712-5020 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 732,046 Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? No Application pending ROBERT L KOCH 14 S ELEVENTH AVE EVANSVILLE, IN 47712-5020 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) 501(c)) < (insert no) 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Х L Year of formation M State of legal domicile K Form of organization Corporation Trust Association Other > 1993 IN Part I Summary TO SERVE AS AN ORGANIZER AND SUPPORTER Briefly describe the organization's mission or most significant activities Activities & Governance OF THE SIGNATURE SCHOOL - A CHARTER SCHOOL IN ACCORDANCE WITH THE APPLICABLE SECTIONS OF THE INDIANA CODE AND THE REGULATIONS THERETO Check this box ▶ | If the organization discontinued its operations or disposed of more than 25% of its net assets 3 20 Number of voting members of the governing body (Part VI, line 1a) 4 20 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38 7b 0 RECEIVED Pror Year **Current Year** S 335,872 239,198 8 Contributions and grants (Part VIII, line 1h) JUL 02 2019 ∄ 9 Ó 398,748 396,174 Program service revenue (Part VIII, line 2g) 10 11 11 11 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10cl and 14e)GDEN. 0 0 213 34 575 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 637,946 732,046 408,213 403,732 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 266.872 254,578 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 675,085 658.310 18 -37,13973,736 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,712,212 1.698.767 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1,712,212 1,698,767 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here SUSAN PARSONS, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address No May the IRS discuss this return with the preparer shown above? (see instructions) Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2018)	SIGNATU	<u>IRE SCHOOL FOUN</u>	<u>IDATION, INC</u>	3		35-	·1932976	Page 2
Pa •	rt III		of Program Service of Program Se			y line in this Part I	 II .		
1	TO SE	describe the orga	anızatıon's mıssıon RGANIZER AND SU	PPORTER O	F THE SIGNATU	IRE SCHOOL - A CH	ARTER SCHOOL		
			E SECTIONS OF T	TE INDIANA		REGULATIONS IN		·	
2	the prio	r Form 990 or 99		_	ervices during th	e year which were no	ot listed on	Yes	X No
3	Did the service:	organization ceas		nake significa	nt changes in ho	w it conducts, any pr	ogram	Yes	X No
4	Describ expense	e the organizations es Section 501(on's program service	e accomplishr organizations	are required to	f its three largest proger report the amount of a	•	-	
4a						s of \$			
		•							
4b	(Code	•) (Expenses \$		including grants	of \$) (Revenue \$)
									·
4c	(Code	••) (Expenses \$		including grants	of \$) (Revenue \$	~*)
									·
		-							
		·							
		·	•						
4d			(Describe in Sched			0 \ /Povenue *		0.)	·- ·- ·- ·-
4e	(Expense) Total pro	ses s ogram service ex		g grants of \$	636,125	0)(Revenue \$	<u>-</u>	0)	

Yes

Checklist of Required Schedules Part IV

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 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
- 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
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- Did the organization, directly or through a rolated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
 - 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
 - c 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - b 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 Schodule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b 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
- 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

	1	Х	
	2	Х	
	3_		х
	4		х
	5		х
	6		Х
	7		Х
	8		Х
	9		X
	10		Х
	11a	×	
	11b		Х
	11c		Х
	11d		X
	11e		X
	11f		
	12a	Х	
	12b		X
	13		X
	14a		
	14b		X
	15		X
	16		X
	17		<u>X</u>
	18		X
	19		X X
ł	20a 20b		
	21	х	
	Form	990 /	2018)

Par	Checklist of Required Schedules (continued)		1	
٠,	D 111		Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-22	\vdash	┝
23	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	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	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	╙
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		├
	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		×
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		┝
b	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? If "Yes," complete Schedule L, Part II	26		X
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? If "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)	200		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	_	┝
b	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			$\stackrel{\sim}{\Box}$
	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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١.,
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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 VI	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	X	Ц.
Par			1	\Box
	Check if Schedule O contains a response or note to any line in this Part V	•	 v-	ᆜ
4.5	Fator the number reported in Poy 2 of Form 1006. Enter 0 of not applicable		Yes	No
1a h		2		1
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4		l
С	gaming (gambling) winnings to prize winners?	1c	x	1

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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,			_
-7 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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?	5a	_	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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	\longrightarrow	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	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 [10b]			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	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		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
_	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year	15	}	Х
	If "Yes," see instructions and file Form 4720, Schedule N			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
16	If "Yes " complete Form 4720. Schedule O	10		
	n vas communa poum a con acciente de			

Part VI

SIGNATURE SCHOOL FOUNDATION, INC

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			Ш.
Sect	tion 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 1a	20			
	If there are material differences in voting rights among members of the governing body, or				li
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O	20			
b	Enter the number of voting members included in line 1a, above, who are independent Did any officer, displayed and large being a family selections by with	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				نہ ہ
•	any other officer, director, trustee, or key employee?	ŀ	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	ŀ	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	ŀ	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets.		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	ŀ			
, a	one or more members of the governing body?		7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	İ	-		<u> </u>
_	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				1
	the year by the following			_	l
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 reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>evenue C</u>	ode		
		r		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	}	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	orm?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40-	Ų,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to compliance with the policy? If "Yes,"	Jilliota :	12b	^	
С	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	ŀ	13		X
14	Did the organization have a written document retention and destruction policy?	ŀ	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	ŀ	''		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?			·
а	The organization's CEO, Executive Director, or top management official		15a		<u>x</u>
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)	Ī			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	j	- 1		
	with a taxable entity during the year?	[16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard				· · · · · ·
	the organization's exempt status with respect to such arrangements?		16b		
Sect	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 (1024 or 1024-A if applicable), 990, and 990-T	(Section 50)1(c)		
	(3)s only) available for public inspection Indicate how you made these available Check all that apply				
	Own website Another's website X Upon request Other (explain in Sch	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest polic	y, an	đ	
20	financial statements available to the public during the tax year	oorde	_		
20	State the name, address, and telephone number of the person who possesses the organization's books and re SUSAN E PARSONS 812-4	ecoras 65-9623	-		
	14 S ELEVENTH AVE EVANSVILLE, IN 47712-5020	00-3023			

Form 990 (2018)	SIGNATURE SCHOOL FOUNDATION, INC		35-1932976	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensa	ted	
•	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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than on box, unless person is both a officer and a director/trustee					an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Former Highest compensated employee Key employee Officer Institutional trustee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) ROBERT L KOCH II	1 00									
PRESIDENT		X		X				0	0	0
(2) EDMUND L HAFER, JR	1 00									_
VICE PRESIDENT		X		Х				0	0	0
(3) JOHN B WHINREY	1 00									
SECRETARY		Х		X				0	0	0
(4) RICK SCHACH	1 00									
MEMBER		X	<u> </u>					0	0	0
(5) STEVEN G BECKER	1 00									
MEMBER		X			<u> </u>			0	0	0
(6) JEAN DENTON BRUBECK	1 00									
EXECUTIVE DIRECTOR		X			X			0	0	0
(7) RITA P EYKAMP	1 00									
MEMBER		X						0	0	0
(8) RICK W GEISSINGER	1 00									
MEMBER		X					<u> </u>	0	0	0
(9) JON GOLDMAN	1 00									
MEMBER		X	ļ		<u> </u>		_	0	0	0
(10) PATRICK JACKSON	1 00									
MEMBER		X			_			0	0	0
(11) PATRICK KOONTZ	1 00									
MEMBER		X			<u> </u>			0	0	0
(12) MATTHEW SCHULTHEIS	1 00									
MEMBER		X	<u> </u>				_	0	0	0
(13) DENNY QUINN	1 00									
MEMBER		X	<u> </u>	<u> </u>	<u> </u>			0	0	0
(14) RONALD D ROMAIN	1 00									
MEMBER		X			L		<u> </u>	0	0	0

•	(A) Name and title	(B) Average hours per	box,	unles er an	Pos neck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) MEN	JOHN C SCHROEDER MBER	_ 1 00	х						0	0	C
MEN	DAVID WAGNER IBER	1 00	x						0	0	С
MEN	LINDA WHITE IBER	1 00	x						0	0	c
	JENNIFER SLADE IBER	1 00	x						0	0	c
MEN	TOM SALMON IBER	1 00	х						0	0	
MEN	SARA MILLER IBER	1 00	х						0	0	0
TRE	SUSAN E PARSONS ASURER	1 00			Х				0	0	0
							,				
(25)	· · · · · · · · · · · · · · · · · · ·										
1b c d	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A						A A A	0	0	0
2	Total number of individuals (including but not lin reportable compensation from the organization					vho	recei	ved	more than \$100	,000 of	
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				oye	e, o	r high	nest	compensated		Yes No 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									h	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									ndual	5 X
Sec	tion B. Independent Contractors	,,p								· · · · · ·	
1	Complete this table for your five highest compe compensation from the organization Report co year										tax
	(A) Name and business addr	ress							(B) Description of ser	vices ((C) Compensation
				_							0
		·									0 0
				_							0
											0
2	Total number of independent contractors (including more than \$100,000 of compensation from the		ed to	tho	se l	ste	abo 0	ve)	who received		

Par	t VIII	Statement of Revenue Check if Schedule O contain	e a response	or r	note to any line in	this Part VIII			
		Check in Contacting Contacting	<u> </u>			(A) Total revenue	(B) Related or exempt tunction revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns		1a	0			-	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	0				
وَ ق	С	Fundraising events		1c	0				
# F	d	Related organizations		1d	0				
ě, Ē	е	Government grants (contribution	ns)	1e	0				
ar S	f	All other contributions, gifts, gra	nts, and						
륃륨		similar amounts not included ab	ove	1f	335,872				
P P	g	Noncash contributions included in	lines 1a–1f [.]	\$	0]
	h	Total. Add lines 1a-1f			•	335,872			
9					Business Code				
Program Service Revenue	2a	RENT INCOME	-		611710	188,574	191,148		
æ	b	RENT INCOME - INKIND			611710	207,600	207,600		
2	С					0			
Sen	d					0			
Ē	е					0			
g	f	All other program service reveni	ue			0			
	g	Total. Add lines 2a-2f			>	396,174			
	3	Investment income (including di	vidends, inte	rest,	and				
		other similar amounts)			▶	0			
	4	Income from investment of tax-e	exempt bond	prod	ceeds ►	0			
	5	Royalties			▶.	0			
			(ı) Real		(ii) Personal				
	6a	Gross rents							
	b	Less rental expenses					į.		
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			•	0			
	7a	Gross amount from sales of	(ı) Securiti	es	(II) Other				
		assets other than inventory		0	0				
	b	Less cost or other basis							
		and sales expenses		0					
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			•	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c)	а	0				
ş	b	Less direct expenses		b	0		,		
0	С	Net income or (loss) from fundra	aising events			0			
	9a	Gross income from gaming activ	vities						
		See Part IV, line 19		а	0				
	b	Less direct expenses		b	0				<u></u>
	С	Net income or (loss) from gamir	ig activities			0			
	10a	Gross sales of inventory, less					i		
		returns and allowances		а	0				
	b	Less cost of goods sold		b	0				
		Net income or (loss) from sales	of inventory		•	О			
		Miscellaneous Revenue			Business Code				
	11a					0			
	b			•		0			
						0			
	ď	All other revenue				0			
	e	Total. Add lines 11a–11d			•	0	"		
	12	Total revenue. See instructions			•	732,046	398,748	0	r
	1 **-	TOWN TO TOTAL MONEY COO IT IS II GOLD (1)				, U-10 TO	000,170		

Part IX Statement of Functional Expenses

04 504(-)(0) 504(-)(V	all astrona All ather a		nlota galuma (A)
Section 501(c)(3) and 501(c)(4) organizations must complete	an columns an omer o	rgarnzauons musi com	viele coluillii (A)

Check if Schedule O contains a response or note to any line in this 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	403,732	403,732					
2	Grants and other assistance to domestic							
	individuals See Part IV, line 22	l ol						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals See Part IV, lines 15 and 16	o						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors,							
	trustees, and key employees	o		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			<u> </u>			
10	Payroll taxes	0						
11	Fees for services (non-employees)							
а	Management	13,190		13,190				
b	Legal	0		,				
c	Accounting	7,200		7,200				
d	Lobbying	1,795		·	1,795			
e	Professional fundraising services. See Part IV, line 17	0						
f	Investment management fees	0						
g	Other (If line 11g amount exceeds 10% of line 25, column							
3	(A) amount, list line 11g expenses on Schedule O)	l ol		ol				
12	Advertising and promotion	0						
13	Office expenses	191	191	<u></u>				
14	Information technology	0						
15	Royalties	0						
16	Occupancy	132,784	132,784					
17	Travel	0						
18	Payments of travel or entertainment expenses							
-	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	0						
20	Interest	0	-					
21	Payments to affiliates	0			•			
22	Depreciation, depletion, and amortization	48,062	48,062	0	0			
23	Insurance	25,244	25,244					
24	Other expenses Itemize expenses not covered							
_ =	above (List miscellaneous expenses in line 24e If	1						
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O)							
а	MAINTENANCE	15,234	15,234					
b	DISPOSAL	4,442	4,442					
C	BANK CHARGES	3,367	3,367	-				
d		0	,					
e	All other expenses	3,069	3,069					
25	Total functional expenses. Add lines 1 through 24e	658,310	636,125	20,390	1,795			
26	Joint costs. Complete this line only if the	1						
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here							
	following SOP 98-2 (ASC 958-720)							
		·	٠					

Part X	Ralance Sheet	

	•	Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			520,811	1_	334,307
	2	Savings and temporary cash investments			0	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 for					
		trustees, key employees, and highest compensation					
		Complete Part II of Schedule L			0	5	
	6	Loans and other receivables from other disqualified person	ons (as de	efined under section	1		
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	ind contril	outing employers and	1		
		sponsoring organizations of section 501(c)(9) voluntary e	mployees	' beneficiary	·		<u> </u>
झु		organizations (see instructions) Complete Part II of Sche	dule L	_	0	6	
Assets	7	Notes and loans receivable, net		_	0	7	0
⋖	8	Inventories for sale or use		_	0	8	
	9	Prepaid expenses and deferred charges		_	0	9	
	10a	Land, buildings, and equipment cost or	1				
		other basis Complete Part VI of Schedule D	10a	4,939,688	 		<u> </u>
	ь	Less accumulated depreciation	10b	3,796,350	1,191,401	10c	1,364,460
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments—program-related See Part IV, line	11	_	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 equa	1,712,212	16	1,698,767		
	17	Accounts payable and accrued expenses		0	17		
	18	Grants payable		0	18		
	19	Deferred revenue			0	19	
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability Complete F			0	21	
es	22	Loans and other payables to current and former					
Liabilities		trustees, key employees, highest compensated		ees, and			
iab		disqualified persons Complete Part II of Schedu		<i>'</i>	0	22	
	23	Secured mortgages and notes payable to unrela		· ·	0	23	0
	24	Unsecured notes and loans payable to unrelate	-		0	24	0
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17–24)	Complete Part X			_
		of Schedule D	-	0	25	0	
	26	Total liabilities. Add lines 17 through 25			0	26	0
S		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 ar	-	k here ► X and			
ĕ			IG 04.		1,556,974		1 620 711
ala	27	Unrestricted net assets		-		27 28	1,630,711
or Fund Balances	28	Temporarily restricted net assets		-	155,238 0	29	68,056
Ĕ	29	Permanently restricted net assets				25	
Ē		Organizations that do not follow SFAS 117 (ASC958),	check he	ere 🕨 🔛 and 📗			
		complete lines 30 through 34.].			
Net Assets	30	Capital stock or trust principal, or current funds		<u> </u>	0	30	
S 8	31	Paid-in or capital surplus, or land, building, or ed			0	31_	
et /	32	Retained earnings, endowment, accumulated in	icome, d	or other funds	0	32	
Ž	33	Total net assets or fund balances		<u> </u>	1,712,212	33	1,698,767
	34	Total liabilities and net assets/fund balances			1,712,212	34	1,698,767

Form 9	990 (2018) SIGNATURE SCHOOL FOUNDATION, INC	3	<u>5-1932976 </u>	Pag	<u>je 12</u>
Part	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		732	2,046
2	Total expenses (must equal Part IX, column (A), line 25)	2		658	3,310
3	Revenue less expenses Subtract line 2 from line 1	3		73	3,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,712	2,212
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		-87	7,181
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,698	3,767
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII			.	Ш_
1	Accounting method used to prepare the Form 990 Cash Accrual X Other If the organization changed its method of accounting from a prior year or checked "Other," explain in		_ [Yes	No
	Schedule O				لسا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	٠	2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1		
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	·J
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ju	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<u> </u>
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2018)

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 chantable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

SIG	NAT	URE SCHOOL FOUNDATION, I	NC				35-19	32976
Pai		Reason for Public Char						
The	orga	anization is not a private foundat						
1	Щ	A church, convention of church					(A)(i).	
2	Щ	A school described in section 1	170(b)(1)(A)(ii) . (Att	ach Schedule E (Form	990 or 99	90-EZ))	1)1	
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(I	b)(1)(A)(ii	i). U	
4		A medical research organization hospital's name, city, and state		nction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). Er	iter the
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmen	tal unit described in s e	ection 170)(b)(1)(A)((v).	
7	X	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental u	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II)			
9		An agricultural research organior university or a non-land-grar university	nt college of agricult	ure (see instructions)	Enter the	name, city	, and state of the co	llege or
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ety See se	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See sectio	n 509(a)(3).
а		Type I. A supporting organization (softward organization) Type II. A supported organization (softward organization) Type II. A supporting organization (softward organization) Type II. A support organization (softward organization) Type II.	s) the power to reguinplete Part IV, Sect	larly appoint or elect a ions A and B.	majority	of the dire	ctors or trustees of the	ne supporting
b		Type II. A supporting organization(s) You must c	e supporting organi	zation vested in the sa	on with its ime perso	supportens that co	d organization(s), by ntrol or manage the	having supported
c		Type III functionally integra						rated with,
		its supported organization(s						
d	l	Type III non-functionally in that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	entiveness
е		Check this box if the organiz functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		e III
f		Enter the number of supported						0
g	/11	Provide the following information Name of supported organization	n about the support	ed organization(s) (iii) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
	(1)	Name of Supported Organization	(11) E114	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
							<u>-</u>	
(B)								
(C)								
(D)								
(E)								
Tota							0	0

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2018 SIGNATURE SCHOOL FOUNDATION, INC. 35-1932976 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 (a) 2014 (c) 2016(d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2015 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 183.554 172,267 342,449 239,196 335,872 1,273,338 2 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 183,554 172,267 342,449 239,196 335,872 1,273,338 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) 421,177 852.161 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 342,449 239,196 335,872 Amounts from line 4 183,554 172,267 1,273,338 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 6.490 2,515 198 0 9,203 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 35 78 60 0 Total support. Add lines 7 through 10 1,282,716 12 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 66 43% Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 54 41% 16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Sche	dule A (Form 990 or 990-EZ) 2018 SIGNATUR	RE SCHOOL FO	UNDATION, INC			35-19329	76 /́́Page 3
Pa	t III Support Schedule for Orga	nizations Des	cribed in Sec	tion 509(a)(2)			/
	. (Complete only if you checke	ed the box on li	ne 10 of Part I	or if the organiz	zation failed to	qualify under F	Part II.
	If the organization fails to qu	alify under the	tests listed belo	ow, please com	plete Part II)		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/ (f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")			İ			
2	Gross receipts from admissions, merchandise						_
	sold or services performed, or facilities						
	furnished in any activity that is related to the						(
2	organization's tax-exempt purpose			· · · · · · · · · · · · · · · · · · ·			
3	Gross receipts from activities that are not an						,
	unrelated trade or business under section 513			-			`
4	Tax revenues levied for the				<u>,</u>		
	organization's benefit and either paid to						,
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						,
	organization without charge					0	
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			4	/		_ (
b	Amounts included on lines 2 and 3						
	received from other than disqualified			/			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						(
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from						
	line 6)						(
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/ (c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	O ^r	0	0	0	(
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						(
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	0	/ 0	0	0	0	(
11	Net income from unrelated business		/				
•	activities not included in line 10b, whether	,	7				
	or not the business is regularly carried on						(
12	Other income Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
13	· · · · · · · · · · · · · · · · · · ·		_	l ol	0	0	
4.4	and 12) First five years. If the Form 990 is for the o		coond third fourt				
14	organization, check this box and stop here	J .	secona, uma, ioare	ii, oi iiitii tax year a	is a section so r(c)(.5)	▶ □
Sec	tion C. Computation of Public Su				1	4=	
15	Public support percentage for 2018 (line 8, c			(f))	-	15	0 00%
16	Public support percentage from 2017 Sched					16	0 00%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2018 (line	e 10c, column (f), d	livided by line 13, o	column (f))		17	000%
18	Investment income percentage from 2017 Se					18	0 00%
19a	33 1/3% support tests—2018. If the organi					and line 17 is	_
	not more than 33 1/3%, check this box and s						▶ _
b	33 1/3% support tests—2017. If the organi						_
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a publ	licly supported orga	anization	▶ _
20	Private foundation. If the organization did i	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	•	▶ [

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sect	tion A. All Supporting Organizations	<u> </u>		
			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			
	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			
	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	<u> </u>		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	_		
	(B) purposes? If "Yes," explain in Part VI 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			
	"Yes," and if you checked 12a or 12b 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			
	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		
С	Did the organization support any foreign supported organization that does not have an IRS determination			ļ
	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)	l		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, 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	_		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	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			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	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 Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			I
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			ī
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1
~	determine whether the organization had excess business holdings)	10b	_	

Schedu	le A (Form 990 or 990-EZ) 2018 SIGNATURE SCHOOL FOUNDATION, INC	35-1932976	F	age 5
Part	V Supporting Organizations (continued)		,	
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		·	
	below, the governing body of a supported organization?	11a		—
b	A family member of a person described in (a) above?	11b		├ ─
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	<i>rt VI</i> . 11c	<u> </u>	L
Secti	on B. Type I Supporting Organizations		Tv	
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	<i>''</i>		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support		·	-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	 	
2	Did the organization operate for the benefit of any supported organization other than the supported			l i
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	Tr.		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	- 2	·	┌─
Cooti			l	
<u>secu</u>	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	re [163	 100
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or management			
	the supported organization(s)	1	\ 	
Secti	on D. All Type III Supporting Organizations		1	
50011	On B. All Type III Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	,	1	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the p			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provid		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporte		1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
	the organization maintained a close and continuous working relationship with the supported organization(s			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			П
	significant voice in the organization's investment policies and in directing the use of the organization's			1 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		L
Secti	on E. Type III Functionally Integrated Supporting Organizations		_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (<mark>see instructior</mark>	is)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a governmental	nt entity (see instru	ictions	:)
2	Activities Test Answer (a) and (b) below.	, —	Yes	NO.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purpose			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities acceptant and substantially all of its activities.		·	
_	that these activities constituted substantially all of its activities	2 <u>a</u>	+	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or me			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	10		
	reasons for the organization's position that its supported organization(s) would have engaged in these			├ ──-
•	activities but for the organization's involvement	. <u>2b</u>	\vdash	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			├ ──-
L.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	f each	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities o			اـــا
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega	<u>rd 3b</u>	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trus	t on Nov 20, 1970 (explain	
instructions. All other Type III non-functionally integrated supporting orga	nızatıc	ons must complete Sections	A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	-	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1_		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	illy inte	grated Type III supporting of	organization (see
instructions)			

Schedule	e,A (Form 990 or 990-EZ) 2018 SIGNATURE SCHOOL FOUND	ATION, INC	3	5-1932976 Page 7					
Part '			zations (continued)						
	on D - Distributions		•	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	1						
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI) See instructions								
7	Total annual distributions. Add lines 1 through 6			0					
8	Distributions to attentive supported organizations to which the	he organization is respoi	nsive						
	(provide details in Part VI) See instructions								
9	Distributable amount for 2018 from Section C, line 6			0					
10	Line 8 amount divided by line 9 amount			0 000					
	<u> </u>		(ii)	(iii)					
9	Section E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable					
	,	Excess Distributions	Pre-2018	Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6			0					
2	Underdistributions, if any, for years prior to 2018								
	(reasonable cause required—explain in Part VI) See								
	instructions								
3	Excess distributions carryover, if any, to 2018								
a	From 2013								
b	From 2014								
	From 2015								
d	From 2016								
e									
f	Total of lines 3a through e	0							
	Applied to underdistributions of prior years		0						
	Applied to 2018 distributable amount		-	0					
<u>i</u>	Carryover from 2013 not applied (see instructions)								
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	0							
4	Distributions for 2018 from								
•	Section D, line 7 \$ 0								
a	Applied to underdistributions of prior years		0						
<u>b</u>	Applied to 2018 distributable amount		i.	0					
<u>-</u>		0							
5	Remaining underdistributions for years prior to 2018, if								
•	any Subtract lines 3g and 4a from line 2 For result								
	greater than zero, explain in Part VI See instructions		0						
	Remaining underdistributions for 2018 Subtract lines 3h	· · · · · · · · · · · · · · · · · · ·							
•	and 4b from line 1 For result greater than zero, explain in								
	Part VI See instructions			l					
7	Excess distributions carryover to 2019. Add lines 3			i i					
'	and 4c	0							
	WIN TO	1							

0

0

0

0

0

Breakdown of line 7

a Excess from 2014

b Excess from 2015

d Excess from 2017

e Excess from 2018

Excess from 2016

Schedule A (Fo	orm 990 or 990-EZ) 2018 SIGNATURE SCHOOL FOUNDATION, INC	35-1932976	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part III, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and F	17a or 17b, Part art IV, Section , lines 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
	r		
	•		
	······································		
- 		 -	
	<u> </u>		
			
			·

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

SIGN	ATURE SCHOOL FOUNDATION, INC		35-1932976
Part		Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answere		
	<u> </u>	(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 don	or advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be	nefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?		Yes No
Part	Conservation Easements.		
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	n in the form of a conservation
-	easement on the last day of the tax year	Thora a qualified correct valion contribution	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer	ments	2b
С	Number of conservation easements on a certif		2c
d	Number of conservation easements included in		
	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or term	ninated by the organization during
	the tax year		
4	Number of states where property subject to co		
5	Does the organization have a written policy reg		
_	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, in:	specting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting bandling of walations, and enforcing cons	envetion excements during the year
,	\$	ting, nationing of violations, and emorcing const	ervation easements during the year
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	Time 2(a) above sallory the requirements of	Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue	
	balance sheet, and include, if applicable, the te		
	organization's accounting for conservation eas	ements	
Part	III Organizations Maintaining Collect	ions of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of t		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		on, or research in furtherance of
	public service, provide the following amounts r		
	(i) Revenue included on Form 990, Part VIII, II	ne ı	► \$ ► \$
_	(ii) Assets included in Form 990, Part X	. h	to for financial pain provide the
2	If the organization received or held works of ar		
_	following amounts required to be reported under Revenue included on Form 990, Part VIII, line		©1113 ▶ ¢
	Assets included in Form 990. Part X	1	► \$

Part	III Organizations Maintaining C	ollections of A	rt, Histor	rical Tre	asures, or	Other	Similar Asset	s (conti	nued)	
3	Using the organization's acquisition, acc	cession, and other	records, o	check any	of the follow	ng that	are a significant	use of it	s	
•	collection items (check all that apply)						-			
а	Public exhibition		d 🗌	Loan or	exchange pro	ograms	3			
b	Scholarly research		e	Other						
	Preservation for future generations									
C 4	Provide a description of the organization		l ovolajo b	ow they fi	uther the ora	anizatio	on's evemnt nurn	nee in Pa	art	
4	XIII	is collections and	і ехріаін п	ow mey it	intiler the orga	ariizatic	on a exempt purp	J3C III 1 6	ait	
5	During the year, did the organization so	licit or receive dor	nations of a	art, histori	cal treasures,	or other	er sımılar			
	assets to be sold to raise funds rather the	nan to be maintair	ned as part	t of the or	ganization's c	ollectio	nn?	Ye	es 🔛	No
Part	IV Escrow and Custodial Arran	gements.				-				
	Complete if the organization ai	nswered "Yes" o	n Form 9	90, Part	IV, line 9, o	r repo	rted an amoun	on For	m	
	990, Part X, line 21.	<u></u>								
1a	Is the organization an agent, trustee, cu	istodian or other ir	ntermediar	y for conti	ributions or of	her as:	sets not	_		
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Par	t XIII and complet	e the follov	wing table		_				
						<u> </u>		Amount		
C	Beginning balance					10	··+			
d	Additions during the year					10				
e	Distributions during the year					16				
f	Ending balance					11		$\overline{}$		0
2a	Did the organization include an amount	on Form 990, Par	t X, line 2	1, for escr	ow or custodi	al acco	ount liability?	Ye	s <u>X</u>	No
b	If "Yes," explain the arrangement in Par	t XIII Check here	if the expl	anation ha	as been provi	ded on	Part XIII			
Part	V Endowment Funds.									
	Complete if the organization as	nswered "Yes" o	n Form 9	90, Part	IV, line 10					
		(a) Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains,									
	and losses	<u> </u>								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	e current year end	balance (line 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment	•	<u></u> %							
b	Permanent endowment	<u></u>								
C	Temporarily restricted endowment	> %	-							
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the p	ossession of the o	organizatio	on that are	held and adı	nınıste	red for the	1		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related org	janizations listed a	as required	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses	of the organization	<u>n's endowr</u>	ment fund	s					
Part										
	Complete if the organization ai	nswered "Yes" o	n Form 9	90, Part	IV, line 11a	See	Form 990, Part	X, line	10	
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) B	ook valu	e
		(investr	nent)	(1	other)		depreciation			
1a	Land		0		105,000					5,000
b	Buildings		0		1,333,127		379,064			4,063
С	Leasehold improvements		0		3,305,750		3,267,410			8,340
d	Equipment		0		195,811		149,876			5,935
<u>e</u>	Other		0	<u> </u>	221,122		0			1,122
Total	. Add lines 1a through 1e (Column (d) m	ust eaual Form 99	90. Part X.	column (i	B). line 10c)		▶		1.36	4.460

Part VII	Complete if the organization answere	ed "Yes" on Form 990.	Part IV, line 11b See Form 9	990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1) Financia	al derivatives	0	<u> </u>	 -
	held equity interests	0		
		T .		
(C)				
<u>(D)</u>				
<u>(E)</u>				
<u>(H)</u>				···-
	on (b) must equal Form 990, Part X, col (B) line 12)	0	<u>I</u>	
Part VIII	Investments—Program Related. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11c See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
_(1)				
(2)				· .
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
(8)				
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.		<u> </u>	
raitin	Complete if the organization answere	ad "Ves" on Form 990	Part IV line 11d See Form 9	900 Part X line 15
		escription	raitiv, interia. Gee i Giii s	(b) Book value
(1)	(4,70)			(2,222
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) lin	e 15)	<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answere line 25	ed "Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			}	
(9)	(1)	<u> </u>		
	n (b) must equal Form 990, Part X, col (B) line 25) ▶	0		
Liability fo	r uncertain tax positions. In Part XIII, provide the	e text of the foothote to the c	organization's financial statements ti	nat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 73: 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 73: Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1 3 65i	1	Complete if the organization answered "Yes" on Form 990,		e per Return.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 73: 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 73: Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1			raitiv, iiio iza.	1	732,046
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1		· ·			
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 73: Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1			2a		
d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1	_		2b		
d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1	C	Recoveries of prior year grants	2c		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1	_	· · · · ·			
3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 73: Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1	е	· ·	<u></u>	2e	
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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 73: Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1	3	-		3	732,046
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 73: Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1		Amounts included on Form 990, Part VIII, line 12, but not on line 1			
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 73: Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1	b	•	4b		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 2	С	•	<u></u>	4c	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete If the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1 Reconciliation of Expenses per Return. 1 650 22 2a	5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	732,046
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 3 Subtract line 2e from line 1	Par			ses per Return.	-
Amounts included on line 1 but not on Form 990, Part IX, line 25 a 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 Subtract line 2e from line 1 2a 2b 2c 2c 2d 2e 3 656					
a 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 3 Subtract line 2e from line 1	1	Total expenses and losses per audited financial statements		1	658,310
b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 2c 2d 2d 3 656	а	Donated services and use of facilities	2a		
d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 2d 2e 3 656	b	Prior year adjustments	2b		
e Add lines 2a through 2d Subtract line 2e from line 1 2e 3 656	С	Other losses	2c		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII)	2d		
	е	Add lines 2a through 2d		2e	c
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	3	Subtract line 2e from line 1	1 1	3	658,310
	4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
b Other (Describe in Part XIII)	b	Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	С	Add lines 4a and 4b		4c	C
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 65	5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	5	658,310
Part XIII Supplemental Information.	Part	XIII Supplemental Information.	·		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, lin	Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar	id 4, Part IV, lines 1b a	nd 2b, Part V, line 4, F	Part X, line

Schedule D (For		SIGNATURE SCHOOL FOUNDATION, INC	35-1932976	Page 5
Part XIII	Suppleme	ental Information (continued)		
<u>,</u>				
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SCHEDULE (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

Go to www.irs.gov/Form990 for the latest information.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

SIGNATURE SCHOOL FOUNDATION, INC.

Part

Department of the Treasury Name of the organization Internal Revenue Service

the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

35-1932976

° ×

X Yes

Inspection Employer Identification number

Part II	_	Assistance to for any recipi	Domestic Organient that received	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	estic Governments Part II can be duplica	5. Complete if the or ated if additional sp.	rganization answere ace is needed.	d "Yes" on Form
1 (a) Ng	1 (a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance
(1) SIGN 610 MAIN	(1) SIGNATURE SCHOOL INC 610 MAIN STREET EVANSVILLE, IN 47703	36-4516999	501(c)(3)	196,132	207,600	FMV	RENT REDUCTION	BUDGET RELIEF
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 3	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	501(c)(3) and g	government organiza	ations listed in the line	1 table			
	וובן וסומו וומווומבו כו כיווני כ	וואמוויבשווטווא וואי	בחונו וווע וווע ו מחוני				<u>.</u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

edule I (Form 990) (2018)

Part III

APPROVED TO SIGNATURE SCHOOL, THE SCHOOL'S EXECUTIVE DIRECTOR REPORTS ON THE SCHOOL'S ACTIVITIES, AWARD, AND FINANCES AT THE SIGNATURE (f) Description of noncash assistance SCHOOL FOUNDATION BOARD MEETINGS. IN ADDITION, SIGNATURE SCHOOL'S ANNUAL COMPILATION PREPARED BY AN INDEPENDENT ACCOUNT REVIEWED BY Part I Line 2 CURRENTLY SIGNATURE SCHOOL FOUNDATION ONLY SUPPORTS SIGNATURE SCHOOL, A PUBLIC CHARTER OF INDIANA. TO MONITOR FUNDS Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients SIGNATURE SCHOOL FOUNDATION BOARD MEMBERS. (a) Type of grant or assistance

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(h) Purpose of grant or assistance Employer identification number 35-1932976 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section (if applicable) (p) EIN SIGNATURE SCHOOL FOUNDATION, INC (a) Name and address of organization or government Name of the organization Part II (56) (28) (15) (23) (24) (52) (13) 14 (16) 5 (22) (27) (53) (18) (19) (20) <u>5</u>

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		Continuation	on Sheet for	Continuation Sheet for Schedule I (Form 990)	orm 990)	Page 1 of 1
me of the c	Name of the organization SIGNATURE SCHOOL FOUNDATION, INC					l
Part III	Continuation of Grants and Other Assistance to Individuals in the United States	Assistance to Inc	lividuals in the Ur	nited States		
	(a) Type of grant or assistance	(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
			i -	!		
:				:		

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization

OMB No 1545-0047 (0)18 Open to Public Inspection

Employer identification number

35-1932976 SIGNATURE SCHOOL FOUNDATION, INC FORM 990, PART VI, LINE 2 - PRESIDENT ROBERT L KOCH II IS FATHER OF BOARD OF DIRECTORS MEMBER JENNIFER SLADE FORM 990, PART VI, LINE 11B - THE RETURN IS INITIALLY PREPARED BY CARLY EASON, THEN REVIEWED BY THE TREASURER OF SIGNATURE SCHOOL FOUNDATION, SUSAN PARSONS FORM 990, PART VI, LINE 12C - THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND DISCUESSED 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 IS USED TO PREPARE THE 990 AS WELL AS THE AUDITED FINANCIAL STATEMENTS PER AUDIT NOTE 1, THIS INCLUDES THE RECORDING OF DEPRECIATION ON LONG-LIVED ASSETS AND LIABILITIES FOR THE AQUISITION OF LONG-LIVED ASSETS REVENUE IS RECOGNIZED WHEN COLLECTED RATHER THAN WHEN EARNED, AND EXPENDITURES ARE GENERALLY RECOGNIZED WHEN PAID RATHER THAN WHEN THE RELATED LIABILITY IS INCURRED FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OF -\$87,181 IS DUE TO THE CHANGE IN TEMPORARILY

Name of the organization	Employer identification number
	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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public OMB No 1545-0047 Inspection

Employer identification number

35-1932976

Part	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ete if the organization	answered "Yes" o	on Form 990, Pa	rt IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	<u>Bu</u>
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if thuring the tax year.	e organization ar	nswered "Yes" or	ו Form 990, Par	rt IV, line 34 bec	ause it hac	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) S Direct controlling entity	0/ 1	2(b)(13)
							Yes	Ŷ
(1) SIGNATE 610 MAIN S	(1) SIGNATURE SCHOOL, INC. 36-4516999 610 MAIN STREET EVANSVILLE, IN 47708	SCHOOL	<u>z</u>	501(c)(3)	2	N/A		×
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

35-1932976

SIGNATURE SCHOOL FOUNDATION, INC

Part III

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

(1) Section 512(b)(13) controlled entr Schedule R (Form 990) 2018 Percentage ownership ŝ Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part General or managing partner? Yes No (h) Percentage ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g)
Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total income 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-of-year assets (e)
Type of entity
(C corp. S corp, or trust) (f) Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, tax under sections 512-514) excluded from (c)
Legal domicile
(state or foreign country) (d)
Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign Pnmary activity (a) Name, address, and EIN of related organization $_{\rm \sim}$ Name, address, and EIN of related organization (2) 0 2 **4** 0 Ξ 2 3 € 3 9 E 9 9

Page 3

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

Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Ŷ
_	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?	more related organi	zations listed in Parts I	I–IV?			_
æ	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				<u>1</u>	1	×
Ф	Gift, grant, or capital contribution to related organization(s)				1p	×	
ပ		•			5		×
7		•			19	×	
3					,		,
a	Loans or loan guarantees by related organization(s)				<u> </u>	\dagger	< -
					1	1	7
-	Dividends from related organization(s)				#	7	×
0	Sale of assets to related organization(s)				1g		×
-					#		×
					Ę		×
	Losse of facilities equipment or other assets to related organization(s)	•	•		;=	×	
-	Edado of Idolinico, equipment, of outel assets to legated organization(s)				1	-	
د	loses of facilities commant or other sceate from related organization(s)				4	+]×
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-	Ferformance of services of membership of fundralsing solicitations for related organization(s)				= ,	t	< ;
Ε	Performance of services or membership or fundraising solicitat	•			Ę	\dagger	×
=	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				٦ ا		×
0	Sharing of paid employees with related organization(s).				10		×
٥	Reimbursement paid to related organization(s) for expenses		•		1p	×	
. 0					19		×
.							
_	Other transfer of cash or property to related organization(s)				F		×
. u					15		×
ຳ		ordate this line includ	ing covered relationsh	ine and transaction	thresho	ا پر	
4	I THE GLISWELLO GLIS OF THE STRUCKULES OF THE ST	ipiete una mie, moine	and covered relations	שוא משוואמרווטו	2000	2	
	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved	(d) ning amoun	t involve	70
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Frittingly activity Principle Princi	or gross revenue) that was not a related organization over instructions regarding excusion for certain investment particles in (a) (b) (c) (d) (e) (d) (e)	(a)	(c) (c)	(p)	(a)		(a)	(6)	Œ		(3)	9		(K)
Ves No Ve	entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all p sect 501(c organiza	artners ton c)(3) ations?	Share of total income	Share of end-of-year assets	Dispropor	ins? amor	ode V—UBI unt in box 20 ichedule K-1 orm 1065)	Genera manag partne	•	Percentage ownership
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Schedule R (Fo	m 990) 2018 SIGNATURE	SCHOOL FOL	INDATION, INC		35-1932976	Page 5
Dord VIII	Supplemental Inform	ation.				
Part VII	Provide additional info	rmation for re	sponses to questions	on Schedule R S	See instructions	
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(f)
Direct controlling
entity Employer identification number ğ 35-1932976 (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) Primary activity 9 (16) (21) (14) Continuation of Identification of Disregarded Entities (a)
Name, address, and EIN of disregarded entity (6) SIGNATURE SCHOOL FOUNDATION, INC. (20) (15) Name of filing organization (10) (7) Partl (18) (19) (13) (17) (11) (12) 8

SIGNATURE SCHOOL FOUNDATION, INC.

Part II

Continuation of Identification of Related Tax-Exempt Organizations

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13)
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	<u>2</u>	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	(k) Percentage ownership
(8)							Yes	ON	Yes	
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled	(b)(13) led
								Yes	٩
(8)									
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Part V	Continuation of Transactions With Related Organizations			
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	Methoc
(2)				
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(k) Percentage ownership

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(I) General or managing partner? Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ (h)
Disproportionate
allocations? ŝ Yes (g)
Share of
end-of-year
assets (f) Share of total income (e)
Are all partners
section
1 501(c)(3)
organizations? Yes No Continuation of Unrelated Organizations Taxable as a Partnership (d)
Predominant A income (related, unrelated, excluded from tax under o section 512-514) (c)
Legal domicile
(state or foreign
country) (b) Primary activity (22) (a) Name, address, and EIN of entity (27) Part VI (21) (78) (31) (33) (18) (19) (70 (23) (24) (25) (26) (53) (30) (32)