≠ Form	, <u>9</u> 9	0	Return of Organization Exempt From Inco	me Tax	(OMB No 1545-0047				
	January	3030)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except	private four	ndations	" 2019				
	-	•	▶ Do not enter social security numbers on this form as it may be n		100	Open to Public				
		f the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest info		1110	Inspection				
A	For the	2019 calen	dar year, or tax year beginning 1/1/2019 , 2019, and ending	12/3	1	, 20 19				
В	B Check if applicable C Name of organization Signature School Foundation, Inc. D Emplo									
	Address	change	Doing business as			35-1932976				
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telephone number					
	Initial ret	urn	14 S. Eleventh Avenue			812-465-9623				
	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code			receipts \$ 3,575,235				
	Amende		Evansville, IN 47712-5020							
Ш	Applicati	on pending	F Name and address of principal officer	_		or subordinates? Yes No				
_	Tay-ayar	npt status	Robert L. Koch, 14 S. Eleventh Ave., Evansville, IN 47712-5020 ✓ 501(c)(3)	.		es included? Yes No st (see instructions)				
'	Website	<u> </u>	(insert no) 4947 (a)(1) or 32700	H(c) Group ex						
			Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile IN				
_	art I	Summa		1000						
	1		cribe the organization's mission or most significant activities: TO SERVE	AS AN ORG	ANIZEI	R AND SUPPORTER				
စ္ပ		-	GNATURE SCHOOL - A CHARTER SCHOOL IN ACCORDANCE WITH THE AP							
ă			ODE AND THE REGULATIONS THERETO.							
Ver	2	Check this	box ▶ ☐ If the organization discontinued its operations or disposed of	more than 2	25% of	its net assets.				
Activities & Governance	3	Number of	voting members of the governing body (Part VI, line 1a) \ldots		3	20				
જ			independent voting members of the governing body (Part VI, line 1b) .		4	20				
iţie			per of individuals employed in calendar year 2019 (Part V, line 2a)		5	0				
cţi	l		per of volunteers (estimate if necessary)		6	0				
Ř	t .		ated business revenue from Part VIII, column (C), line 12	• • •	7a	0				
_	b_	Net unrela	ted business taxable income from Form 990-T, line 39	Dwy Voor	7b	Current Year				
		Contribution	one and grants (Part VIII. line 1h)	Prior Year						
Ē			ons and grants (Part VIII, line 1h)		35,872	3,177,048				
ŖĠŹęnne		-	t income (Part VIII, line 2g)		396,174 0	398,187				
E			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
0			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7	32,046	3,575,235				
ದ್ದು			d similar amounts paid (Part IX, column (A), lines 1–3)		03,732	357,600				
2			aid to or for members (Part IX, column (A), line 4)		0	<u> </u>				
nses 0V	15	Salaries, ot	her compensation, employee benefits (ParsiX, column (A), lines 5-10)		0					
(L)	16a	Profession	al fundraising fees (Part IX; column (A), line, 11e)	·	0					
ANĖžPĒ	b	Total fundi	aising expenses Part IX, column (D), line 25)							
Ë			enses (Part IX, column (A)) lines 212026, 11(24e)	2	54,578	204,139				
Ā			nses. Add lines 45-17 (must equal Part IX, documn (A), line 25)	- 6	58,310	561,739				
<u> </u>	19	Revenue le	ess expenses. Subtract ing 8 rom line +2		73,736	3,013,496				
s or				inning of Curre		End of Year				
sset Bala			ts (Part X, line 16)		98,767	4,770,262				
Net Assets org⊳ Fund Balances			ties (Part X, line 26)		0 707	5,203				
	22 Int II		or fund balances. Subtract line 21 from line 20	1,6	98,767	4,765,059				
			I declare that I have examined this return, including accompanying schedules and statemen	nts and to the	hest of n	ny knowledge, and helief it is				
			e Declaration of preparer (other manofficer) is based on all information of which preparer ha			/				
			SURAN & TIMADUS		7/2	39/20				
Sig	ın	Signat	ure for officer	Date	-/-4	-1/00-				
He	re		SUSAN E PARSOUS, TROAS	UEU	人					
		Type o	r print name and title							
Pai	id	Print/Type	preparer's name Preparer's signature Date		Check [ıf PTIN				
	epare	, L		<u> </u>	self-emp	ployed				
	e Only	C'	ne 🕨	Firm's	EIN ▶					
		Firm's add		Phone	no					
			this return with the preparer shown above? (see instructions)		<u></u>	· Yes No				
For	Paperw	ork Reduct	ion Act Notice, see the separate instructions. Cat No 1	11282Y		Form 990 (2019)				
						るり				
					Ċ	クノノ				

Form 99	90 (2019)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	· · · · <u> </u>
•	TO SERVE AS THE ORGANIZER AND SUPPORTER OF THE SIGNATURE SCHOOL - A CHARTER SCHOOL IN ACCORDA WITH THE APPLICABLE SECTIONS OF THE INDIANA CODE AND THE REGULATIONS THERETO.	ANCE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🗹 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗹 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocate the total expenses, and revenue, if any, for each program service reported.	
4a	PROVIDES BUILDING FOR SCHOOL TO OPERATE.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ► 548,908	

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Form 99	90 (2019) •	11	V	ア Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	T
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		1
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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 Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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	14b		/
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	15		1
16	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.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

20a b

21

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ...

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

19

20a

20b

21

Form **990** (2019)

Part	Checklist of Required Schedules (continued)		1:		
			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	ļ	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23_		✓	
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		1	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1	
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		1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	✓	
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		✓	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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		1	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		→	
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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	✓	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	✓	
b	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				
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
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	1		
Part				_	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No	
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		162	140	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
-	reportable gaming (gambling) winnings to prize winners?	1c	1		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax retur	ns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S	Schedule	0.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial acc	ount)?	4a		✓
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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transa	ction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions		did the	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contribi	utions or	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 fo	or goods			<u> </u>
	and services provided to the payor?			7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	✓	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for whic	h it was	_		١
	required to file Form 8282?			7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to			7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g 7h		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f			/11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund material sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		•	Ť		
а	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 personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor, or related personal control of the sponsoring organization make a distribution or the sponsoring organization make a distribution or the sponsoring organization or the sponsoring or the sponsoring organization or the sponsoring	son?		9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:					
а	Gross income from members or shareholders	11a				İ
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		ļ
	Note: See the instructions for additional information the organization must report on Schedul	e 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	13b				
C	Enter the amount of reserves on hand	13c		14-		
14a	Did the organization receive any payments for indoor tanning services during the tax year? .			14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remune	ration or	45		./
	excess parachute payment(s) during the year?		• •	15		✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	stment :	ncome	16		√
16	If "Yes " complete Form 4720. Schedule O.					–

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See							
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>. Ц</u>			
Secu	on 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 if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 20	,					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	√				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1			
4	f 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $ig[$						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		√			
6	Did the organization have members or stockholders?	6		✓			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
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 on Schedule O	9	- d - 1	1			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1			
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 filling the form?	11a		1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>		,			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1				
13	Did the organization have a written whistleblower policy?	13		✓			
14	Did the organization have a written document retention and destruction policy?	14		✓			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		✓			
b	Other officers or key employees of the organization	15b		✓_			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	with a taxable entity during the year?	16a		✓			
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		<u></u>			
	on 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-(3)s only) available for public inspection. Indicate how you made these available Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	•					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and re SUSAN E. PARSONS, 14 S. ELEVENTH AVENUE, EVANSVILLE, IN 47712-5020 (812) 465-9623	cords	>				

Part	VII	Compensation of Officers,	Directors, Ti	rustees, K	ey Employees,	Highest (Compensated	Employees,	, and
		Independent Contractors							

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

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

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

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

See instructions for the order in which to list the persons above

Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	nsa	ted any current	officer, director,	or trustee.
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than d		Reportable	Reportable	Estimated amount
1	hours					tor/trus		compensation	compensation	of other
	per week	오크	5	Q	Ž	œΞ	Ē	from the organization	from related organizations	compensation from the
	(list any hours for	흑호	≨	Officer	ey e	말을	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ect dua	ᅙ	۳	퍨	st c	띡	[`	,	related organizations
	organizations below	Ť	<u>ॿ</u>		Key employee] <u> </u>				
	dotted line)	Individual trustee or director	Institutional trustee		o o	l eng				
		"	e			Highest compensated employee				
(1) ROBERT L. KOCH	1.0				 	1 -				
PRESIDENT	T	1		1				O	o	0
(2) EDMUND L. HAFER, JR.	1.0									
VICE PRESIDENT		✓		✓				0	0	0
(3) JOHN B. WHINREY	1.0									
SECRETARY		✓	L	✓	<u> </u>	ļ	<u> </u>	0	0	0
(4) RICK SCHACH	1.0									
MEMBER		✓	<u> </u>					0	0	0
(5) STEVEN G. BECKER	1.0									
MEMBER		✓		<u> </u>	L			0	0	0
(6) RANDY ALSMAN	1.0	١.								
MEMBER		1					<u> </u>	0	0	0
(7) RITA P. EYKAMP	1.0									
MEMBER		/	\vdash	<u> </u>	-	<u> </u>		0	0	0
(8) RICK W. GEISSINGER	1.0	,					ŀ	_		_
MEMBER	<u> </u>	✓			-		_	0	0	0
(9) JON GOLDMAN	1.0	,								_
MEMBER		✓	-	-	├—	_		0	0	0
(10) PATRICK JACKSON	1.0	,								
MEMBER (14)		✓		\vdash		-	-	0	0	0
(11) PATRICK KOONTZ	1.0	1						o	0	o
MEMBER	10	_	\vdash		-		H	<u> </u>		
(12) MATTHEW SCHULTHEIS MEMBER	1.0	1						٥	o	o
	1.0	<u> </u>	\vdash	\vdash	_	_				<u> </u>
(13) DENNY QUINN MEMBER	1.0	1						٥	o	o
(14) RONALD D. ROMAIN	1.0	Ť	H		 			<u> </u>		
MEMBER	† <u>':-</u>	1						o	o	o
								_		

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated Er	nplo	yees (c	ontini	ued)
		1	T			C)								
	(A)	(B)			Pos	ition			(D)	(E)			(F)	
	Name and title	Average	٠,				e than o		Reportable	Reportab	le l	Estima	ted amo	unt
	Name and title	hours					is both or/trus		compensation	compensat			f other	U
		per week							from the	from relate	ed		pensatio	n
		(list any	Individual to	ıst	Officer	êy	Highest co	Former	organization	organizatio			om the ization a	nd
		hours for related	rect du	뚩	ğ.	<u> </u>	est	₫	(W-2/1099-MISC)	(W-2/1099-N	1130)	related of		
		organizations	9 2	nal		Key employee	e S						Ŭ	
		below	Individual trustee or director	Institutional trustee		e	Þer							
		dotted line)	%	stee			Highest compensated employee				- 1			
				Ľ	L		8							
(15)	OHN C. SCHROEDER	1.0				ŀ								
MEMB	ER		✓						0	_	0			0
(16)	DAVID WAGNER	1.0												
MEMB			1 ✓			ŀ			l 0		0			0
	INDA WHITE	1.0												
MEMB			1						٥ ا		o			0
	ENNIFER SLADE	1.0	- `-	-					 					
		<u>!.u</u>	1						٥ ا		0			0
MEMB		4.0		┢	\vdash	\vdash	 		<u> </u>		-			
	OM SALMON	1.0	,			i								^
MEMB			/	├-	-	-	-		0		0			0
	SARA MILLER	1.0	١.		1						_			_
MEMB			/	<u> </u>	_	<u> </u>			0		0			0
(21)	SUSAN E. PARSONS	1.0				ŀ								
TREAS	SURER			L	1				0		0			0
(22)		1.0	}											
				L										
(23)														
]											
(24)														
3			1			1								
(25)								1						
3557			1											
1b	Subtotal		·				1	—	0		0			0
C	Total from continuation sheets to Part				•				0		0			
d	Total (add lines 1b and 1c)								0					
								· · · ·	<u> </u>		2000			
2	Total number of individuals (including but		ו ט נו	1056	HSI	.eu	above	=) W		e man proc	,,000	O1		
	reportable compensation from the organi	Zation							0				VaaT	Na
													Yes	NO
3	Did the organization list any former of													
	employee on line 1a? If "Yes," complete 3											3	$-\downarrow$	<u>✓</u>
4	For any individual listed on line 1a, is the	sum of re	porta	ble ·	con	pe	nsatic	n a	nd other compe	nsation fror	n the			
	organization and related organizations	greater th	an \$	150,	000	1 5	f "Ye	s, "	complete Sched	dule J for	such			
	ındıvıdual											4		✓
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsa	tion	fro	m any	un	related organizat	tion or indiv	ıdual			
	for services rendered to the organization'											5		✓
Secti	on B. Independent Contractors													
1	Complete this table for your five high	est comp	ensate	ed	ınde	epei	ndent	CO	ontractors that r	eceived m	ore t	han \$1	00.00	0 01
•	compensation from the organization Repo	ort compen	satio	n foi	r the	ca	lenda	r ve	ar ending with or	within the	organ	ization'	s tax y	ear.
								<u> </u>	(B)			(C)		
	(A) Name and business add	ress							Description of serv	/ices	(Compens	ation	
												· · · · ·		
								\vdash						0
								\vdash						0
								<u> </u>						0
								 						0
														0
2	Total number of independent contractor							th	iose listed abov	e) who				
	received more than \$100,000 of compens	ation from 1	the or	gan	ızat	ion i	<u> </u>		0]

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a respo	nse or note to an	<u> </u>			1
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a			!		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			:		
s, (Am	C	Fundraising events 1c Related organizations 1d			•		
Giff lar	d e	Related organizations 1d Government grants (contributions) 1e					Í
ns,	f	All other contributions, gifts, grants,	2,030,000				
rijo er S	-	and similar amounts not included above 1f	540,380				
현환	g	Noncash contributions included in					
ont nd (\$,		
	h	Total. Add lines 1a-1f		3,17 <u>7,048</u>			
ė	22	RENT INCOME	Business Code	100 507	100 597		
Program Service Revenue	2a b	RENT INCOME - INKIND	611710 611710	190,587 207,600	190,587 207,600		
	c		011710	0	201,000		
	d			0			
g R	е			0			
Ţ	f	All other program service revenue		0			· · · · · · · · · · · · · · · · · · ·
	g	Total. Add lines 2a-2f		398,187			
	3	Investment income (including dividend other similar amounts)		o			
	4	Income from investment of tax-exempt b		0			
	5	Royalties		0			
		(i) Real	(II) Personal				
	6a	Gross rents 6a					
	b	Less rental expenses 6b					
	C	Rental income or (loss) 6c Net rental income or (loss)	•	0			
	d	(A) Securition	(ii) Other				
	7a	Gross amount from (i) securities	<u> </u>				
		other than inventory 7a					
ne	b	Less cost or other basis					
Revenue		and sales expenses 7b					
Re	C	Gain or (loss)		0			
Jer	d 8a	Gross income from fundraising	<u> </u>	<u> </u>			
Othe	Ua	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less. direct expenses 8b					
	C	Net income or (loss) from fundraising ev	ents ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . 9a					
	ь	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activit	ies >	0			
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
		Less: cost of goods sold 10t					<u> </u>
	С	Net income or (loss) from sales of invent	Business Code	0			
Miscellaneous Revenue	11a		203,,,033,0008	0			
scellaneo Revenue	b			0			
eve	С			0			
Aisc P.	d	All other revenue		O			<u> </u>
2		Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	🕨	3,575,235	398,187	0	·

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , 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			· -	<u> </u>
	and domestic governments. See Part IV, line 21 .	357,600	357,600		
2	Grants and other assistance to domestic individuals See Part IV, line 22		•		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	7,350			
d	Lobbying	45			45
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
40	- · ·			ı	
12 13	Advertising and promotion	500			
14	Information technology	562	562		
15	Royalties		<u> </u>		
16	Occupancy	112,806	112,806		
17	Travel	112,000	112,000		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				·
20	Interest				
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization .	47,874	47,874		
23	Insurance	4,409	4,409		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	MAINTENANCE	20,178	20,178		
b	DISPOSAL	5,547	5,547		
C	BANK CHARGES	3,924	3,924		
d					
е	All other expenses	1,444	1,444		
25	Total functional expenses. Add lines 1 through 24e	561,739	554,344	7,350	45
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX <u></u>	<u></u>	<u> 🗆</u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	334,307	1	569,129
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
S	7	Notes and loans receivable, net		7	50,000
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part Vi of Schedule D 7,861,219			·
	Ь	Less: accumulated depreciation 10b 3,710,086	1,364,460	10c	4,151,133
	11	Investments—publicly traded securities	· · · · ·	11	
	12	Investments—other securities. See Part IV, line 11		12	<u> </u>
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,698,767	16	4,770,262
	17	Accounts payable and accrued expenses		17	5,203
	18	Grants payable		18	
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	<u>-</u>	22	
<u>.</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	5,203
seo		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			·
ā	27	Net assets without donor restrictions	1,630,711	27	4,639,004
ä	28	Net assets with donor restrictions	68,056		126,055
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ ¥	32	Total net assets or fund balances	1,698,767	32	4,770,262
ž	33	Total liabilities and net assets/fund balances	1 609 767	33	4 770 262

-	4	•
Page	ı	4

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	_:	. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,5	75,235
2	Total expenses (must equal Part IX, column (A), line 25)	2		50	51,739
3	Revenue less expenses. Subtract line 2 from line 1	3		3,0	13,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,69	<u> 8,767</u>
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 on Schedule O)	9		!	58,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
ъ.		10		4,7	70 <u>,</u> 262
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · · ·	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☑ Other		<u> </u>	163	110
1	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlaın ın	:		
	Schedule O.	piani in	·		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were com			Ľ	
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight of	:		
	the audit, review, or compilation of its financial statements and selection of an independent accountar	nt? .	2c	✓	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, exp	olaın on			[
	Schedule O			 _	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in the			
	Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .	3b		<u> </u>
			For	n 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SIGNATURE SCHOOL FOUNDATION, INC 35-1932976 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 239,196 335,872 540,380 1,630,164 172,267 342,449 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. . . . 172,267 342,449 239,196 335,872 540,380 1,630,164 5 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) 246,884 Public support. Subtract line 5 from line 4 1,383,280 Section B. Total Support (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (e) 2019 (f) Total Amounts from line 4 335,872 540.380 7 172,267 342,449 239,196 1,630,164 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,515 198 2,713 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.) . 60 140 Total support. Add lines 7 through 10 11 1,633,017 Gross receipts from related activities, etc. (see instructions) 12 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 84.71 % 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 66.43 % 15 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 supported b 10%-facts-and-circumstances test - 2018. 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

Part	(Complete only if you checked the				nization failed	to qualify un	der Part II.
	If the organization fails to qualify						20/2
Secti	on A. Public Support	1 der the te	oto notog box	ovv, picade et	ompioto i dit		
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(0) 2010	(0) 2017	(a) 2010	(6) 2013	(1) 10141
•	received. (Do not include any "unusual grants")	\				/	•
2	Gross receipts from admissions, merchandise					- / - 	
	sold or services performed, or facilities	\				/	
	furnished in any activity that is related to the	\				/	•
3	organization's tax-exempt purpose	$\overline{}$			· /		0
3	unrelated trade or business under section 513	\			/		•
	Tax revenues levied for the				 		0
4	organization's benefit and either paid to		λ				
	or expended on its behalf		1		/		
_	· '		\vdash	-	/		0
5	The value of services or facilities furnished by a governmental unit to the		\	/			
	organization without charge		\				
	· · · · · · · · · · · · · · · · · · ·		\ \	/			0
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 	- /	-	-	
1 a	received from disqualified persons .		\ \ \				
	· · · · · · · · · · · · · · · · · · ·		\\	/	1		
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			\			•
_	·		 	\ \ \	<u> </u>		
8	Public support. (Subtract line 7c from		 / 				0
0	line 6.)		/	\ \		j	•
Secti	on B. Total Support			\ \ \			
	dar year (or fiscal year beginning in) ▶	(a) 201/5	(b) 2016	(c) 201 Å	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(4, 20, 0	(2) 23 13	(5) 25	(4) 2010	(0) 2010	0
-	Gross income from interest, dividends,			/			<u>_</u>
	payments received on securities loans, rents,				\		
	royalties, and income from similar sources .				\		0
b	Unrelated business taxable income (less	,					
_	section 511 taxes) from businesses				\		
	acquired after June 30, 1975 .						0
С	Add lines 10a and 10b						0
11	Net income from unrelated business						
	activities not included in line 106, whether				\		
	or not the business is regularly carried on				\		0
12	Other income Do not inglude gain or				1		
	loss from the sale of capital assets				I \	[
	(Explain in Part VI.)					<u>\</u>	0
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.) . / [0
14	First five years. If the Form 990 is for the	e organızatior	n's first, secon	d, third, fourth	i, or fifth tax ye	ear als a section	1 501(c)(3)
	organization, check this box and stop her	e				<u>\</u>	▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е	· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2019 (line 8		=	13, column (f))		15	0 %
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16 \	<u> </u>
	on Ø. Computation of Investment Inc					<u>, , , , , , , , , , , , , , , , , , , </u>	
17	investment income percentage for 2019 (I					17	<u>o %</u>
18/	Investment income percentage from 2018					18	0 %
19a	331/3% support tests – 2019. If the organi						\
	17 is not more than 331/3%, check this box a		-				. —
b	331/3% support tests—2018. If the organization						. \
	line 18 is not more than 331/3%, check this b	•	_			•	\ =
20	Private foundation. If the organization did	d not check a	box on line 14,	, 19a, or 19b, o	check this box	and see instruc	tions \ ► 🔲

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>′.) </u>					
Secti	on A. All Supporting Organizations							
			Yes	No				
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by							
	class or purpose, describe the designation. If historic and continuing relationship, explain							
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	2						
	organization was described in section 509(a)(1) or (2)							
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a						
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b						
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(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	4b						
	despite being controlled or supervised by or in connection with its supported organizations.							
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)							
	purposes.	4c	ļ					
5а	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).							
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a	-	-				
D	designated in the organization's organizing document?	5b	_					
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	-				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.							
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	<u> </u>	<u> </u>				
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 disqualified persons as defined in section 4946 (other than foundation managers and organizations described to section 500(a)(1) or (0))2 If "Year" provide detail in Part IV							
_	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a						
b	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	"		 				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с						
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "You" appropriate organizations organizations are supported by the law of the control of the contr	-10						
	supporting organizations)? If "Yes," answer 10b below.	10a	1	l				

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

<u> </u>				
Part	N 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		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			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			
	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 supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	_		
•	Did the agreement as a result for the honefit of any supported agreementing other than the supported	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		1-
Secti	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 directors			
	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 managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	:		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	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		
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 (see	nstru	ctions	s).
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 government entity (see ın		
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 purposes,			'
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			i
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
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 instructions).	y int	egrated Type III supporting	ig organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2				
3	Administrative expenses paid to accomplish exempt purp	nızations		
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 whic (provide details in Part VI) See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			0
	Zillo o di lisant di vido di più ini		(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
С				
d	From 2017			
е				
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			- "
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			<u> </u>
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			<u></u>
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7 ⁻			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017 .			
d	Excess from 2018			
е	Excess from 2019		_	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
·	

SCHEDULE D (Form 990)

Department of the Treasury 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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name o	of the or	ganization	<u></u>	Em	ployer identification number
SIGNA	TURE	SCHOOL FOUNDATION, INC.			35-1932976
Pai		Organizations Maintaining Donor Advi	sed Funds or Other Similar I	unds o	
		Complete if the organization answered "	Yes" on Form 990, Part IV, line	e 6.	
			(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year) .			
3		egate value of grants from (during year)			
4		egate value at end of year			
5		he organization inform all donors and donor	advisors in writing that the asset	s held in	donor advised
•		are the organization's property, subject to the			
6		ne organization inform all grantees, donors, ar	-		
•		for charitable purposes and not for the benefit			
					· · · · · □ Yes □ No
Par	t II	Conservation Easements.		•	
ı aı		Complete if the organization answered "	Yes" on Form 990 Part IV line	7	
1	Durn	ose(s) of conservation easements held by the conservation		<i>,</i> , ,	
•		eservation of land for public use (for example, recre	- · · · · · · · · · · · · · · · · · · ·	on of a h	istorically important land area
	_	eservation of land for public use troi example, recre-	·		ertified historic structure
	= '	eservation of open space	Freservati	on or a c	ertified historic structure
_		• •	d		hh
2		plete lines 2a through 2d if the organization hel ment on the last day of the tax year.	d a qualified conservation contrib	oution in i	
_		•			Held at the End of the Tax Year
a		number of conservation easements			2a
b		acreage restricted by conservation easements		•	2b
С		per of conservation easements on a certified hi	• •		2c
d		per of conservation easements included in (not on a	1 1
					2d
3		per of conservation easements modified, trans	ferred, released, extinguished, or	termina	ted by the organization during the
	tax ye				
4		per of states where property subject to conserv			
5		the organization have a written policy regions, and enforcement of the conservation eas			
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enfo	rcing cor	servation easements during the year
7	Amou ▶\$	nt of expenses incurred in monitoring, inspecting	g, handling of violations, and enforce	cing cons	ervation easements during the year
0		each conservation easement reported on line 2	I/d) above estisfy the requirement	of acet	on 170/h)/4\/P\/\)
8		· · · · · · · · · · · · · · · · · · ·		s or secu	Yes No
0		t XIII, describe how the organization reports co		nuo and	<u> </u>
9		ce sheet, and include, if applicable, the text of			
		ization's accounting for conservation easemer		mancia	is statements that describes the
Part		Organizations Maintaining Collections		or Oth	ar Similar Assats
ı aı		Complete if the organization answered "			er Ommar Assets.
	16.11				
1a		organization elected, as permitted under FASI	•		
		, historical treasures, or other similar assets	•		•
		e, provide in Part XIII the text of the footnote to			
b	art, hı	organization elected, as permitted under FAS storical treasures, or other similar assets held de the following amounts relating to these item	for public exhibition, education, o		
	•	_			▶ •
		evenue included on Form 990, Part VIII, line 1			
-					
2		organization received or held works of art, and in organization required to be reported under FA			ets for financial gain, provide the
а	Rever	nue included on Form 990, Part VIII, line 1 .			• \$
b	Asset	s included in Form 990, Part X			. ▶ \$

Pari	III Organizations Maintaining Col	lections of	Art, His	torical T	reasures, o	r Ot	her Similar As	sets (cont	inued)
3	Using the organization's acquisition, accerding collection items (check all that apply):	ssion, and ot	her reco	rds, chec	k any of the f	ollow	ring that make s	ignificant u	se of its
а	☐ Public exhibition				or exchange p				
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.								n Part
5	During the year, did the organization solid assets to be sold to raise funds rather than								□ No
Part	Escrow and Custodial Arrange								
	Complete if the organization ans 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?						other assets no	ot 🔲 Yes	□ No
b	If "Yes," explain the arrangement in Part XI	III and comple	ete the fo	llowing ta	able:		<u> </u>		
								mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f		2 T Vaa	[/] No
2a	Did the organization include an amount on If "Yes," explain the arrangement in Part XI								
	t V Endowment Funds.	III CHECK HEI	- 11 1116 6	хріанацоі	i nas been pr	Ovide	d On Fait Am .	· · · · · ·	 -
rai	Complete if the organization ans	wered "Yes	" on For	m 990 F	Part IV line 1	0			
		Current year		or year	(c) Two years b		(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance		, -,				<u> </u>	1	
b	Contributions								
С	Net investment earnings, gains, and losses			_					
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the co	urrent year en	nd balanc	e (line 1g	, column (a)) l	held a	ıs.		
а	Board designated or quasi-endowment ▶		%						
b	Permanent endowment ▶%	ó							
С	Term endowment ▶%								
	The percentages on lines 2a, 2b, and 2c sh	nould equal 1	00%.						
3a	Are there endowment funds not in the pos	ssession of th	ne organi	zation tha	at are held an	d adr	ministered for th		
	organization by							Ye	s No
	(i) Unrelated organizations							3a(i)	+
	(ii) Related organizations							3a(ii)	+-
b	If "Yes" on line 3a(ii), are the related organi							3b	
4	Describe in Part XIII the intended uses of the		on's enac	wment it	inas.				
Pari	Land, Buildings, and Equipmer Complete if the organization ans		" on For	m 000 E	Part IV line 1	112 (See Form 990	Part X line	10 م
	Description of property	(a) Cost or ot	_		r other basis		Accumulated	(d) Book va	
	Description of property	(investm			ther)		preciation	(u) Book v	
1a	Land				105,000				105,000
b	Buildings				1,333,127		413,143		919,984
C	Leasehold improvements			-	3,183,958		3,149,739		34,219
d	Equipment				183,466		147,205		36,262
e Total	Other	equal Form 0	On Part	K column	3,055,668)	0		,055,668 151 133

Part VII	Investments – Other Securities.	000 Part IV lin	a 11h Can Form	000 Port V line 10
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial				
(2) Closely h	eld equity interests			
(3) Other				
(D)				
(C)				
(D)				
(E)			_	
(D				
(C)				
(H)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments – Program Related.			_
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		od of valuation of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)		-		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<u>,</u>		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability	·		(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	's financial statemen	ts that reports the
∠. Liability for	uncertain tax positions. In Fart Alli, provide the text of the footh	ole to the organization	i o illialicial statellieli	mai reports the

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

Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4	
1	Total revenue, gains, and other support per audited financial statements	1	3,575,235
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	2e	2 575 225
3	Subtract line 2e from line 1		3,575,235
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII)		
b	Add lines 4a and 4b	4c	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,575,235
Part			3,373,233
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	561,739
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		00.,,00
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	3	561,739
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		-
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	561,739
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b. Also complete this part to provide any additional into	formation.	

Schedule D (For	m 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
	·····	

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

7	•
15-004	6
15,	
MB No	2
0	

Department of the Treasury Internal Revenue Service		▼ Go to	► Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	Form 990. 30 for the latest inf	ormation.		Open to Public Inspection
Name of the organization			1			Employ	Employer identification number
Part General In	General Information on Grants and Assistance	and Assistance				_	
1 Does the organizathe selection crite 2 Describe in Part II	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees 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.	substantiate the amor ants or assistance? sedures for monitoring	unt of the grants or	assistance, the g	rantees' eligibility fo	e amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ce? iltoring the use of grant funds in the United States.	ce, and
Part II Grants and Part IV, line	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	o Domestic Organizathat received more the	ations and Dom	estic Governm Il can be duplica	ents. Complete if additional speed	the organization ansv pace is needed.	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.
1 (a) Name and address of organization or government	organization (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)	(9) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)		:					
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government organiza	tions listed in the li	ine 1 table			
S Enter total number Particular	3 Enter total number of other organizations listed in the line for Panamork Bedications for Form	listed in the line 1 table					Wood Comment of the C
	一人して こうしょうしょうしゅ ここく ここうきょく			2	אכנוווכ כא זר		TRICAL SERVICES I STRUCTURE

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III Ŋ 9 က 4 N

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

SIGNATURE SCHOOL FOUNDATION, INC

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

35-1932976

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 LORI LANKFORD THEN REVIEWED BY THE TREASURER
OF SIGNATURE SCHOOL FOUNDATION, SUSAN E PARSONS
FORM 990, PART VI, LINE 12C - THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND DISCUSSED ANNUALLY.
FORM 990, PART VI, LINE 19 - THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICTY, 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
ACQUISITION OF LONG-LIVED ASSETS REVENUE IS RECOGNIZED WHEN COLLECTED RATHER THAN WHEN EARNED, AND
EXPENDITURES ARE GENERALLY RECORGNIZED WHEN PAID RATHER THAN WHEN THE RELATED LIABILITY IS INCURRED
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OF \$58,000 IS DUE TO THE CHANGE IN TEMPORARILY RESTRICTED
NET ASSETS.

Schedule O(Form 990 or 990-EZ) (2019)	Page 2
lame of the organization	Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SIGNATURE SCHOOL FOUNDATION, INC

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Employer identification number ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

35-1932976

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (if applicable) of disregarded entity (if applicable) (if applicable) of disregarded entity (if applicable) (i	if the organization	ion answered "Yes" ((b) Primary activity	on Form 990, Par		(e) End-of-year assets	(f) Direct controlling
			or foreign country)			entity
					-	
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.	ions. Complete if the orgente of the fax year.	ne organization a	nswered "Yes" or	n Form 990, Parl	IV, line 34, bec	ause it had
(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) Direct controlling entity	(9) Section 512(b)(13) controlled entity?
(1) SIGNATURE SCHOOL, INC. 36-4516999 610 MAIN STREET, EVANSVILLE, IN 47708	SCHOOL	Z	501 (c)(3)	2	Sig School Fnd	
		į				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Lat No 50135Y		Schedule	

Schedule R (F	Schedule R (Form 990) 2019												Page 2
Part III	Identification of Related Organizations Taxable because it had one or more related organizations to	Related Organizate or more related or	i ons Taxable organizations		'ship. Con artnership	nplete if the during the	organizatio tax year.	n answer	sə,, pə	as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line reated as a partnership during the tax year.), Part IV,	, line 34	, , <u>, , , , , , , , , , , , , , , , , </u>
Name, relk	(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 Sh income	(g) Share of end-of- year assets	(h) - Disproportionate allocations?	() Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		(k) Percentage ownership
(1)									Yes	Q.	Yes	2	
(2)													
(3)													
(4)													
(2)													
(9)													
(£)													
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization are line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organiza th had one or more it	tions Taxable	s as a Corporizations treate	ation or T	rust. Comp	lete if the o trust during	rganizatic I the tax y	on answe	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, rations treated as a corporation or trust during the tax year.	Form 99	0, Part	IV,
Nam	(a) Name, address, and EIN of related organization	d 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	e Section	(i) Section 512(b)(13) controlled entity?
												Yes	Š
(I)													
(2)												-	
(6)												ļ	
(4)					<u> </u>							ļ	
(2)												<u> </u>	
(9)													
(7)													
											Schedule R (Form 990) 2019	? (Form	990) 2019

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2019

Part V Transacti

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of thi	ed in Parts II, III, or IV of this schedule.					Yes	Š.
1 During the tax year, did the organization engage in any of the	zation engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organ	zations listed in Part	s II–IV?			Ī
a Receipt of (i) interest, (ii) annuities,	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	>	
b Gift, grant, or capital contribution to related organization(s)	o related organization(s)				ą	7	
c Gift, grant, or capital contribution from related organization(s)	rom related organization(s)				10		>
d Loans or loan guarantees to or for related organization(s)	related organization(s)		•		19	>	
e Loans or loan quarantees by related organization(s)	d organization(s)				4		7
					2		
f Dividends from related organization(s)					7		7
g Sale of assets to related organization(s)					19		/
h Purchase of assets from related organization(s)	ganization(s)				두		7
i Exchange of assets with related organization(s)					÷		/
j Lease of facilities, equipment, or of	Lease of facilities, equipment, or other assets to related organization(s)				;-	>	
						F	
k Lease of facilities, equipment, or ot	Lease of facilities, equipment, or other assets from related organization(s)				4		2
l Performance of services or member	Performance of services or membership or fundraising solicitations for related organization(s) .				1		7
m Performance of services or membe	Performance of services or membership or fundraising solicitations by related organization(s) .				£		7
n Sharing of facilities, equipment, ma	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				두		/
 Sharing of paid employees with related organization(s) 	lated organization(s)				9		/
p Reimbursement paid to related organization(s) for expenses	Janization(s) for expenses				1 0	7	
q Reimbursement paid by related organization(s) for expenses	ganization(s) for expenses				19		7
	to related organization(s)				+	_	7
	from related organization(s)				18		7
2 If the answer to any of the above is "Yes," see the instruction	s for information on who must	nplete this line, ınclu	complete this line, including covered relationships and transaction thresholds.	ships and transact	tion thre	shold	S.
:		(q)	(၁)	(P)	9		
Nar	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ng amouni	t involve	þ
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
				Schedule R (Form 990) 2019	R (Form	(066	2019

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

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

(k) ^{*} Percentage ownership (j) General or managing partner? Yes No of Schedule K-1 (Form 1065) (s) Code V—UBI (h) Disproportionate allocations? Yes No (g)
Share of
end-of-year
assets (f) Share of total income (e) Are all partners section 501(c)(3) organizations? Yes No unrelated, excluded from tax under sections 512-514) (d) Predominant income (related, (c)
Legal domicile
(state or foreign country) Primary activity (a) Name, address, and EIN of entity E (16) 9 (12) 3 (14) (15) E 8 ල € 9 8 9 5

Schedule R (Form 990) 2019

chedule R (I	Form 990) 2019	Page 5
art VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
		·
		