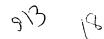
Short Form Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

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

Open to Public Inspection

Internal Revenue Service	> Information about Form 990-EZ and its in	estructions is at www.irs.gov/form990		
A. For Wie 2011 cakendar	year, or tax year beginning , and e	nding		
	Name of organization		D Employer	identification number
TTI were incorporate	LOUDONVILLE-PERRYSVILLE SCHO)OL	1	
	FOUNDATION, INC.		26-1	770657
L	Number and street (b. P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	number
i	PO BOR 73		419-6	585-1200
	Dity or found state or province, country, and ZIP or foreign postal code		F Group Ex	emption
	LOUDONVILLE OH 44	842	Number	>
and the second of the second o	Cash			e organization is not
	MOULFOUNDATION ORG		uired to attach	
A section of the contract of t	(x, only, one)		orm 990, 990-EZ	
		Other		
M. Form of expension	122. 00.00			
1	to the second of Form 990 F7	OU OF THOSE, OF IT TOTAL ASSETS	▶ \$	54,770
(Fig.) E. Cara (CO.) (Fr. E. SEAW) (SEE	essees and Changes in Net Assets or	Fund Ralances (see the instr	uctions for Par	
Marit Revenue	e, Expenses, and Changes III Net Assets of	und balances (see the histi	dolloris for t at	\mathbf{x}
	the organization used Schedule O to respond to an	y question in this Fart i	1	43,204
	in, grants, and similar amounts received		2	43/201
	be revenue including government fees and contracts		3	
t Hermanship d	ues and assessments		4	8,364
1 I restment in		1 1	4	8,303
84 Greas amount	from sale of assets other than inventory	5a		
	other basis and sales expenses	5b		
o Gam or (1993) (n	on sale of assets other then inventory (Subtract line 5b from line 5a	a)	5c	
	undraising events			
a Gross income	from gaming (attach Schedule G if greater than		25.0	
§ \$15,000)		6a 1,0	710	
	from functialising events (not including \$	of contributions		
	ig events reported on line 1) (attach Schildule G if the			
	gross income and contributions exceeds \$15,000)		192	
a Less airectl e	xpanses from garning and fundraising events		208	
d. Not income of	(loss) from garning and fundraising events (add lines 6a	and 6b and subtract		
1. 17.			6d	1,994
7 8 3.108 38.08 3	of inventory, less returns and allowances	7a		
· I b Leas cost of	acods sold	7b		
g Grad maktic	r (loss) from sales of inventory (Subtract line 7b from line	7a)	7с	
	e (describe in Schedule O)	wa ala	8	
	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	الماسية	7 9	53,562
	milar amounts paid (list in Schedule O) Loudonville	e-Perrysville Exempted LL	10	4,241
The state of the s	to or for members Village Sch	hools received total grant.	11	
1 dig - Onlynes, other	r comparisation, and employee benefits	3 AUL 0 6 2015	12	
	een and either payments to independent contractors	Tight was a grain	<u>لا 13</u>	
	ont, utilities, and maintenance	645222	14	
	ications, postage, and shipping	一	15	4,375
1	es (describe in Schedule O)	·	16	100
	ses. Add lines 10 through 16		▶ 17	8,716
	cricity for the year (Subtract line 17 from line 9)		18	44,846
	fund balances at beginning of year (from line 27, column	(A)) (must agree with		
	gure reported on prior year's return)	• • • • • • • • • • • • • • • • • • •	19	123,104
	es in net assets or fund balances (explain in Schedule O)		20	
	fund balances at end of year. Combine lines 18 through	20	▶ 21	167,950
1 4 1 1 1 1 1 0 0 0 0 0 0 0	on Act Notice, see the separate instructions.			Form 990-EZ (2014)



fere solation icomonville-perrysvii	LLE SCHOO	L 26-17	70657		Page 2
Pert 및 Saterice Sheets (see the instructions for F	Part II)				r ua
 Oreck if the organization used Schedule O t 	to respond to any	question in this Part	1		X
		(A) Be	ginning of year		(B) End of year
Chair, amega, and investments			121,679	22	162,434
17 Load a scholdings			0	23	
Direction nameda (diescribe in Schedule O)			1,425	24	5,516
ନିର୍ଦ୍ଦି ଓ ଅଟେ । ଜଣ ଓ ବ୍ୟୁଷ୍ଟ ଓ ଜଣ ଜଣ ଓ ଜଣ			123,104	25	167,950
36 Total liabilities (describe in Schedule O)			0	26	0
27 Hat assets or fund balances (line 27 of column (B) must ag			123,104	27	167,950
Part III Statement of Program Service Accor	•		′ r-¬	į	
Check if the organization used Schedule O	to respond to any	question in this Part	<u> </u>		Expenses
What is the organization's primary exempt purpose?					quired for section
FIMANCIAL SUPPORT OF LOUDONVILLE-PERRYSVILLE SC					(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for				_	anizations, optional for
as measured by expenses in a clear and concise manner, described the policy of the control of th	·	vided, the number of		oth	ers)
persons banefied, and other relevant information for each progra					
75 COMPUTATION SERVICE PROJECTS IN WHICH STUDENTS SUGGESTION PROJECTS PROVIDE OPPORTUNITIES FO					
PROJECTS PROVIDE OPPORTUNITIES FO	R STUDENTS TO	DEVELOP PERSONAL			
(Second of the second Amb Commont Includes) If this amount includes	foreign orants, che	ock hare	▶ □	28a	
13 PLINGING GRAING AND FUND RAISING PROGRAMS PRO				200	
The 1822AL Schools to encoupage education in					
CONTO. CARRATON.		12:4:10 12:20			
(Gipple 5 4 , 241) if this amount includes	foreign grants, che	eck here	▶ □	29a	8,716
30					
(Gran': 3) If this amount includes	foreign grants, Lne	ck hera	▶ □	30a	
de Other program services (describe in Schedule O)					
(公本技术) If this amount includes	foreign grants, the	sk here	▶ □	31a	
12 foreit procram corvice expenses (add lines 28a through 31a	3)		>	32	8,716
Cont 314 List of Officers, Directors, Trustees, and Key I Check of the organization used Schedule O to res	Employees (list eac	h one even if not compe	nsated — see th	e instru	ctions for Part IV)
STIGGT IF THE CITE III I I I I I I I I I I I I I I I I	(ب) Average	(c) Reportable	(d) Heath bei	nefits,	T
(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to e benefit plans.	employee	(e) Estimated amount of other compensation
	devoted to position	(if not paid, enter -0-)	deferred ∞mpe		other compensation
MICHAEG BANDY					
PRESIDENT	10.00	0			0
CHERY DUD'E	0.50				
VICE PRESIDENT	0.50	0			0
TAMI REYNOLDS TRUSTEE	0.50			,	
SUSAN BURYELL	0.50	0			0
TREASURER/SECRETARY	2.00	0		(
MEGAN CAMFIELD	2.00	0			0
TELEGOTE A	0.50	o		C	0
ISSUNY IPBEU	0.30				<u></u>
MAUKIYE	0.50	0		(0
KARO REFORMBACH					
TRUSTAL	0.50	l	i	(0
	1		 		
			1		
					Form 990-EZ (2014)

	See-32 COME TOUDONVILLE-PERRYSVILLE SCHOOL 26-1770657		Page
Î A	The Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	t V	
	Assessment Ref 7 at 177 of took in the organization used outloads to the food to the quiston in the organization		es No
	Elektric interpretation engage in any significant activity not previously reported to the IRS2 If "Yes," provide a		
	material and appear of each activity in Schedule O	33	X
3.5	Vertically a gallicant changes made to the organizing or governing documents? If "Yes," attach a conformed		
	doubt of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		
	chango on Consdule C (see matruorons)	34	X
45a	Did the propagation have unrelated business gross income of \$1,000 or more during the year from business		
	articles (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
3.	15 Leading to be a 30%, bas the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
4.1	was this organization a section 501(b)(4), 501(b)(5), or 501(b)(6) organization subject to section 6033(e) notice,		
	the rises, and proxy tex requirements during the year? If "Yes," complete Schedule C, Part III	35c]_3
3	the the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		
	dustig the year? if "Yes," complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Out the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		
	any such loss made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	3
to.	4 Yes Commiste Schedule L. Part II and enter the total amount involved 38b N/A		İ
39	Specien 50%:(7) organizations Enter		
a	indishor fees and capital contributions included on line 9 39a N/A		
5	Gross (accepts, included on line 9, for public use of club facilities 39b N/A		
4úa	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		-
	section 4911 №, section 4912 ▶, section 4955 ▶		
13	134.55m 301(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		
	exclass benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		
	that her het beter isported on any of its prior Forms 990 or 990-EZ? If "Yes," conquete Schedule L, Part I	40b	
0	Security 501(c)(3), 591(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		- 1
	on a number on managers or disqualified persons during the year under sactions 4912,		j
	19 5° LLE 43 6 3		
G	Saltier 10 (dtG): 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		
	40d sumbroad by the organization		
0	All within careous 30 any time during the tax year, was the organitation a party to a prohibited tax shelter		
	transaction? If "Yes." complete Form 8886-T	40e	X
.) ;	East Shu status with which a copy of this return is filed ▶ OH	410 004	
42a	This organization's cooks are in care of > SUSAN BURWELL Telephone no	419-994-	-407
	16126 THE RD 211	44040	
	HOSSIVE POUDCHVILLE OH ZIP+4▶	44842	
t	At any sone owing the calendar year, did the organization have an interest in or a signature or other authority over		es N
	to financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," anter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		ŀ
	Financial Accounts (FBAR)	1	
С	At any one during the calendar year, did the organization maintain an office outside the U.S.?	42c	x
ζ,	ii "Yes," a ver the name of the foreign country. ▶	420	
40	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		k . [
4.5	and after the amount of tax-exempt interest received or accrued during the tax year 43		h. [
	The state of the s		es N
d/1a	Old the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	r + '	62 14
	completed instead of Form 990-EZ	44a	x
2)	Did the crashivation operate one or more hospital facilities during the year? If "Yes," Form 990 must be	170	
-	renicialist distance of Form 990-EZ	44b	x
€.	Date or organization receive any payments for indoor tanning services during the year?	44c	X
. :	5 "Yes" to the 445, has the organization filed a Form 720 to report these payments? If "No," provide an	440	
-	on dentance in Schedule O	44d	
			
d i a	Six 115 9/08/03/09 Bays a controlled entity within the meaning of section 512/b)/13/2	AFO	\ ¥
	Cast the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45e 5	Old the organization receive any payment from or engage in any transaction with a controlled entity within the	45a	X
ä		45a	X

LPRE 07/21/2019 6 18 HD

Form 990-EZ (2014)	LOUDONVILLE-	PERRYSVIL	LE SCHOO	L 26-1	770657		F	Page 4
The same of the sa							Yes	No
	zation engage, directly or ind			s on behalf of or in opp	osition			
The second secon	for public office? If "Yes," cor		C, Part I			46	<u> </u>	X
Tant VI Geo	otion 501(c)(3) organiz section 501(c)(3) organiza	cations only	vor questions 47	-10h and 52, and or	moleta the tables	for lines		
	aud 51	Mons must ansv	ver questions 47	-430 and 52, and co	implete the tables	, for liftes		
Cha	eck if the organization use	d Schedule O to	respond to any	question in this Part	VI			
							Yes	No
	zation angage in lobbying act Loomplate Schadule C. Parti:		section 501(h) elec	tion in effect during the	tax	[32
	stich a school as described in		VAV\? If '♥>> °	omploto Cobadula E		47	 -	X
	aation make any pansfers to					48 49a	 	X
	he related organization a sec			90112011011		49b		
	table for the organization's fi			(other than officers, di	rectors, trustees and			i
smolo(1293) w	ho each received more than :	\$100,000 of comp	ensation from the	organization If there is	none, enter "None			
			(b) Average	(c) Reportable	(d) Health benef	fits. (e) Estimate	ed amou	uni of
(74)	Frame and title of each employee	3	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to em benefit plans, a	nd other cor		
NOTE					deferred compens	sation		
1 101 e 100e								
					+			
	· · · · · · · · · · · · · · · · · · ·	7						
				JA Lafi da				
	The second secon			<u> </u>				
				* 1				
# Total region	of other employees paid over	\$100,000			-L			
	table for the organization's fir		nsated independer	contractors who each	received more tha	n		
\$100,000 of co	ompensation from the organiz	ation If there is i	none, ente. "None	"				
(a) Na	ame and business address of ear	ch independent con	tractor	(b) Ty	pe of service	(c) Compe	ensation	1
HOLE								
								
Note that the best of the same								
d Total number	of other independent contract	tors each receivin	g over \$100,000	>				
55 Charte argain.	zation complete Schedule A?	Note. All section	501(c)(3) organiza	ations must attach a				
statistical Sar						▶ X Yes		No
Under peraties of pag-	ury, I declare that I have examina disto. Declaration of preparer (oth	ed this return, includ	ling accompanying so	hedules and statements,	and to the best of my	knowledge and belie	ef, it is	
TRY	Strong Co. Dais	TANDO	ased on all illionnaed	in or which preparer has a	iny knowledge	- 1 12		
Sign Fig.	mature of officer	, v•CQ			Date 1- 2	,3-15		
- 1	SUSAN BURWELL				ER/SECRETA	RY		
	no or park came and title							
Fartists	prepareds name	Prep	parer's signature		Date	Check of PTIN		
Paid						Self-employed		
Preparer Francis	THIS TAX	RETURN		· · · · · · · · · · · · · · · · · · ·	Firm's E	in)		
Use Only From 23	dosse > PREPARED	BY A						
	NON-PAID	PREPARER			Phone n	10		
May the IRS discuss	s this return with the preparer	shown above? S	ee instructions				es	No
						Form 99	0-EZ	(2014)

CARL CARROACE THE BUT

SCHEDULE A (Form 890 or 990-52) 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.

Open to Public

OMB No 1545-0047

2014

Contamint in Fe Treasury Internal Revenue Senare

Inspection Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. LOUDONVILLE-PERRYSVILLE SCHOOL Employer identification number iloma of the organization FOUNDATION, INC. 26-1770657 Reason for Public Charity Status (All organizations must complete this part.) See instructions a prigate pation is and a provide foundation because it is (For lines 1 through 11, check only one box.) 1 [] A Greron, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 mit all described in section 170(b)(1)(A)(ii). (Attach Schedule E) The first and or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 🛴 For many of research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, s 🚶 Like creasuration operated for the benefit of a college or university owned or operated by a governmental unit described in a-critical 199(b)(c)(A)(iv). (Complete Part III) A radiation, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7. 🎇 with approximation that normally receives a substantial part of its support from a governmental unit or from the general public clasmand in section 179(b)(f)(A)(vi). (Complete Part II.) A constrainty trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 1 of organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its subbook from gross investment income and unrelated business taxable income (less section 511 tax) from businesses arguired 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). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g a 📗 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving are subjected organization(s) the power to regularly appoint or electic majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type it. A supporting organization supervised or controlled in connection with its supported organization(s), by having record or management of the supporting organization versied in the same persons that control or manage the supported Digamization(s) You must complete Part IV, Sections A and C. Type if functionally integrated. A supporting organization operated in connection with, and functionally integrated with, supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d ___ Type the non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 1900 is those 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. and the line of the second the organization received a written determination from the IRS that it is a Type II, Type III, Type III streethally integrated or Type III non-functionally integrated supporting organization Sole the number of supported organizations Power are following information about the supported organization(s) 36 frame of a poemer. (n) 81N (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9) listed in your governing support (see other support (see above or IRC section document? instructions instructions) (see instructions) Yes No (E)(C) (D) (E) Fotal.

For Paperwork Reduction Act Notice, see the Instructions for Farm 990 or 990-EZ

	dole A. Henri 1991 or 990-57) 2014 LOU					-1770657	Page 2
F 3 7	প্রেট - Support Schedule for O	rganizations De	escribed in Se	ections 170(b)((1)(A)(iv) and	170(b)(1)(A)(vi)	
	Complete only if you chec						under
	Part III. If the organization	fails to qualify u	inder the tests	listed below, pl	lease complete	Part III)	
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cris.	dra year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Girts, grantis, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants")	20,547	23,172	23,884	26,421	43,204	137,228
2	Tax revenues levied for the organization's benefit and either paid to or expanded on its behalf						
3	The value of services or faulities furnished by a governmental unit to the charge are without charge.						
4	Total. Add lines i through 3	20,547	23,172	23,884	26,421	43,204	137,226
F	The normh of local contributions by each person (einer than a good machin that or publicly so cortiae organization) included on 1.55 that cookeds 2% of the amount access or the 1.5 column (f)						13,120
<u> </u>	Malibut drughert, Subtract line 6 from line 4						124,108
300	tion 🖺 "Cuto" Support						
Caler	oderyear (or ñsea) year baginning in) Þ	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	និស្ស ភាគមន from boa 4	20,547	23,172	23,884	26,421	43,204	137,228
3	Grass inclinite flom interest, dividends, payanand intervest on coordies loans reads, royelles and income from similar ocurors	1,670	-393	6,744	12,526	8,364	28,911
	of the course from unrelated business course, whether or not the business as ragularly corned on						
15	Other medical Doinet include gain or ross from the sale of capital assets (Explain in Part VI.)	2,252	1,239	1,593	527	1,994	7,655
11	Total support. Add lines 7 through 10						173,794
12	Gross raceipts from related activities, etc.	(see instructions)				12	10,377
13	First five years, if the Fann 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501	(c)(3)	
200	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public St						
1.5	Public support percentage for 2014 (line 6			(†))		14	71.41 %
	Subject support percentage from 2013 Sche			2	2.4/00/	15	72.92 %
10a	35 1/5% support test2014. If the organ				3 1/3% or more, ci	neck this	► (5.5)
r)	box and stop here. The organization qual- 03 1/3% support test—2013. If the organ						▶ 🗵
.,	check this box and stop here. The organi) IS 33 1/3% ULLING	лe,	► [7]
476	DIX-facto-and-circumstances test—201				or 16h and line	14 10	
	Turk or more, and if the organization mee						
	fig. Vision the organization meets the "fa						
	(54, 15, 280, 7)	and shoulded	1001 THE 0:90	onorr quantics a	до и равнову зарр	oned	▶ □
'n	100s-faces-and-circumstances test—201					i line	
	Exprain in Fart Viction the organization me					blicty	
	supported exposization						▶ [
73	Private foundation. If the organization did permissions	I not check a box or	n line 13, 16a 16b,	17a, or 17b, chec	ck this box and see	е	▶ []

Schedule A (Form 990 or 990-EZ) 2014

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Sing	Mars As Form 990 or 990-EZ) 2014 LOU	DONVILLE-	PERRYSVIL	LE SCHOO	L 25	-1770657	Page 3
7.	Lastin - Pass of Schedule for Or	ganizations I	Described in S	ection 509(a)(2)		
	accomplete orlly if you chec	ked the box o	n line 9 of Part	I or if the orga	nization failed t	o qualify under f	Part II
	If the organization fails to o	qualify under t	he tests listed b	pelow, please o	complete Part I	l.)	
	Proceedings of Suppose		·				
Sale	ano. yutr (nu Secal year beglaning in) 🎮 🔠	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	The state of the particular state of the aborenity of the state of the						
9	Prince in any of from equipment, merchandise						
	SUIT or Reviews conformed, or tackings fortished to by advisty that is related to the purpose						
	Seros simple of the convites that are not an more in order section 513						
	ि । । । am os rävisd för the organications benefit and either pard to or expectded on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization valueut charge.						
6	Total: Add lines 1 through 5						
7.3	Amounts included on lines 1, 2, and 3 recorded from disqualified persons						
р	Amounts included on lines 2 and 3 cosewed from other than disqualified coisons that exceed the greater of \$5,000 or 194 of the cincurt on line 13 for the year						
7	Add Tues Palend Tb						
8	ੋਪਾਲੇ ਹ copport (Subtract use 7c from line 5)						
3.94	liet I. fetal Support					l	
Çair	nder veer for tisuel year heginning in) 🕨	(a) 2010	(b) 271*	(c) 2012	(d) 2013	(e) 2014	(f) Total
Ģ	Favoral feet incom line 6						
10a	NATURA MIL TOR HADDO MARIAST, AVADADOS, TURBO TO PREMIODE OF SECURITIES TORRES, GRADS, ROYGETES WHICH HAT FORM SITURAT SOURCES						
\$- 	Hindman business tarable income dess section 611 (abas) from businesses accinned alar June 30, 1975						
	-305 (max 10 s and 10b						
4 .	Figure other from unrelated business aid vibro hist inducted in the 10b, whether of cot the business is regularly carned on						
12	Other Jicome Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			-			
14	First five years. If the Form 990 is for the	organization's firs	t. second, third, for	irth, or fifth tax ve	ar as a section 50:	1(c)(3)	
****	organ tation, check this box and step here				3. 65 4 566001 66	(0)(0)	
Sec	tion C. Computation of Public Su						
15	Dubito support percentage for 2014 (line 8,			n (f))		15	%
10 Clas	Public support percentage from 2013 Scher	dule A, Part III, Iir	ne 15			16	1 /0
	tion D. Computation of Investmen						
477 63	threatment income percentage for 2014 (in			, column (f))		17	%
15 Part	it was timent income percentage from 2013 5	ounequie A, Part	nt, line 17	44 and 1	,,	18	. º/c
	30 478% support rests—2014. If the organ 17×100 m $_\odot$ than 33 173% , check this box	v and sion bere	The organization in	14, and line 15 is	more than 33 1/3	%, and line	, r
1,5	63 WCS remport tests—2013. If the organ	x and stop nere. Ization did not abo	ine organization o eck a box on less 1	jualities as a publi 4 or line 10a as ∃	ciy supported orga	inization	▶ []
	under the second second that 33 1/3%, check this	s bex and ston hi	ere. The organizati	-ro⊓ime 19a, and on mualifies as or	nule to is more than	an 33 1/3%, and	▶ [
10_	Orive to Toundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this ho	x and see instruct	organization ions	
			4.75	ar cricon tris bo		edule A (Form 990	or 990-EZ) 2014

Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I. complete Sections A

,	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part	irt I, complet	е	
i anti	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complion A. 3.6 Supporting Organizations	iete Part V.)		
	Are districted organization's supported organizations listed by name in the organization's governing	····	Yes	N'o
	Pocuments? If the describe in Part VI how the supported organizations are designated. If designated by			
	man - i minosea, describe the designation. If historic and continuing relationship, explain	1		
-13	Do the exampleation have any supported organization that does not have an IRS determination of status			
	conformering 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	ergie sin revious described in section 509(a)(1) or (2)	2		
35	Fig. for organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	of the state of th	3a		
1.5	the are amendment contain that each supported organization qualified under section 501(c)(4), (5), or (6) and			-
	satisfies the profile support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organización acide de defende <mark>ration</mark>	3b		
42	Tell the regardation ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	Enterthiese of If 'Yas,' explain in Part VI what controls the organization put in place to ensure such use	3c		
43	has some aupported organization not organized in the United States ("foreign supported organization")? If		İ	
	thesCland if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
1.3	and the organization have chimate control and discretion in deciding whether to make grants to the foreign	i		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
¢	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)			
۳.,	purposes.	4c		
58	Disc the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	ਭਰਤਕਾਰ (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,			
	4.) She audionly under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organization)	5a		
(w	Type I on Type II only. Was any added or substituted supported organization part of a class already	Sa		
	descripted of the organization's organizing document?	5b		
Ć.	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
2	Did the organization crowde support (whether in the form of grants or the provision of services or facilities) to			
	Receive without their (a) its supported organizations, (b) individuals that are part of the charitable class			
	beneficed by one or more of its supported organizations, or (c) other supporting organizations that also			
	respect to beseft one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	ABM M	6		
7	Did the discussion provide a grant, loan, compensation, or other similar payment to a substantial			
	ാ (Ab. to, വിക്ക് ed in IRC 4958(ci(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled criticy with regard to a substantial contributor? If "Yes," complete Part I of Schedule I. (Form 990)	7		
5	Did the ergentzation make a loan to a disqualified person (as defined in section 4958) not described in line 72			
	Mindres - purpolete Part Lof Schedule L (Form 990)	8		
¥si	Mes the organization controlled directly or indirectly at any time during the tax year by one or more			
	resolvabilities persons as defined in section 4946 (other than foundation managers and organizations described			
	n: seution 50∂(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disonalified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
10a	from, assets in varion the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
ma	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding cartain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	Trayorching Carrott Type it supporting diganizations, and all Type ill non-functionally integrated supporting of Carrott Change 2 if "Yos." chawer (b) below			
		10a		

10b Schedule A (Form 990 or 990-EZ) 2014

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)

		26-1770657		Page 5
. Fai	(a) Supporting Organizations (continued)			 _
.1.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
~	A cerson who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
£	Sects, the governing body of a supported organization? The make member of a person described in (a) above?	11a	 	
	A 3015 contrainer of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part V	11b	 	
Set ()	The Reporting Organizations	/l. 11c	1	<u> </u>
3	and the critical structures, or membership of one or more supported organizations have the power to		T Van	
	Against appear or clust at least a majority of the organization's directors or trustees at all times during the		Yes	No
	The search of the describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	The clied the organizations addrates if the organization had more than one supported organization.			
	The teat for the powers to appoint and/or remove directors or trustees were allocated among the supported			
	expensions a and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Bid the a generation operate for the benefit of any supported organization other than the supported	1	 	
	organizations, that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	of some proving such benefit carried out the purposes of the supported organization(s) that operated,			
	2 19 29 e.s. or convolled the supporting organization	2		
Sac.	on C. Type II Supporting Organizations		<u> </u>	1
			Yes	No
i	Ware a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		Ì	
	or management of the supporting organization was vested in the same persons that controlled or managed			}
	the supported organization(s)	1		İ
Sect	on D. All Type III Supporting Organizations		A	
			Yes	No
1	Eld the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior	r tax		
	year, (2) a copy of the Form 990 that was most recently filed as of the date or notification, and (3) copies of the	e		
	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 (a 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 ho	w		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	E), reason of the relationship described in (2), did the organization's supported organizations have a			
	significant screen the organization's investment policies and in directing the use of the organization's			
	From 3 - assets at 64 times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec. 7	Set Principles Dispersionally Integrated Supporting Organizations	3	L	
	Care and the part to the profited first the agreement provides and the latest the latest to the latest the lat			
	The larger salies next to the method that the organization used to satisfy the integral Part Test during the year (see a grant satisfied the Admittes Test, Complete line 2 below	see instructions)		
1	The organization is the parent of each of its supported organizations. Complete line 3 below			
-:	The organization supported a governmental entity. Describe in Part VI how you supported a government e			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	entity (see instructions)		
2 /	iotraties. Test. Answer (a) and (b) below.			
a	thei substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	these supported organizations and explain how these activities directly furthered their exempt purposes,			
	have the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	22		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
	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.	20		
53	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		İ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ch Ja		
	of his supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь	ļ	
		chodulo A (Form 000		7) 051:

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1. edulary from 930 or 990-EZ) 2014 LOUDONVILLE-PERRYSVILLE	SCHOOL	<u> 26-1</u> 770	657 Page
Pan 7 Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizati	ions	
Chapter here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov 20, 19	70 See instructions. Al	
coar Type III non-functionally integrated supporting organizations must complete	Sections A thro	ough E	
Section A - Adjusted Mei Income		(A) Pnor Year	(B) Current Year
South F Adjusted Not Hisomo		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveres or prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Fortion or 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		
Ctrist expenses (see instructions)	7		
© Adjusted Nat Income (subtract lines 5, 6 and 7 from line 4)	8		
Santian R - Ministern Assat Amount		(A) Pnor Year	(B) Current Year (optional)
and angelie from market value of all non-exemptiuse assets (see			
mistarithe a use short rax year or assets held for part of year)			
হ / Xergae monthly value of secunties	1a		
t. Therese teaching cash balances	1b		
s. Fig. market value of other non-exempe-use assets	1c		
d Total (aud tines 1a, 15, and 1c)	1d		
a Discount plaimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquiration in debtedness applicable to non-exempt-use assets	2		
3 Subtract tina 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
See masuskons.	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		
Section C - Distributable Amount			Current Year
Adicaleu net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter armate: of fine 2 or line 3	4		
5 Income tax imposed in prior year	5		
9 Distributable Amount, Subtract line 5 from line 4, unless subject to			
emerger by temporary reduction (see instructions)	6		
The Creak here if the current year is the organization's first as a non-functionally-inte	grated Type III s	supporting organization (200

Soned	4 A 16 S in \$30 or \$90 (EZ) 2014 LOUDONVILLE - PERR Man III Nove functionally Integrated 509(a)(3)	YSVILLE SCHOOL Supporting Organization	26-1770 tions (continued)	657 Page 7
- 1		, oupporting organiza	tiono (ooritariada)	Current Year
942	Pik. Br. dons	rnoese		Guillette Tear
	groups as a supported a galaxations to accomplish exempt pu			
	Amounts haid to herform activity that directly furthers exempt purpolarizations in excess of income from activity	ises of supported		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
	Partition of the accourte exempt-use assets			
	2 uslificat cet-aside amounts (pnor IRS approval required)			
	Ther resolutions (describe in Part VI). See instructions			
	The paguat distributions, Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organ	nization is responsive		
	corounte details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
	Lins 9 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	the obeletie amount for 2014 from Section C, line 6			
2.	Underdistributions, if any, for years prior to 2014			
	Heasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014			
	Fig. a (2013)			
	hatar orimas 3d through e			
	Application and architectures of their years			
	Applied to 2014 aishbutable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g. 3h, and 3i from 3f			
	Listributions for 2014 from Section	1		
	0.4ns 7 S			
	Applied to underdistributions of prior years			
	opplied to 2014 distributable amount			
	Decinander Subtract tines 4a and 4b from 4			
₹'	Perhaning underdistributions for years prior to 2014, if			
	any Subtract knos 3g and 4a from line 2 (if amount greater than zero, see instructions)			
c				
б	Remaining underdistributions for 2014. Subtract lines 3h			
	and 45 from line 1 (if amount greater than zero, see	1		
7	Evenes distributions approprie 2015 Add trop 2			
1	Excess distributions carryover to 2015. Add lines 3			
	and 40 Breakdown of line 7			
	Die Brownia di III e I			
a				
<u>U</u>	Excess from 2013			
	Exercise from 2013			

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 900 or 990-EZ) 2014 LOUDONVILLE-PERRYSVILLE SCHOOL 26-1770657 Page 8

Fart VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and

Fart III, line 12 Also complete this part for any additional information. (See instructions.)

PARTY MI, MINE 10 - OTHER INCOME DETAIL

STRANGOR PROJECT

\$

7,655

THE COLUMN SIMPLE

SCHELDLE D Supplemental Information to Form 990 or 990-EZ (Form 950 be 300400)

Complete to provide information for responses to specific questions on

OMB No. 1545-0047

Department of the linguistry of that set into return. Service of the properties.

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

LOUDONVILLE-PERRYSVILLE SCHOOL FOURDATION, INC.

\$

Employer identification number 26-1770657

MONTH 330-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION

AMOUNT

EXPENSES

STATES FEES

100

TOTAL \$

100

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

PRESCRIPTION.		BEG.	OF YEAR	END	OF	YEAR
WARKERS DEVELOPMENT		, \$	1,425	\$		4,900
US YOTAGE STAMPS		\$	0	\$		616
	TOTAL	\$	1,425	\$		5,516

For Papersonk Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)