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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	calendar year, or tax year beginning 8/1/2014 , and e			/2015	
Check if applica			D Employer ic	dentification number	
Address change					
Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	ļ!	<u>03-0225740</u>		
•	8 Catkin Drive		E Telephone r	number	
Initial return	City or town State ZIP code		(802) 658-41	164	
Final return/termina	South Burlington VT 05403				
Amended return	Foreign country name Foreign province/state/county Foreign postal	code	G Gross rossu	nto t	1 <i>EE</i>
			G Gross receip		<u>155,568</u>
Application pen	F Name and address of principal officer	H(a) Is this	s a group return for	r subordinates? Yes	X No
	Natanya Helak c/o Schoolhouse 8 Catkin Dr, S Burlington, VT 05403	H(b) Are	all subordinates	s included? Yes	No.
ax-exempt stat	is X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	If "N	No," attach a list	(see instructions)	
	theschoolhousevt org	H(c) Gro	up exemption nu	umbor 🕨	
orm of organiza		ar of forma	tion 1985	M State of legal domicil	e VT
	Summary				
				acher cooperative	
scho	ol and summer camp. In FY 14/15, the school taught 55 preschool and 50	primary	school		
child	ren. 20 children were in the afterschool program, and 15 in the summer ca	mp.			
2 Che	ck this box • if the organization discontinued its operations or dispose	ed of mo	re than 25%	of its net assets.	
	ber of voting members of the governing body (Part VI, line 1a)			3	13
	ber of independent voting members of the governing body (Part VI, line 1b)		·	4	13
1	I number of individuals employed in calendar year 2014 (Part V, line 2a).	,	, , ,  -	5	58
	I number of volunteers (estimate if necessary)	• •	· · · ·  -	6	95
1	I unrelated business revenue from Part VIII, column (C), line 12	•	· · ·	7a	0
	unrelated business taxable income from Form 990-T, line 34		<del>} -</del>	7b	
D Net	interaced business taxable income nominating 990-1, line 54	<del></del>	Prior Year		
0 000	ributions and grants (Part VIII. line the			Current Ye	
8 Con	tributions and grants (Part VIII, line 14)	<del></del>			160,573
9 Pro	ram service revenue (Part VIII tihe 29)		782,		928,992
10 Inve	stment income (Part VIII. column (A), lines 3, 4, and 7d)			0	-782
TT Our	ir revenue (Part VIII, Eoluthia (A), lines 30, 60, 60, 90, 100, and 11e)			814	37,692
	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	ļ	917,		126,475
	its and similar amounts paid (Part IX, column (A), lines 1-3)	ļ			0
	efits paid to or for members (Part-1X column (A), line 4)			0	0
	ies, other compensation, employée benefits (Part IX, column (A), lines 5–10)	<u> </u>	729,	693	301,075
	essional fundraising fees (Part IX, column (A), line 11e) .			0	1,285
<b>b</b> Tota	I fundraising expenses (Part IX, column (D), line 25) ▶ 4,812				
17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	292,	471	269,746
18 Tota	l expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).		1,022,	164 1,0	072,106
19 Rev	enue less expenses. Subtract line 18 from line 12		-104	489	54,369
		Beginn	ing of Current Y		
20 Tota	l assets (Part X, line 16)		1,304,	663 1,	398,069
	Libertial - (Death Libert 20)				604,323
21 Tota	l liabilities (Paπ X, line 26)	1			
21 Tota 22 Net	I liabilities (Part X, line 26)	<b></b> -		377	193,140
	assets or fund balances. Subtract line 21 from line 20		739,	377	193,740
rt II	· · · · · · · · · · · · · · · · · · ·	nts, and to	739,		<u>/93,/40</u>
rt II er penalties of	assets or fund balances. Subtract line 21 from line 20		739,	knowledge	793,740
er penalties of pelief, it is true	assets or fund balances. Subtract line 21 from line 20  Signature Block  erjury, I declare that I have examined this return, including accompanying schedules and statement		739, the best of my k rer has any knov	knowledge wledge	793,740
er penalties of belief, it is true	assets or fund balances. Subtract line 21 from line 20  Signature Block  erjury, I declare that I have examined this return, including accompanying schedules and statement		739, the best of my k rer has any knov	knowledge	793,740
er penalties of belief, it is true	Signature Block erjury, I declare that I have examined this return, including accompanying schedules and statement correct, and complete. Declaration of preparer (other than officer) is based on all information of whether than officer is based on all information of which is the preparer (other than officer) is based on all information of which is the preparer (other than officer) is based on all information of which is the preparer (other than officer) is based on all information of which is the preparer (other than officer).	hich prepa	739, the best of my k rer has any know	knowledge wledge	793,740
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21 Tota 22 Net art II er penalties of	Signature Block erjury, I declare that I have examined this return, including accompanying schedules and statement correct, and complete. Declaration of preparer (other than officer) is based on all information of whether the statement of the s	Lool N Date	739, the best of my k rer has any knov Date	knowledge wledge // 8//6	
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er penalties of j belief, it is true, an re	Signature Block  erjury, I declare that I have examined this return, including accompanying schedules and statemer correct, and complate. Declaration of preparer (other than officer) is based on all information of with Signature of officer  Signature of officer  Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature	Lool N Date	739, the best of my k rer has any know Date Ocise Ch. sel	knowledge  Medge  Medge	2 & 3 , &
er penalties of peelef, it is true.  gn re	Signature Block ergury, I declare that I have examined this return, including accompanying schedules and statement correct, and complete Declaration of preparer (other than officer) is based on all information of with the Signature of officer  Type or print name and title  Print/Type preparer's name  Preparer's signature  Firm's name  Independent Tax Service Inc.	Lool N Date	739, the best of my k rer has any knov  Date  Occs  Ch sel  Firm's EIN	knowledge  Medge  Medge	2 E 3.
rt II er penalties of j belief, it is true, in re id eparer e Only	Signature Block erjury, I declare that I have examined this return, including accompanying schedules and statemer correct, and complate. Declaration of preparer (other than officer) is based on all information of whether the statement of the st	Lool N Date	739, In the best of my k rer has any know Date OCLE Che Sel Firm's EIN	knowledge  Medge  Medge	2 & 3; ; & 2 ~ 1
er penalties of peelef, it is true.  In re  id eparer e Only  y the IRS di	Signature Block ergury, I declare that I have examined this return, including accompanying schedules and statement correct, and complete Declaration of preparer (other than officer) is based on all information of with the Signature of officer  Type or print name and title  Print/Type preparer's name  Preparer's signature  Firm's name  Independent Tax Service Inc.	Lool N Date	739, the best of my k rer has any knov  Date  Occs  Ch sel  Firm's EIN	knowledge  Medge  Medge	2 £ 3 :

Form 9	90 (2014)	Schoolhouse Inc	03-0225740_	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		
	<u>.                                    </u>	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	_ X
1	Briefly d	escribe the organization's mission.		_
	Operation	on of a private pre-school, elementary school, afterschool program, and a children's		
	summer	program.		
2		organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?	n X Yes	
	•	describe these new services on Schedule O	· · K Yes	∐ No
2		organization cease conducting, or make significant changes in how it conducts, any program		
3	services		Tyes	X No
		describe these changes on Schedule O	тез	
4		e the organization's program service accomplishments for each of its three largest program serv	vices as measured	d by
•		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
		expenses, and revenue, if any, for each program service reported		·
4a	(Code.	) (Expenses \$ 896,930 including grants of \$ ) (Reven	ue \$ 928	3,992)
	Operation	on of a private pre-school, elementary school, afterschool program, and a children's summer		
	program	The school taught 50 children, the preschool taught 55 children, the afterschool served		
	20 child	ren, and the summer camp served 15 children		
		••••••		
		······		
		•••••••••••••••••••••••••••••••••••••••		
4b	(Code	) (Expenses \$ Including grants of \$ ) (Reven	 ue \$	)
4c	(Code	) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
	(0000	/ (=>points of the first of the		/
				<b>-</b>
4 -1	Other	Annual Constitution (Constitution)		
4d		rogram services. (Describe in Schedule O.)	0.	
4e	(Expens	ses \$ 0 including grants of \$ 0 ) (Revenue \$ ogram service expenses > 896,930	0)	
70	, July			

orm 9	90 (2014) Schoolhouse Inc 03-02257	40	Р	age (
art				
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		١
	Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			^
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		<del>  ^</del>
Ū	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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			
u	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	۔ ا	1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	<del>  X</del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-		x
L	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	1	┼^
Ø	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section $170(b)(1)(A)(  )^2$ If "Yes," complete Schedule E	13	X	<del>  ^</del>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>  ^`</del>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	1_

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

If "Yes," complete Schedule G, Part III

19

20a

20b

Par	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	]		_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	240		•
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<del> </del>
Ŭ	to defease any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			$\Box$
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			i
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X	142644
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	7.7		
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ASSES OF	X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	<del> </del>	├^
D	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	100		<del>-^-</del>
•	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Ĺ	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		
	If "Yes," complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		١.,
0.4	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
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	į	\ <b>,</b>
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del></del>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	- July 1	<del> </del>	<del>  ^-</del>
J	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1335		<del>                                     </del>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u>L</u>
		Form	990	(2014)

Par				
	Check if Schedule O contains a response or note to any line in this Part V	• •	T.,	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a	3	Yes	No
b		5		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7		1
•	gaming (gambling) winnings to prize winners?	1c	Х	\ <del>\</del>
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 56	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Ï
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ŀ		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	5.		- V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	130	<del>                                     </del>	<u> </u>
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	04		<del>  ^</del>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del> </del>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		-	1
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		i	
а	Gross income from members or shareholders			ľ
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	14-		~
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
	in 199, has a modian out the to topolitates payments. If two, broads all sabialiation in outstails U	1 170	4	

State the name, address, and telephone number of the person who possesses the organization's books and records.

Schoolhouse

8 Catkin Dr , S Burlington, VT 05403

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Form 990 (2014)	Schoolhouse Inc									03-02257	40	Page 7
Part VII	Compensation of Officers, Dire		es, K	еу	Em	plo	yees	s, H	lighest Comp	ensated		
•	Employees, and Independent C							_				
	Check if Schedule O contains a re			_							<u> </u>	<u> </u>
Section A.	Officers, Directors, Trustees, Key I									·		
	this table for all persons required to be	e listed Report	comp	ens	atıo	n fo	r the	cal	endar year endıı	ng with or within	the	
organization's			,									
of compensat  List all  List the who received organization a  List all  \$100,000 of r	of the organization's current officers, of the organization's current key emple organization's current key emple organization's five current highest correportable compensation (Box 5 of Forand any related organizations of the organization's former officers, keportable compensation from the organ of the organization's former directors	(F) if no compe loyees, if any S impensated emp orm W-2 and/or key employees, inization and an	nsations of the control of the contr	on v stru es ( 7 of nigha	vas ctio othe For est org	paid ns f er th m 1 com ania	d. or de aan ai 099-N ipens zatior	finit n of MIS ate	ion of "key empl ficer, director, tr C) of more than d employees wh	loyee " ustee, or key en \$100,000 from no received more	nployeej the e than	)
	more than \$10,000 of reportable comp											
List persons i	n the following order individual trustee	es or directors; i	nstitu	- ition	al ti	ust	ees, d	offic	ers, key employ	ees; highest		
compensated	employees; and former such persons	i								_		
Check th	is box if neither the organization nor ai	ny related organ	ıızatıc	on c	omp	en	sated	any	y current officer,	director, or trus	tee	
(A) Name and Title		(B) Average hours per	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation	(E) Reportable compensation	(I Estin amou	nated
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth compe from organi and re organia	nsation the zation elated
(1) Tyler B chair	arnes	1 00	х		x							
(2) Tana R	landall	1 00	_									
member			X									
(3) Leslie l	Black Plumeau	1 00										
treasurer	4		X	ļ	X							
(4) Mark S		40 00	1									
faculty repres (5) Ted Gr		1 00	X						44,933		<del></del>	
member	ar		x	1								
	DeBrosse	1 00				<del>                                     </del>					<del></del>	
vice-chair			x		x							
	a Helak	1 00										
member			X	_						<del></del> -		
(8) Rey Ga	arofano	1 00										
member			X	<u> </u>	<u> </u>	<u> </u>					<b></b>	
	a Kraynak	1 00	1	ĺ								
member	A - 11 -	1.00	X	-	├-	_					<del> </del>	
	Mollo	1 00	1	l				•			l	
member	olan	1 00	X	+	-	$\vdash$		$\vdash$		-		
member	, idii	1.00	X									
	Schek	1 00	_	1		_						-
member			Х			L						
	Thomas	1 00										
member			l x	1	1	l	l	1			l .	

40 00

(14) Elizabeth Shayne key employee

55,384

03-0225740

Pa	irt VII	Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)
	•	(B) Average hours per week (list any hours for	verage box, unless person is bo					an ee)	an Reportable	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
			related organizations below dotted line)	Individual trustee or director	Institutional trustee	er	employee	Highest compensated employee	ner .		(W-2/1099-MISC)	from the organization and related organizations
	Kelly Sto	יע					х			35,802		
(17)												
(18)												
(19)			-									
(20)												
(21)				-								
(22)												
(23)												
(24)												
(25)			-									
1b c	Sub-tota Total fro	al . om continuation sheets to Part VII	, Section A .				•		<b>&gt;</b>	136,119		<del></del>
<u>d</u> 2	Total nu	dd lines 1b and 1c) mber of individuals (including but no le compensation from the organizati					e) w	ho re	cei	136,119 ved more than \$		
3	Did the	organization list any former officer, one on line 1a? If "Yes," complete Sch	director, or truste	e, ke	y er	nplo	oyee	e, or I	high	nest compensate	ed	Yes No
4		individual listed on line 1a, is the suinization and related organizations g										4 X
5		person listed on line 1a receive or a ces rendered to the organization? If									ndıvidual 	5 X
Sec		ndependent Contractors	·									
1	Complet	te this table for your five highest con sation from the organization Report										
		(A) Name and business a	ddress							(B) Description of se	rvices	(C) Compensation
			<del> </del>						╀-	- <u></u>		(
									+			(
									+-			
							_					
2		imber of independent contractors (in an \$100,000 of compensation from t		mited	to	thos	se li	sted		ve) who receive	d	

Form 990 (2014) Schoolhouse Inc. 03-0225740 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512-514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b 0 Fundraising events. 1c 0 d Related organizations 0 1d e Government grants (contributions) 1e 3,160 All other contributions, gifts, grants, and similar amounts not included above 1f 157,413 Noncash contributions included in lines 1a-1f. \$ 0 Total. Add lines 1a-1f 160,573 Business Code Program Service Revenue 2a tuition and fees 611600 928,992 928,992 b 0 0 0 All other program service revenue 0 Total. Add lines 2a-2f 928,992 Investment income (including dividends, interest, and other similar amounts). Income from investment of tax-exempt bond proceeds 0 5 ol Royalties (ı) Real (II) Personal 14,174 6a Gross rents . . . . . **b** Less: rental expenses. c Rental income or (loss) 14,174 14,174 14,174 d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 15,181 0 b Less: cost or other basis and sales expenses. 15,964 -783 Gain or (loss) . . . . 0 Net gain or (loss) -783 -783 Other Revenue 8a Gross income from fundraising events (not including \$ \_\_\_\_\_0 of contributions reported on line 1c) See Part IV, line 18 36,647 а **b** Less: direct expenses . . . . 13,129 c Net income or (loss) from fundraising events 23.518 23,518 9a Gross income from gaming activities. See Part IV, line 19. . . . . а **b** Less: direct expenses . 0 h c Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances . а **b** Less cost of goods sold . . . Net income or (loss) from sales of inventory 0 Miscellaneous Revenue **Business Code** 11a O 0 0 C All other revenue. 0 Total. Add lines 11a-11d. 0

1,126,475

943,166

Total revenue. See instructions

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column	Section	501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must complete column (	(A)
---	---------	-------------------------	---	--	-----

Check if Schedule O contains a response or note to any line in this Part IX								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  (A) (B) Program service expenses general ex	ent and Fundraising							
Grants and other assistance to domestic organizations								
domestic governments See Part IV, line 21								
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 0  4 Benefits paid to or for members 0								
4 Benefits paid to or for members								
	01.096							
trustees, and key employees . 136,019 44,933 6 Compensation not included above, to disqualified	91,086							
persons (as defined under section 4958(f)(1)) and								
persons described in section 4958(c)(3)(B)	1							
7 Other salaries and wages 580,019 554,688	25,331							
8 Pension plan accruals and contributions (include	20,001							
section 401(k) and 403(b) employer contributions)								
9 Other employee benefits 0								
<b>10</b> Payroll taxes 85,037 71,176	13,861							
11 Fees for services (non-employees)								
a Management . 0								
b Legal .								
c Accounting . 24,187	24,164 23							
d Lobbying								
e Professional fundraising services See Part IV, line 17 1,285	1,285							
f Investment management fees 0								
g Other (If line 11g amount exceeds 10% of line 25, column								
(A) amount, list line 11g expenses on Schedule O) 3,745 640	3,105							
12 Advertising and promotion 8,664 8,664								
<b>13</b> Office expenses . 11,805	8,301 3,504							
14 Information technology 0								
15 Royalties 0								
<b>16</b> Occupancy . 69,185 69,185								
<b>17</b> Travel								
18 Payments of travel or entertainment expenses								
for any federal, state, or local public officials 0								
19 Conferences, conventions, and meetings 0								
20 Interest								
Payments to affiliates 0	0.71							
Depreciation, depletion, and amortization 39,641 36,967	2,674 0							
23 Insurance	1,070							
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If								
line 24e amount exceeds 10% of line 25, column								
(A) amount, list line 24e expenses on Schedule O )								
a curriculum/professional development 10,863 10,863	*							
20 500 20 500								
004	<del></del>							
d supplies/educational expense 16,477 16,477	<del></del>							
e All other expenses dues/memberships 772	772							
	170,364 4,812							
26 Joint costs. Complete this line only if the	7,012							
organization reported in column (B) joint costs								
from a combined educational campaign and								
fundraising solicitation Check here								
following SOP 98-2 (ASC 958-720)								

03-0225740

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash--non-interest-bearing 16,254 21.599 2 Savings and temporary cash investments 995 2 16,164 3 Pledges and grants receivable, net . . 3 4 Accounts receivable, net 11,575 30.567 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10.022 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 1,661,030 **b** Less: accumulated depreciation 10b 352,981 1,263,123 1,308,049 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 ol 12 13 Investments—program-related See Part IV, line 11 0 13 0 14 Intangible assets. 2.694 14 20 15 Other assets See Part IV, line 11 . 2,494 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,304,663 16 1,398,069 17 Accounts payable and accrued expenses 17 39,112 49,959 18 Grants payable 18 19 Deferred revenue. 17,565 19 10,255 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. . . 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 508,609 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 25 Total liabilities. Add lines 17 through 25 565,286 Organizations that follow SFAS 117 (ASC 958), check here ► | X | and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 739,377 27 793,746 28 Temporarily restricted net assets 28 Net Assets or Fund Permanently restricted net assets . 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 31 Retained earnings, endowment, accumulated income, or other funds . . . 32 32 33 739,377 33 Total liabilities and net assets/fund balances 1,304,663 1.398.069

FOIIII:	se (2014) Schoolnouse Inc	03-022	5/40	Page	: 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [	٦
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,126,	<del></del> 475
2	Total expenses (must equal Part IX, column (A), line 25)	2		,072,	_
3	Revenue less expenses Subtract line 2 from line 1	3			369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	739,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		793,	<u>746</u>
Part	XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII	•		L	
	<u></u>			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		3.6		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		ů.		
	Separate basis Donsolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	o f			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. OI	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		
	Schedule O	1			100
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			و التصف	. 3
Ju	the Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<del>"</del>		<u>^</u>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		· ·	Form \$	190 (2	014
			, Oill 6	(2	.~ (-)

#### 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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of	the organization		,			Employer identification	n number			
	house Inc.		·, ·				25740			
Part I										
	ganization is not a private founda		•		•	•				
1	A church, convention of church			d in section	on 170(b)	(1)(A)(i).				
2	A school described in <b>section</b>	170(b)(1)(A)(ii). (A	ittach Schedule E)							
3	A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	'0(b)(1)(A	)(iii).				
4 _	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	A federal, state, or local gover	nment or governme	ental unit described in	section 1	170(b)(1)(	A)(v).				
7	An organization that normally redescribed in section 170(b)(1)			from a go	vernment	al unit or from the g	eneral public			
8	A community trust described in	section 170(b)(1	)(A)(vi). (Complete Pa	rt II )						
9	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt funct	ions—subject to certa ated business taxable	in excepti income (l	ons, and ess sectio	(2) no more than 33 on 511 tax) from bus	1/3% of its	iS		
10	An organization organized and					•				
11	An organization organized and	•	• •			, , , ,	out the purpos	es		
•••	of one or more publicly suppor Check the box in lines 11a thro	ted organizations of	described in section 5	i09(a)(1) d	or section	509(a)(2). See se	ction 509(a)(3	3).		
а	Type I. A supporting organithe supported organization organization. You must co	s) the power to reg	jularly appoint or elect							
b	Type II. A supporting organ control or management of the organization(s). You must	he supporting orga	nization vested in the							
С	Type III functionally integrates supported organization(s	rated. A supporting	organization operate				ntegrated with	,		
d	Type III non-functionally integ									
	requirement (see instruction									
е	Check this box if the organi					s a Type I, Type II,	Type III			
f	functionally integrated, or T Enter the number of supported	• •	ially integrated suppor	rung orga	nization					
g	Provide the following information	-	rted organization(s).	• •	• •					
(	i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount other support instructions	(see		
			(see instructions))		<del></del>	·		•		
				Yes	No					
(A)										
(B)										
(C)			-							
(D)							-			
(E)										
				<del> </del>		<del></del>	<u> </u>			
Total						٥		(		

Schedule A (Form 990 or 990-EZ) 2014 Schoolhouse Inc

instructions

Pa	(Complete only if you check Part III. If the organization for	ed the box on li	ne 5, 7, or 8 of	Part I or if the o	rganization fail	ed to qualify und	ler
Sec	tion A. Public Support						
	· · · _ · · _ · · _ · · _ · · _ · · _ · · _ · · _ · · _ · · _ · · · _ · · _ ·	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization)				3.5	. <del></del>	
	included on line 1 that exceeds 2%						
	of the amount shown on line 11, column (f)	<u>-</u>					
6	Public support. Subtract line 5 from line 4						0
	tion B. Total Support	.1	T				(D.T.)
Cale	,	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						O
9	Net income from unrelated business activities, whether or not the business is regularly carried on						C
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						C
11	Total support. Add lines 7 through 10						C
	Gross receipts from related activities, etc					12	
	First five years. If the Form 990 is for the organization, check this box and stop her	e		th, or fifth tax year	as a section 501(c)	(3)	
	ction C. Computation of Public S			(6)		14	0.00%
	Public support percentage for 2014 (line 6 Public support percentage from 2013 Scho			(1))		15	0.00%
	33 1/3% support test—2014. If the organ and stop here. The organization qualifies	zation did not checl	k the box on line 13	3, and line 14 is 33	1/3% or more, che		
t	33 1/3% support test—2013. If the organ box and stop here. The organization qual				is 33 1/3% or more	e, check this	▶□
	1 10%-facts-and-circumstances test—201 is 10% or more, and if the organization me Part VI how the organization meets the "fact organization"	eets the "facts-and-o acts-and-circumstan	circumstances" test ces" test. The orga	t, check this box ar inization qualifies a	nd <b>stop here</b> . Explais as a publicly suppor	ain in ted	▶[
l	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Part VI how the organization meets the "fa supported organization.	meets the "facts-ar	nd-circumstances"	test, check this box	cand stop here. E	ine Explain in	▶□
18	Private foundation. If the organization di	d not check a box o	n line 13, 16a, 16b,	, 17a, or 17b, chec	k this box and see		_

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	n the eigenneader tene te qui	<del></del>	<del>0010 1101<u>00 2010</u></del>	m, prodec com	5.5.6 · a /		
	tion A. Public Support	·					
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")	<b></b>					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						C
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						C
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						C
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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					İ	
	amount on line 13 for the year						C
C	Add lines 7a and 7b .	0	0	0	0	0	(
8	Public support (Subtract line 7c from		المحادث الإيسا	i i i			
	line 6)	<u> </u>	-		ir i		
<u>Sec</u>	tion B. Total Support		-				
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						(
C	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business						
	activities not included in line 10b, whether	i i					
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI) .				ļ <u>-</u>		
13	Total support. (Add lines 9, 10c, 11,						
	and 12 ) .	0	0	0	<u> </u>	0	(
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	· —
	organization, check this box and stop here			•		·	.▶ _
Sec	ction C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2014 (line 8, c	column (f) divided b	y line 13, column	(f))		15	0.00%
16	Public support percentage from 2013 Sched	lule A, Part III, line	15			16	0.00%
Se	ction D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2014 (line	e 10c, column (f) di	ivided by line 13, c	olumn (f))	•	17	0.00%
18	Investment income percentage from 2013 S	chedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2014. If the organi	zation did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and		•		-		▶ 🛴
b	33 1/3% support tests—2013. If the organi						. —
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	r qualifies as a put	nlicty supported are	lanization	

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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.
- c 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
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B 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).
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **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**.
- c Did a disqualified person (as defined in line 9(a)) 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**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **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)

Part	IV Supporting Organizations (continued)	, rage o
rait	Supporting Organizations (continued)	Yes No
11	. Has the organization accepted a gift or contribution from any of the following persons?	Tes No
'' a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
a	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
C	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
	ion B. Type I Supporting Organizations	11101
	on b. Typo I capporting organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	100 110
•	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities of 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	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 carned out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization	2
Secti	ion 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	ion 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	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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	A
	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   _
Sect	ion 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 in	nstructions ):
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 (s	see instructions).
		Yes No
2	Activities Test. Answer (a) and (b) below.	Tes 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	2a
	that these activities constituted substantially all of its activities	Zd
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	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	25
_	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	30
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng t	rust on Nov 20, 1970 See	instructions. All
other Type III non-functionally integrated supporting organizations must co	omp	lete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		7 -	
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		<u>-</u>
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		Established Annie Grand Communication	ay ay
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	o	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	l ol	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	o	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	<b>'</b>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
emergency temporary reduction (see instructions)	6		n
7 Check here if the current year is the organization's first as a non-functional	<u> </u>	integrated Type III supporti	ng organization (see
Instructions)	,	0	. 5 - 5

ol

any Subtract lines 3g and 4a from line 2 (if amount

Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2015. Add lines 3j

greater than zero, see instructions)

and 4c

8 a b Breakdown of line 7:

d Excess from 2013 e Excess from 2014.

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service Name of the organization

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

Schoo	olhouse Inc		03-0225740
Part		or Advised Funds or Other Similar Fi	
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6.	<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<del> </del>
5	Did the organization inform all donors and d		
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor		
	used only for charitable purposes and not for		
	purpose conferring impermissible private be	nent,	Yes No
Part		1104 114 E 000 B 114 II 7	
		ered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e g , recr		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas	sements	. <b>2b</b>
C	Number of conservation easements on a ce	rtified historic structure included in (a).	2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06, and not on a	a
	historic structure listed in the National Regis		2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization
	during the tax year ▶		
4	Number of states where property subject to		
5	Does the organization have a written policy		
	violations, and enforcement of the conserva		L Yes No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	n easements during the year
_			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
_	<b>&gt;</b> \$	0(d)	a of coefficient
8	Does each conservation easement reported		
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization re		
9	<del>_</del>	·	
	balance sheet, and include, if applicable, the organization's accounting for conservati		inancial statements that describes
Pari	Organizations Maintaining Colle	ections of Art, Historical Treasures, (	or Other Similar Assets
ı aı		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other su	· · · · · · · · · · · · · · · · · · ·	
	of public service, provide, in Part XIII, the te		
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other si		cation, or research in turtherance
	of public service, provide the following amou		<b>.</b> *
	(i) Revenue included in Form 990, Part VIII	, iine i	
_	(ii) Assets included in Form 990, Part X .		
2	If the organization received or held works of		= :
	following amounts required to be reported u	inder SHAS 116 (ASC 958) relating to thes	e items:
a	Revenue included in Form 990, Part VIII, lin Assets included in Form 990, Part X	ie i	<b>5</b>
b	Assets included in Form 990, Part X	<u>a jarana araban menganakan kerangan</u>	▶ ⊅

										_
	ule D (Form 990) 2014 Schoolhouse Inc			inal Tana		415 5 21	03-022			Page 2
Part									nuea)	
3.	Using the organization's acquisition, accessuse of its collection items (check all that ap		records	, check a	ny or the lollo	wing	mat are a signific	anı		
а	Public exhibition	ppiy).	d $\square$	Loan	or exchange p	orogra	ıms			
b	Scholarly research		. H	Other	on one manage p	J. 0 g. 0				
-	=		•	Other						
C	Preservation for future generations	aallaatiana ana	l ovalaja	hour thou	further the er	.aoni=	ation's avamet n		i.	
4	Provide a description of the organization's Part XIII							urpose	111	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							<u></u>	res	] No
Part	Complete if the organization answ 990, Part X, line 21.		o Form 9	990, Part	t IV, line 9, o	or rep	orted an amoui	nt on F	orm	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other in		ary for co		other	assets not		res	] No
b	If "Yes," explain the arrangement in Part X	III and complet				•		Ш		]
-	Too, explain the arrangement in a arrangement	and complet	.0 (110 1011	ownig tas				Amoun	t	
С	Beginning balance					1	С			0
d	Additions during the year					_1	d			
е	Distributions during the year					1				
f	Ending balance		•			1	f			0
2a	Did the organization include an amount on	Form 990, Pa	rt X, line	21, for es	crow or custo	odial a	ccount liability?	`∐'	∕es <u>X</u>	No
b	If "Yes," explain the arrangement in Part X	III. Check here	if the ex	planation	has been pro	vided	in Part XIII			
Part	V Endowment Funds.									
	Complete if the organization ansi	wered "Yes" to	o Form !	990, Par	IV, line 10					
	the state of the s	) Current year	(b) Pro		(c) Two years		(d) Three years bac	k (e)	Four year	s back
1a	Beginning of year balance	0		0		0				
b	Contributions		<del></del>					_		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities		<del></del>					-		
•	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the c	urrent year end	l balance	(line 1g,	column (a)) h	neld a	s:			
а	Board designated or quasi-endowment	<b>•</b>	%							
b	Permanent endowment	<u></u> %								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the pos	session of the	organiza	tion that a	ire neid and a	aamın	isterea for the		Yes	No
	organization by							3a(i		NO
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(i	~	<del> </del>
b	If "Yes" to 3a(II), are the related organizations.							3b		<del> </del>
4	Describe in Part XIII the intended uses of									
<del></del> Part			o crido	uit iui						-
	Complete if the organization ans		o Form	990, Par	t IV, line 11a	a. See	e Form 990, Pa	rt X, lir	ne 10.	
	Description of property	(a) Cost or oth			ost or other		) Accumulated		Book val	ue
		(investmi			is (other)		depreciation			
1a	Land		0		465,672					65,672
b	Buildings		0		1,101,243		324,246		7	76,997
C	Leasehold improvements		0		0		_0			0
d	Equipment		0		92,715		28,444		-	64,271

Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

1,109

1,308,049

291

1,400

Part VII	Investments—Other Securitie		0.0.4045441.05	000 5 4 7 11 40
	Complete if the organization an			
	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
	lerivatives	0		
	Id equity interests	0		<del></del>
(č)	• • • • • • • • • • • • • • • • • • • •			
<del>(E)</del>				
(E)				
(G)				
(H)	and and Farm 000 Rad V and (R) has 400			
Part VIII	Investments—Program Relat	<u> </u>		
rait viii	Complete if the organization an		0 Part IV line 11e See Form	000 Part V line 13
<del></del>			(c) Method of va	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)				
(2)				
(3)		-		
(4)				
_(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	nust equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.		0 Bart IV Iva - 44 d Oa - Franc	- 000 David V. Kara 45
	Complete if the organization an		u, Part IV, line 11d See Forn	
- (4)		a) Description		(b) Book value
<u>(1)</u>				
(2)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X,	col (B) line 15)	<u> </u>	(
Part X	Other Liabilities.			
	Complete if the organization ar	nswered "Yes" to Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
	line 25.			
<u>1.</u>	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes	0	2	
_ (2)			_	
(3)			-	
(4)	<u> </u>	<del></del> -	-	
(5)			-	
(6)				
(8)			-	
(9)	ust equal Form 990, Part X, col (B) line 25)	0		
	uncertain tax positions In Part XIII, provi	<del>_</del>		e that reports the
•	liability for uncertain tax positions under		<del>-</del>	

<u> </u>		Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" to Form 990, Par		•		
4	Total ra	venue, gains, and other support per audited financial statements			11	
1		is included on line 1 but not on Form 990, Part VIII, line 12:				
2			1 20		:	
a		ealized gains (losses) on investments	2a 2b	<del>-</del>	-	
b		d services and use of facilities	-			
C		ries of prior year grants	2c 2d		-	
d		Describe in Part XIII)			- 20	•
е		es 2a through 2d			2e	0
3		t line 2e from line 1	i ·	 I	3	0
4		s included on Form 990, Part VIII, line 12, but not on line 1	١.			
а		nent expenses not included on Form 990, Part VIII, line 7b	4a		<b>-                                     </b>	
b	•	Describe in Part XIII)	4b			
С		es 4a and 4b			4c	0
5		venue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12				0
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme			er Return.	
		Complete if the organization answered "Yes" to Form 990, Pa			T	
1		penses and losses per audited financial statements			1	
2		ts included on line 1 but not on Form 990, Part IX, line 25		ı		
а		d services and use of facilities	2a			
þ	•	ear adjustments	2b			
C	Other Id	osses	2c			
d	Other (	Describe in Part XIII.)	2d			
е	Add line	es 2a through 2d			2e	0
3	Subtrac	ct line 2e from line 1			3	0
4	Amoun	ts included on Form 990, Part IX, line 25, but not on line 1 <sup>-</sup>				
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b.	4a			
b	Other (	Describe in Part XIII.)	4b	<u> </u>		
С	Add line	es <b>4a</b> and <b>4b</b>			4c	0
5	Total e	openses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8).		5	0
Par	t XIII	Supplemental Information.				
		escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4				, , , , , , , , , , , , , , , , , , , ,
		es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
<b></b> -						
• • • • • • • • • • • • • • • • • • •						
• • • • •						
••••						

#### **SCHEDULE E** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ. Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization Schoolhouse Inc.

**Employer Identification number** 03-0225740

Par	t1			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II	3		X
	Schoolhouse's racial discrimination policy was present in much but not all of its marketing material.		Losif Constant	
	Does the assessment of the following O			
4	Does the organization maintain the following?	الشناء الم		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	<u>X</u>	<del> </del>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
		·		
		1,0		
5	Does the organization discriminate by race in any way with respect to:	上門機		
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d	<u> </u>	X
е	Educational policies?	5e	_	Х
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
		, ",		1
		F , 5%	10.1	
	•••••••••••••••••••••••••••••••••••••••	قىلىد د ئۇچىدا -		
		4		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	ो ∉ेंडडो X	A Control of
oa b	Has the organization's right to such aid ever been revoked or suspended?	6b	<del>  ^</del>	X
D	If you answered "Yes" to either line 6a or line 6b, explain on Part II.	9D	1- A. 40	
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through		#. <b>4</b>	April 1
7	4 05 of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	الأفعندة!

Schedule E (	(Form 990 or 990-EZ) (2014)	Schoolhouse Inc.		03-0225740	Page <b>2</b>
Part II	Supplemental Information applicable Also provides	mation. Provide the expide any other additional	lanations required by Part I, lines information (see instructions).	3, 4d, 5h, 6b, and 7, as	
ine 6a G	overnment assistance wa	s received for preschool tu	uition as well as assistance for		
afterschoo	ol and summer camp Als	o a state grant was receiv	ed for excellence.		
			•••••		
			•		. <b></b>
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

Employer identification number Name of the organization 03-0225740 Schoolhouse Inc Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Solicitation of non-government grants а Mail solicitations е Internet and email solicitations f Solicitation of government grants b Special fundraising events c Phone solicitations g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vI) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) fundraiser listed in from activity or entity (fundraiser) organization contributions? col (i) No Yes 0 0 2 0 3 0 0 0 0 5 0 0 0 0 0 0 0 8 0 0 0 0 0 10 0 0 0 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

	•	events with gross rece	iunuraising event contr ints greater than \$5.00	_	Joine on Form 990-EZ	, illies i aliu ob. List
_		events with gross rece	(a) Event #1	(b) Event #2	(c) Other events	(d) Total avents
			brunch bag sales	(-/ - · · · · · · · · · · · · · · · · · ·	NONE	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
e						
Revenue	1	Gross receipts .	36,647		0	36,647
Re		Lana Cambubutana				•
	3	Less Contributions Gross income (line 1	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	0	0
	٦	minus line 2)	36,647		o	36,647
		minde in to 27	00,047		<u></u>	
	4	Cash prizes .			<u> </u>	0
	5	Noncash prizes		<del></del>	0	0
Direct Expenses	6	Rent/facility costs .			0	0
≭ Exp	7	Food and beverages			0	0
Direc	8	Entertainment			0	0
	9	Other direct expenses	13,129		о	13,129
	10	Direct expense summary Ad	d lines 4 through Q in col	umn (d)		( 13,129)
	11		<b>-</b>	` '		23,518
Pa	irt I		he organization answe	red "Yes" to Form 990	0. Part IV line 19 or re	
		than \$15,000 on Form			o, , a ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Š						
<u>~</u>	1	Gross revenue		<del> </del>		0
'n	١,	Cook asses				0
Se	2	Cash prizes				0
Direct Expenses	3	Noncash prizes	-			0
)irect	4	Rent/facility costs .				0
	5	Other direct expenses .				0
_			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
		Totalitooriadoli			L	
	7	Direct expense summary Ad	d lines 2 through 5 in col	umn (d)	•	( 0)
	8	Net gaming income summary	Subtract line 7 from line	e 1, column (d)		0
_		<u> </u>				
9	) E	Enter the state(s) in which the or	rganization conducts gar	ning activities:		
		s the organization licensed to co	onduct gaming activities	in each of these states?	?	. Yes No
	b i	f "No," explain	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
		At			1 1 1 11 11 1	——————————————————————————————————————
10		Were any of the organization's g				
	b I	f "Yes," explain.				
	-	••••••		• • • • • • • • • • • • • • • • • • • •		••

cneg	ule G (Form 990 or 990-EZ) 2014 Schoolhouse Inc.	03-	<u>022</u>	<u>5740</u>	11	Page 3
11	Does, the organization conduct gaming activities with nonmembers?			Yes		No
12 ·	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	. [		Yes		No
13	Indicate the percentage of gaming activity conducted in:					
а		13a				<u>%</u>
b	An outside facility	13b			_	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.					
	Name ▶					
	Address ▶					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. [	$\neg$	Yes		No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0	•				
С	If "Yes," enter name and address of the third party.					
	Name ►					
16	Gaming manager information:					
	Nama 🕨					
	Name ▶					
	Gaming manager compensation   \$0					
	Description of services provided •					
	Director/officer Employee Independent contractor					
17 a b	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations	[		Yes		No
	or spent in the organization's own exempt activities during the tax year 🕨 💲					0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in (see instructions).				ind	
	•••••••••••••••••••••••••••••••••••••••					
	•••••			• • • • •		

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

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(8) (9) (10) ► Attach to Form 990 or Form 990-EZ.

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

Name of	the organization							Empi	oyer id	entifica	tion nu	ımber		
School	lhouse Inc							03-02	22574	0				
Part		it Transactions organization a	s (section 501 inswered "Yes	(c)(3) " on F	, section ( orm 990,	501(c)(4), a Part IV, lir	and 50 ne 25a	01(c)(29) organi a or 25b, or Forr	zation n 990	s only -EZ, F	'). 'art V	, line 4	 40b.	
4	(a) Mana of diameter		(b) Relationship b	etween	disqualified	person and		(1) (2)					(d) Con	rected?
1	(a) Name of disqualific	ea person		organiz	zation		<u> </u>	(c) Descriptio	otion of transaction				Yes	No
(1)														
(2)				_										
(3)	· · · · · · · · · · · · · · · · · · ·		<u></u>											
(4)							<u> </u>							
(5)				<del></del>									L	
(6)	<u> </u>						<u> </u>	<del></del>					L	
	Enter the amount of	-	_		•	•	•	•	•					
	under section 4958										<b>▶</b> \$			
3	Enter the amount of	tax, it any, on i	ine 2, above,	reimb	ursed by	the organiz	zation				<b>&gt;</b> \$			
Part	Loans to and/	or From Intere	sted Persons				_		_					
	Complete if the	organization a	inswered "Yes	on F	orm 990-	EZ, Part V	, line :	38a or Form 996	0, Par	t IV, li	ne 26	; or if	the	
	organization re	ported an amo	unt on Form 9	90, P	art X, line	5, 6, or 22				•		•		
(a) Na	ime of interested person	(b) Relationship	(c) Purpose	(d)	Loan to or	(e) Origii	nal	(f) Balance due	ue (g) In default? (h) Approved (i) V			(i) W	ntten	
(-,		with organization	of loan	fr	rom the	principal an		(1) Dalamos aus	13,		by bo	ard or	agree	
				orga	anization?	ļ					comm	nittee?		
	<del></del>		<u> </u>	То	From				Yes	No	Yes	No	Yes	No
(1)											<u> </u>	<u> </u>		
(2)		ļ <u> </u>		<u> </u>					_			Ь—	ļ	
(3)									1	ļ	<u> </u>	<u> </u>	ļ	
(4)				<del>                                     </del>					-	-	├	<del>                                     </del>	<b>├</b>	
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<u>(6)</u>		ļ		-					┼	-	├──	├─	├	
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(8)				<del> </del>					<del> </del>	1	├─	├──	$\vdash$	
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Total .		L	<u> </u>	<u> </u>			▶ \$		<u> </u>	ikni yi en i		L., L. H. H.		
Part I		istance Benef				<u> </u>	Ψ		<u> </u>		120		.Charamera	Ham Make
		e organization a				, Part IV, lıı	ne 27.							
(a)	Name of interested person	(b) Relations	ship between inter	ested	(c) Amount	of assistance		(d) Type of assistant	e e	(6	Purpo	ose of a	ssistan	ce
	<u></u> _		ind the organization											
(1) N	atanya H <u>elak</u>	board men	nber			12200	schol	arship		tuitio	n ass	istanc	e for o	depe
(2)														
(3)				]						<u> </u>				
(4)										ļ				
(5)	<del> </del>									<u> </u>				
(6)							ļ	<del></del>		<u> </u>				
(7)							L			<u> </u>				

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L	(Form 990 or 990-EZ) 2014	Schoolhous	se Inc.		03-02257	'40 ı	Page 2
Part IV	Business Transaction	ns Involvin	g Interested Persons.	Dark N./ Bara 00 a 0	01 00-		
•	Complete if the organization  (a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
						Yes	No
(1)							
(2)							
(3)						<u> </u>	<u> </u>
(4)	<del></del>						<del> </del>
(5) (6)		-				<del></del>	├
(7)	··· =·			<del></del>			<del>                                     </del>
(8)							
_(9)							<u> </u>
(10)							<u>!</u>
Part V	Supplemental Informa Provide additional infor	ation mation for i	responses to questions o	n Schedule I. (see i	netructions)		
	T TOTAL AGAINSTAL WHO	11101110111011	respondes to questions t	on concadic E (see i	natidottoria).		
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#### · SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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

Employer identification number

Schoolhouse Inc.	03-0225740
Form 990, Part III, Line 2: Schoolhouse is now certified to 8th grade.	
Form 990, Part VI, Section Section B, Line 11b. Board receives copy of return for review prior	
to filing	·····
Form 990, Part VI, Section Section B, Line 12c The board regularly monitors and discusses an	у
conflict of interest	
Form 990, Part VI, Section Section B, Line 15a/b. The board regularly monitors its payscale in	
relation to similar organizations	
Form 990, Part VI, Section Section C, Line 19: Governing documents, conflict of interest	
policy, and financial statements are available upon reguest.	••••••
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