

D P PLAISTED AND ASSOCIATES
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November 01, 2011

ARMSTRONG SCHOOL DISTRICT FOUNDATION
410 MAIN STREET
Ford City, PA 16226-1613

ARMSTRONG SCHOOL DISTRICT FOUNDATION:

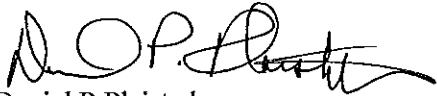
Enclosed is the 2010 federal return for a tax-exempt organization, prepared for ARMSTRONG SCHOOL DISTRICT FOUNDATION from the information provided. The original should be signed and dated, and mailed on or before November 15, 2011, to the following address:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0027

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (724)287-4479.

Sincerely,



Daniel P Plaisted
D P PLAISTED AND ASSOCIATES

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **07-01**, 2010, and ending **06-30**, 2011

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization ARMSTRONG SCHOOL DISTRICT FOUNDATION	
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
410 MAIN STREET	
City or town, state or country, and ZIP + 4	
Ford City, PA 16226-1613	

D Employer identification number 25-1863644
E Telephone number
F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **53,451**

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
R R e v e n u e	1 Contributions, gifts, grants, and similar amounts received	1	39,987
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	330
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,134
c Less: direct expenses from gaming and fundraising events	6c	7,514	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,620	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	45,937	
E x p e n s e s	10 Grants and similar amounts paid (list in Schedule O)	10	16,250
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	215
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	15,304
	17 Total expenses. Add lines 10 through 16 ▶	17	31,769
A s s e t s	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,168
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	38,570
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	52,738

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	37,141	55,185
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	2,754	700
25 Total assets	39,895	55,885
26 Total liabilities (describe in Schedule O)	1,325	3,147
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,570	52,738

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SUPPORT PROGRAMS THAT BENEFIT STUDENTS**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 DISTRIBUTED GRANTS FOR TEACHERS		
(Grants \$ 16,250) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 PURCHASED EQUIPMENT FOR STUDENTS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	10,134
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	10,134

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

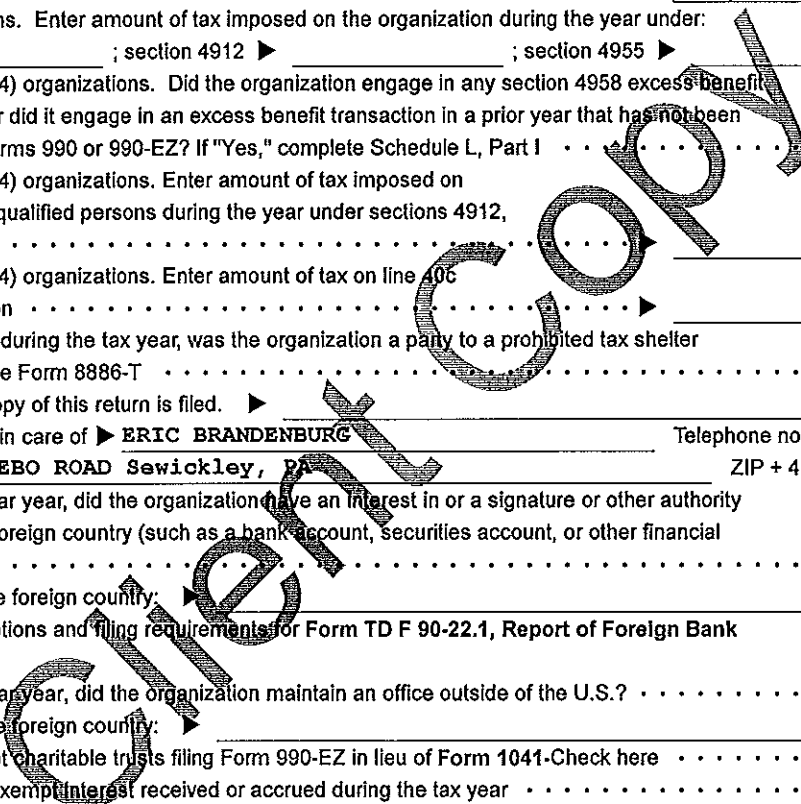
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
WILLIAM B HALL 249 MORGAN ROAD, Cowansville PA 16218	PRESIDENT	0	0	0
LISA LAMBERT 318 GAISER ROAD, Worthington PA 16262	VICE-PRESIDENT	0	0	0
ERIC BRANDENBURG 1306 MT. NEBO ROAD, Sewickley PA 15143	TREASURER	0	0	0
JONATHAN SZISH 224 SYLVAN DRIVE, New Kensington PA 15068	EXECUTIVE DIREC	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? ... 34 Were any significant changes made to the organizing or governing documents? ... 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a ... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ... 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ... 37b Did the organization file Form 1120-POL for this year? ... 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee ... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved ... 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 ... 39b Gross receipts, included on line 9, for public use of club facilities ... 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ... 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction ... 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons ... 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ... 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ... 41 List the states with which a copy of this return is filed. ... 42a The organization's books are in care of ERIC BRANDENBURG Telephone no. 724-763-5238 Located at 1306 MT. NEBO ROAD Sewickley, PA ZIP + 4 15143 42b 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 ... 42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? ... 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ... 44a Did the organization maintain any donor advised funds during the year? ... 44b Did the organization operate one or more hospital facilities during the year? ... 44c Did the organization receive any payments for indoor tanning services during the year? ... 44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? ...



		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ERIC BRANDENBURG, TREASURER		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/type preparer's name Daniel P Plaisted	Preparer's signature <i>D. P. Plaisted</i>	Date 11-01-2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00110843
	Firm's name D P PLAISTED AND ASSOCIATES			Firm's EN 25-1558050	
	Firm's address 525 NORTH MAIN STREET Butler PA 16001			Phone no. 724-287-4479	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

ARMSTRONG SCHOOL DISTRICT FOUNDATION
 REPORT OF GRANTS AND DONATIONS AWARDED
 2010-2011 FISCAL YEAR (2010 Filing)

ARMSTRONG SCHOOL DISTRICT GRANTS

410 Main Street, Ford City, PA. 16226

N.Sue Bowser		\$ 2,000.00
Karen Risinger		\$ 500.00
Vickie L. Walters		\$ 500.00
Leslie Vanderfrift		\$ 500.00
Leslie Vanderfrift		\$ 1,000.00
Erin Scahill		\$ 1,000.00
Cathie S. Reefer		\$ 1,000.00
Dawn Zellefrow		\$ 1,000.00
Melinda Rearic		\$ 1,000.00
Barb Carnahan		\$ 250.00
N.Sue Bowser		\$ 2,000.00
Barb Carnahan		\$ 2,000.00
John Olinger		\$ 1,000.00
Jamie Swingle		\$ 1,000.00
Trisha Dilick		\$ 1,000.00
SUB-TOTAL		<u>\$ 15,750.00</u>
Kaleb Bowser	Bruce & Candice Hall Scholarship	<u>\$ 500.00</u>
TOTAL		<u><u>\$ 16,250.00</u></u>

Public Charity Status and Public Support

2010

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
ARMSTRONG SCHOOL DISTRICT FOUNDATION

Employer identification number
25-1863644

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(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 government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 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 that describes the type of supporting organization and complete lines 11a through 11h.

- a Type I
- b Type II
- c Type III-Functionally integrated
- d Type III-Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <input type="checkbox"/>		X
(ii) A family member of a person described in (i) above? <input type="checkbox"/>		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/>		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or RC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ARMSTRONG SCHOOL DISTRICT FOUNDATION	25-1155031	SCHOOL	X		X		X		16,250
(B)									
(C)									
(D)									
(E)									
Total									16,250

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

ARMSTRONG SCHOOL DISTRICT FOUNDATION

25-1863644

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ARMSTRONG SCHOOL DISTRICT FOUNDATION	Employer identification number 25-1863644
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FARMERS AND MERCHANTS BANK 201 MARKET STREET Kittanning, PA 16201	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DORIS E GRAFTON 389 MILL HILL ROAD Ford City, PA 16226	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Client Copy

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

ARMSTRONG SCHOOL DISTRICT FOUNDATION

25-1863644

01. List of grants and similar amounts paid (Part I, line 10)

Activity GRANTS

Grantee SEE ATTACHED SCHEDULE

Amount 16,250

02. Description of other expenses (Part I, line 16)

Description Amount

INSURANCE POLICY 5,000

OFFICE EXPENSE 20

DONATION 150

STEM 4,351

FREY SCIENTIFIC 5,783

03. Description of other assets (Part II, line 24)

Category	Beginning	
	of Year	End of Year
ACCOUNTS RECEIVABLE	2,754	700

04. Description of total liabilities (Part II, line 26)

Category	Beginning	
	of Year	End of Year
ACCOUNTS PAYABLE	1,325	3,147