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### Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

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A		the 2013 calendar year, or tax year beginning $5/21$ , 2013, and ending $12/31$		, 2013
B		uf applicable is change	D Employer	identification number
H		change Alabama Coalition for		827127
X	i	Public Charter Schools	E Telephone	number
П	Termin		205-	577-8704
	Amend	Birmingham, AL 35203	F Group E	Exemption
	Applica	ation pending	Number	
G	Acco	unting Method ☐ Cash 💢 Accrual Other (specify) ► H Chec	1 1	e organization is <b>not</b>
I	Webs	diabamapabileendieelbenooib.org		n Schedule B (Form
J	Tax-ex	tempt status (check only one) —	990-EZ, or 9	990-PF)
ĸ	Form	of organization X Corporation Trust Association Other		
L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or is (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	r if total ►\$	55,000.
D		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	
11KC	i (U)	Check if the organization used Schedule O to respond to any question in this Part L	oti actions	X
	1	Contributions, gifts, grants, and similar amounts received	1	55,000.
	2	Program service revenue including government fees and contracts	2	35/5551
	3	Membership dues and assessments	3	
	4	Investment income	4	
		Gross amount from sale of assets other than inventory 5a		
		Less: cost or other basis and sales expenses 5b		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c	
		Gaming and fundraising events		
R		Gross income from gaming (attach Schedule G if greater than \$15,000)   6a		
R E V E		Gross income from fundraising events (not including \$ of contributions		
N		from fundraising events reported on line 1) (attach Schedule G if the sum		
Ĕ		of such gross income and contributions exceeds \$15,000) 6 b		
	С	Less. direct expenses from gaming and fundraising events  6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	60	
	7.	Gross sales of inventory, less returns and allowances	1666	
		Less cost of goods sold		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	55,000.
	10	Grants and similar amounts paid (list in Schedule O)	10	33,000.
	11	Benefits paid to or for members	11	
Ε	12	Salaries, other compensation, and employee benefits	12	24,437.
EXPERSES		Professional fees and other payments to independent contractors	13	384.
E	14	Occupancy, rent, utilities, and maintenance	14	304.
S	15	Printing, publications, postage, and shipping	15	
Š	16	Other expenses (describe in Schedule O)  See Schedule O	16	250.
1	17	Total expenses. Add lines 10 through 16	► 1 <del>7</del>	25,071.
_ر	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	29,929.
Ę ě			1	25,525.
Ϋ́	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-cliqure reported on prior year's return).	of-year 19	0.
SCH NELL DES	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u> </u>
Ź	21	Net assets or fund balances at end of year Combine lines 18 through 20	<b>▶</b> 21	29,929.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	1 = -	Form <b>990-EZ</b> (2013)
$\mathcal{S}$		•		×101 -

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[[Kai	Check if the organization used Sche	edule O to respond to any gu	estion in this Part II				[X]
	· · · · · · · · · · · · · · · · · · ·			(A) Beginning of	yea	r _	(B) End of year
22	Cash, savings, and investments					22	13,541.
23	Land and buildings	Coo Cahadul				23	
24	Other assets (describe in Schedule O)	See Schedule	<b>*</b> 0			24	16,388.
25	Total assets		<u> </u>		0.	25	29,929.
26	Total liabilities (describe in Schedule O)				0.	26	0.
27	Net assets or fund balances (line 27 of c			<del></del> .	ᄋ.	27	29,929.
Par	Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst	ructions for Part III)	ш	$ \mathbf{X} $	(Rea	Expenses uired for section 501
What	is the organization's primary exempt purpose? See		question in this r art		닉.	(c)(3)	) and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest prog	ram services, as			nizations and section (a)(1) trusts, optional
mea	cribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service	ces provided, the nu	mber of persons		for ot	thers)
28	See Schedule 0	adir program atto.			$\dashv$		
	pee poliedate o				-1		
					-1		
	(Grants \$ ) If the	is amount includes foreign gi	rants, check here		П	28 a	7,331.
29				***			
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		Щ	29 a	
30					_		
					-1		
	70				-	20.0	
24	•	is amount includes foreign g	rants, check here		Щ,	30 a	,
31	Other program services (describe in Sch (Grants \$ ) If th	iedule O) is amount includes foreign g	rants check here	•	$\Box$	31 a	
32	Total program service expenses (add lin		Tarits, Cricci ficia		┡	32	7,331.
	List of Officers, Directors,		Joves (list each one	even if not compensated	— SP		
ina i	Check if the organization used Sc				30		
	Onotic II and organization adds 3	(b) Average hours per	(c) Reportable compensa	(d) Health be	nefits		
	(a) Name and Title	week devoted to	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and	d defe		(e) Estimated amount of other compensation
		position	(II flot paid, effer -0-)	compensat	ion		
	<u> Michael Carpenter                                   </u>					_	•
	cretary	3		0.		0.	0.
	<u>in Beshear</u>	2		_		_	0
	rector	3		0.		0.	0.
	col W. Butler	3		o.		0.	0.
	cector nn R. Hillard	<u></u>		<u>.                                    </u>		٠.	<u> </u>
	ector	3		o.		0.	0.
	seph B. Morton						
	ector	. 3		0.		0.	0.
	lly P. Schultz						
Exe	ecutive Dir.	40	21,25	0. 1	, 5	61.	0.
	son_Isbell	_		_		_	_
<u>Di</u>	rector	3		0.		0.	0.
				1			
				·			
RΔΔ		TEEA0812L 1	1/27/13				Form <b>990-FZ</b> (2013)

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	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	34		
35.2	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) I Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		X
950	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
C	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant	330		
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a  0.	ļ		
	Did the organization file Form 1120-POL for this year?	37 b		X
<b>38</b> 2	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	<del> </del>		
39	amount involved Section 501(c)(7) organizations Enter:	-		
	Initiation fees and capital contributions included on line 9			į
	Gross receipts, included on line 9, for public use of club facilities  N/A	[ .		
<b>40</b> a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	]		
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		<u> </u>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
_	managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed			
C	by the organization by the organization by the property of the			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40-		
<b>/</b> 11	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		
-	List the states with which a copy of this return is filed None			
<b>42</b> a	The organization's books are in care of Emily Schultz  Located at 209 20th Street North, Box #128 Birmingham AL  ZIP + 4 35203  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 account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	77-8 42b	704_ Yes	No X
<b>42</b> a	Telephone no 205-5: Located at 209 20th Street North, Box #128 Birmingham AL ZIP+4 35203  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 account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b		X X N/A
42 a	Telephone no 205-5: Located at 209 20th Street North, Box #128 Birmingham AL ZIP + 4 35203  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 account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country:  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  In Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	42 b		X X N/A N/A
42 a	Telephone no 205-5 books are in care of Emily Schultz Located at 209 20th Street North, Box #128 Birmingham AL  ZIP+4 35203 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 account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country:  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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b	Yes	X X N/A N/A
42 a	Telephone no 205–55 Located at 209 20th Street North, Box #128 Birmingham AL ZIP+4 355203 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 account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling 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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b 42 c 44 a 44 b	Yes	X  N/A  N/A  No  X
42 a b c c c c c c c c c c c c c c c c c c	Telephone no 205-5 Located at 209 20th Street North, Box #128 Birmingham AL ZIP + 4 335203 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 account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country:>  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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	42b 42c	Yes	X  N/A  N/A  No  X
42 a b c c c c c c c c c c c c c c c c c c	Telephone no 205–55 Located at 209 20th Street North, Box #128 Birmingham AL ZIP+4 355203 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 account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling 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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b 42 c 44 a 44 b	Yes	X  N/A  N/A  No  X
42 a b c c c c c c c c c c c c c c c c c c	Telephone no 205-5: Located at 209 20th Street North, Box #128 Birmingham AL ZIP+4 335203  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 account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country:  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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes,' provide an explanation in Schedule O  Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	42 b 42 c 44 a 44 b 44 c	Yes	X  N/A  N/A  No  X
42 a b c c c c c c c c c c c c c c c c c c	In the organization's books are in care of Finally Schultz  Located at P 209 20th Street North, Box #128 Birmingham AL ZIP +4 P 335203  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 account)?  If 'Yes,' enter the name of the foreign country: P  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country: P  Section 4947(a)(1) nonexempt charitable trusts filling 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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'No,' provide an explanation in Schedule O	42 b 42 c 44 a 44 b 44 c 44 d	Yes Yes	X  N/A  N/A  No  X

46-3827127

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Yes No

46	Did th	ne organization engage, directly or indire dates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	ign activities on behalf o	of or in opposition to	46		X
Par	° [V§	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only ons must answer q	uestions 47-49b and	d 52, and complete	the tabl	es	
		Check if the organization used Schedul	e O to respond to any	question in this Part VI				
	5				Was 1		Yes	No
47		e organization engage in lobbying activities lete Schedule C, Part II	or have a section 501(h)	) election in effect during t	the tax year? If Yes,	47		Х
48	•	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48	1	X
		ne organization make any transfers to an				49 8	1	X
		s,' was the related organization a section	<del>-</del>			49 t	>	
50	Complo emplo	lete this table for the organization's five high yees) who each received more than \$100,0	nest compensated emplo 00 of compensation from	oyees (other than officers, on the organization of there	directors, trustees and ki is none, enter 'None '	ey		
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat other cor		
Non	e							
	Comp	number of other employees paid over \$1 lete this table for the organization's five high ensation from the organization. If there is	nest compensated independent	endent contractors who ea	ach received more than \$	100,000 of		
		(a) Name and business address of each independent c		<b>(b)</b> Type	of service	(c) Con	pensatio	'n
<u>Non</u>	<u>e</u>							
								-
- Н	Total	number of other independent contractors	s each receiving over \$	\$100,000	<b>•</b>	L		
	Did th	ne organization complete Schedule A? Na able trusts must attach a completed Sch	ote. All section 501(c)(		47(a)(1) nonexempt	► X Ye	s [	No
Under	penalties	s of perjury, I declare that I have examined this return nd complete. Declaration of preparer (other than office	ncluding accompanying scheer is based on all information	edules and statements, and to the of which preparer has any know	e best of my knowledge and be ledge	elief, it is		
	o,, oo,, o	No.	Tun n na	$\cap$	11/12/	14		
Sigr	י ר	Signature of officer	11:11:110	21.0. +	Date	<del> - </del>		
Here		J. Michael Carpenter  Type or print name and title	s, manual (	yku ~	Director			
		Print/Type preparer's name	Preparer's granature	TO CPA Date	c Chook   Life	TIN		
Paid		William M Peters, Jr, CPA	William M Peters,		self-employed p	01328300		
Prep	arer	Firm's name ► <u>WM Peters Company</u> ,						_
Use (		Firm's address ► 2900 6th Avenue Sou	th		Firm's EIN	46-29893	367	
		Birmingham, AL 3523			Phone no (205	5) 547-07		
May	the IR	S discuss this return with the preparer sl	nown above? See instr	ructions		► X Ye	s	No
						Form 9	90-EZ	(2013)

£ 10 )

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

**Public Charity Status and Public Support** 

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Alabama Coalition for Public Charter Schools Employer identification number

46-3827127

<u>Part</u>				(All organizations					See II	ISTructi	ons.		
The o	rgai			e it is (For lines 1 thro									
1		•		ciation of churches desc		section	1 <b>70(</b> b)(	(1)(A)(i).					
2				(ii). (Attach Schedule E									
3		•	•	e organization describe									
4	П	A medical research of	organization operated	in conjunction with a h	ospital o	describe	d ın <b>sec</b>	tion 170	0(b)(1)(A	<b>()(iii)</b> En	ter the hos	spital's	1
	_	name, city, and state											
5		170(b)(1)(A)(iv). (Co	mplete Part II )	college or university own					unit des	scribed in	section		
6				overnmental unit descri									
7	X	An organization that n in section 170(b)(1)(a)	ormally receives a subs <b>A)(vi).</b> (Complete Par	stantial part of its support t II)	t from a	governm	ental uni	t or from	the ger	eral publ	ic described	i	
8		A community trust de	escribed in <b>section 17</b>	'0(b)(1)(A)(vi). (Complet	te Part I	F)							
9		from activities related investment income a June 30, 1975 See s	to its exempt functions and unrelated business section 509(a)(2). (Co		eptions, a section	and (2) r 511 tax)	o more t from bu	han 33- usinesse	1/3% of es acqui	its suppor	t trom aros	S	fter
10	Ш			xclusively to test for pu									
11		An organization organ more publicly support describes the type of	ized and operated excli rted organizations des f supporting organizat	usively for the benefit of, scribed in section 509(a ion and complete lines	to perfor )(1) or s 11e thre	m the fu section 5 ough 11	nctions o 509(a)(2) h	See s	ection !	509(a)(3).	. Check the	e box 1	
		a ∏Type I b	Type II c	Type III — Function	nally inte	egrated	•	∄ ∐ 1	Type III	– Non-fu	inctionally	ıntegr	ated
е		other than foundation section 509(a)(2)	managers and other tha	anization is not controll an one or more publicly s	upported	l organiz	ations de	escribed	in section	on 509(a)	(1) or	ns	
f		If the organization received this box	eived a written determin	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting c	rganizatio	on,		
g				on accepted any gift of									
•		_										Yes	No
		(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or opported organization?	togethe	with pe	ersons d	escribe	d ın (ıı)	and (III)	11 g (i)		
		(ii) A family memb	er of a person descril	oed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		• •	-	e supported organization							,		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) I organiz column (i your go	s the sation in ) listed in overning ment?	(v) Did yo the organi column (i supp	zation in ) of your	organiz colur	s the ation in nn (i) ed in the S ?	(vii) Amoun sup	t of mon port	etary
					Yes	No	Yes	No	Yes	No			
				-									
(A)					ļ								
(B)										1			
. ,					1								
(C)													
(D)													
,													
(E)												<del> </del>	
Total													
BAA	For	Paperwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.		S	chedule	A (Form	990 or 990	EZ) 20	013

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

Schedule A (Form 990 or 990-EZ) 2013 Alabama Coalition for

Part II Support Schedule for Org	nizations Described in Sections	170(b)(1)(	A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support				·		
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					55,000.	55,000.
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.						0.
4	Total. Add lines 1 through 3	0.	0.	0.	0.	55,000.	55,000.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	:					23,900.
6	<b>Public support.</b> Subtract line 5 from line 4						31,100.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	55,000.	55,000.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			,			0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10			-			55,000.
12	Gross receipts from related activ	ities, etc (see ins	tructions)	•		12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth to	ax year as a section	n 501(c)(3)	► <u>X</u>
	tion C. Computation of Pu					<u></u>	
	Public support percentage for 20			e 11, column (f))		14	<u>%</u> %
	Public support percentage from					15	
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, c	heck this box
t	33-1/3% support test — 2012. If the and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	<b>e.</b> Explain in Part∃	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this ition qualifies as a	box and <b>stop her</b> a publicly supporte	e. Explain in Part l ed organization	IV how the ▶ □
18	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check the	s box and see inst	ructions
BAA		•			Sch	edule A (Form 990	or 990-EZ) 2013

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)

Sec	tion A. Public Support					<u></u>	
	dar year (or fiscal yr beginning in)  Gifts, grants, contributions	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
·	and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
_	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	···				<del></del>	
Calend	dar year (or fiscal yr beginning in) 🟲 📗	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether 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 IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)					-	
	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f)	)	15	१
16	Public support percentage from 2	2012 Schedule A	, Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Inco	me Percentage	;			<del>_</del>
	Investment income percentage for				umn (f))	17	ક
	Investment income percentage fi					18	8
	<b>33-1/3% support tests</b> $-$ <b>2013.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	▶ []
	<b>33-1/3% support tests</b> $-$ <b>2012.</b> If line 18 is not more than 33-1/3%	, check this box	and <b>stop here.</b> Th	e organization q	ualifies as a public	ly supported orgar	3-1/3%, and ►
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b,	check this box and	see instructions	▶ []

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

### Supplemental Information to Form 990 or 990-EZ

... # XX

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Alabama Coalition for Public Charter Schools

Employer identification number 46-3827127

Form 990 F7 Bort III. Organization's Brimany Event Burness
 Form 990-EZ, Part III - Organization's Primary Exempt Purpose
 Alabama is currently one of eight states in the country that does not have public
 charter schools. The Alabama Coalition for Public Charter Schools is a growing
 group of concerned parents, educators, citizens, and policy makers who believe
 that the state of Alabama needs public charter schools in order to make sure that
 every student in the state has access to a high quality school option. The
 Coalition believes that public charter schools should be one piece in the overall
 reform strategy to provide all Alabama students with an excellent education. The
 Coalition is committed to making sure that Alabama citizens have access to
 accurate information about public charter schools through a comprehensive
education and marketing campaign. The Coalition will use this education campaign
 to organize and promote facts about public charter schools as a strategy to bring
public charter schools to the forefront of the conversation about education in
 Alabama.
 Alabama.  Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments
 - <b></b>
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an individual learns what a public charter school is, he/she overwhelmingly supports
  Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an individual learns what a public charter school is, he/she overwhelmingly supports public charter schools. Because of this, a comprehensive education campaign
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an individual learns what a public charter school is, he/she overwhelmingly supports public charter schools. Because of this, a comprehensive education campaign focused on the facts about public charter schools is integral to bringing this
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an individual learns what a public charter school is, he/she overwhelmingly supports public charter schools. Because of this, a comprehensive education campaign focused on the facts about public charter schools is integral to bringing this innovative educational tool to Alabama. Through town halls, public forums, panel
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an individual learns what a public charter school is, he/she overwhelmingly supports public charter schools. Because of this, a comprehensive education campaign focused on the facts about public charter schools is integral to bringing this innovative educational tool to Alabama. Through town halls, public forums, panel discussions, op-eds, and small group public charter school visits, the Coalition
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an individual learns what a public charter school is, he/she overwhelmingly supports public charter schools. Because of this, a comprehensive education campaign focused on the facts about public charter schools is integral to bringing this innovative educational tool to Alabama. Through town halls, public forums, panel discussions, op-eds, and small group public charter school visits, the Coalition has embarked on a statewide comprehensive education and marketing campaign about
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an individual learns what a public charter school is, he/she overwhelmingly supports public charter schools. Because of this, a comprehensive education campaign focused on the facts about public charter schools is integral to bringing this innovative educational tool to Alabama. Through town halls, public forums, panel discussions, op-eds, and small group public charter school visits, the Coalition has embarked on a statewide comprehensive education and marketing campaign about public charter schools. Our education effort is broad with a large target
 Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments  The Coalition's theory of change comes from the experience of other states: once an individual learns what a public charter school is, he/she overwhelmingly supports public charter schools. Because of this, a comprehensive education campaign focused on the facts about public charter schools is integral to bringing this innovative educational tool to Alabama. Through town halls, public forums, panel discussions, op-eds, and small group public charter school visits, the Coalition has embarked on a statewide comprehensive education and marketing campaign about public charter schools. Our education effort is broad with a large target audience and specific messaging, including parents, educators, and community

Alabama Coalition for	Employer identification number
Public Charter Schools	46-3827127
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments	
Alabama. We partner with these organizations to make sure we	are including as
many communities as possible.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	tly or
indirectly, on a personal benefit contract?	No No

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2013

# Schedule O - Supplemental Information Alabama Coalition for Public Charter Schools

Page 1

46-3827127

Form 990-EZ, Part I, Line 16 Other Expenses

Bank charges Depreciation

36. 214. 250. Total \$

Form 990-EZ, Part II, Line 24 Other Assets

Accounts Receivable Machinery and Equipment

	<u>Beginni</u>	ng_	 <u>Ending</u>
	\$	0.	\$ 15,000.
		0.	15,000. 1,388.
Total	\$	0.	\$ 16,388.

(Rev January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

-	e filing for an Automatic 3-Month Extension, con				► [X]
<ul><li>If you ar</li></ul>	e filing for an Additional (Not Automatic) 3-Mont	h Extensior	n, complete only Part II (on page 2 of th	nis form).	
Do not com	plete Part II unless you have already been grante	d an autom	atic 3-month extention on a previously	filed Form 8868	
corporation request an ex Associated \	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not kension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which ming of this form, visit www.irs gov/efile and click of	: automatic) I or Part II w ust be sent	: 3-month extension of time. You can eli with the exception of Form 8870, Information to the IRS in paper format (see instruc	ectronically file For n Return for Transfer	m 8868 to s
Parl I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed)		
	n required to file Form 990-T and requesting an a		······································		lv 🕨 🗀
	porations (including 1120-C filers), partnerships,		nd trusts must use Form 7004 to reques	st an extension of ti	me to file
			Enter filer's identi	ifying number, see  Employer identification	
Type or print	Name of exempt organization or other filer, see instructions  Alabama Coalition for			46-3827127	number (EIII) or
	Public Charter Schools  Number, street, and room or suite number. If a P O box, see in	structions	<u> </u>	Social security number	(SSN)
File by the due date for					. ,
filing your return See	209 20th Street North, Box #12 City, town or post office, state, and ZIP code For a foreign add		ictions	.1	
instructions	Birmingham, AL 35203				
	Dilmingham, AD 33203				•
Enter the Re	eturn code for the return that this application is fo	r (file a sep	parate application for each return)		01
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-BI		02	Form 1041-A		08
Form 4720 (ıı	ndıvıdual)	03	Form 4720 (other than individual)		09
Form 990-Pl	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon  If the org  If this is check the extered the extered the control of the	is are in the care of Emily Schultz  The No 205-577-8704  The ganization does not have an office or place of business for a Group Return, enter the organization's four is box  The initial content of the group, or the stan automatic 3-month (6 months for a corporation 8/15	digit Group heck this be required to fanization re	e United States, check this box Exemption Number (GEN)  ox In and attach a list with the national state of the properties of the properties of the state of the organization named above organizatio	f this is for the who ames and EINs of a	3 , ,
Ch  3a If this	ange in accounting period  application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions.			3a\$	0.
<b>b</b> If this	application is for Forms 990-PF, 990-T, 4720, or openits made. Include any prior year overpayment	5069, enter it allowed a	any refundable credits and estimated s a credit.	3b \$	0.
c Balance EFTPS	ce due. Subtract line 3b from line 3a Include you 6 (Electronic Federal Tax Payment System) See	r payment v	with this form, if required, by using	3c \$	0.

payment instructions

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for

Form <b>886</b>	8 (Rev 1-2014)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mor	nth Extension	, complete only Part II and check th	is box	► [X]
Note. Ont	y complete Part II if you have already been grante	ed an automat	tic 3-month extension on a previous	ly filed Form	
• If you	are filing for an Automatic 3-Month Extension, co	omplete only I	Part I (on page 1).		<del></del>
Part II	Additional (Not Automatic) 3-Month	<b>Extension</b>	of Time. Only file the original	al (no cop	ies needed).
	Enter filer's identifying number, see instructions				
	Name of exempt organization or other filer, see instructions			Employer iden	itification number (EIN) or
Type or	Alabama Coalition for				
print	Public Charter Schools			46-3827127   Social security number (SSN)	
File by the	Number, street, and room or suite number. If a P O box, see	instructions		Social Security	number (55N)
extended due date for	e date for				
filing your return See	209 20th Street North, Box #128  City, town or post office, state, and ZIP code For a foreign address, see instructions				
instructions					
	Birmingham, AL 35203				
Enter the	Return code for the return that this application is	for (file a sen	arate application for each return)		01
Litter the	Neturn code for the return that this application is	ioi (ilie a sep	arate application for each returny		UI
Application		Return	Application		Return
Is For		Code	Is For		Code
Form 990 or Form 990-EZ		01			
Form 990-BL		02	Form 1041-A		08
Form 4720 (individual)		03	Form 4720 (other than individual)	rm 4720 (other than individual)	
Form 990-PF		04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11
Form 990-T (trust other than above)		06	Form 8870		12
<ul><li>If the</li><li>If this</li><li>whole gro</li></ul>	ooks are in care of ► <u>Emily Schultz</u> hone No. ► <u>205-577-8704</u> organization does not have an office or place of the state of the state of the case of the case of the extension is for	ousiness in the our digit Group	United States, check this box		. If this is for the sand EINs of all
6 If th	quest an additional 3-month extension of time unt calendar year, or other tax year begins e tax year entered in line 5 is for less than 12 mc Change in accounting period te in detail why you need the extensionAdd.formation_necessary_to_file_a_	onths, check re	eason 💢 Initial return <u>time is requested in c</u>	Final re	turn
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions					s
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868  8b \$					
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.				8 c	\$
	Signature and Verif	fication mu	st be completed for Part II o	nly.	
Under penalt correct, and	ties of perjury, I declare that I have examined this form, including complete, and that I am authorized to prepare this form	accompanying sch	edules and statements, and to the best of my k	nowledge and b	relief, it is true,
Signature •	Title	► CPA		Da	ate > 8/14/2014
BAA	FIFZ0502L 12/31/13				Form <b>8868</b> (Rev 1-2014)