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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

◆ 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.

OMB No. 1545-0047 2013 Open to Public Inspection

$\overline{\mathbf{A}}$	For the	2013 c	alendar year, or tax year beginning 07/01/13 , and ending 06/30/14					·
В	Check if ap		C Name of organization Panhandle Alliance for Education,	D	Employ	er identific	ation numb	er
П	Address ch	enge	Inc					
Ħ	Name chen	[Doing Business As		61-	1416	L76	
片		Ť	Number and street (or P O box if mail is not defivered to street address) Room/suite	E	Telepho	one number		
닏	initial return	n	P.O. Box 1675	_1_	208	-265·	-59 <u>59</u>	
\sqcup	Terminated	<u>. </u>	City or town, state or province, country, and ZIP or foreign postal code					
П	Amended o	return .	Sandpoint ID 83864	G	3106S FB0	epts\$	751	,188
襾	Application	nendino	F Name and address of principal officer:					X No
ш	- ••		David Slaughter H(a) is fis	a group re	un ior s		云	=
			P O Box 1675 H(b) Are at	subordin	ates inch	uded?	∐ Yes	∐ No
			Sandpoint ID 83864	"No," atta	ch a list.	(see instruc	ions)	
	Tax-exem		X 501(c)(3) 501(c) () ♦ (insert no.) 4947(a)(1) or 527					
J	Website:	♦ W	www.panhandlealliance.org H(c) Group					
K	Form of a	oganization:	X Corporation Trust Association Other ♦ L Yeer of formation:	200	2	M State o	legal domic	e ID
<u>F</u>	Part I	Su	<u>immary</u>					
	1 B	•	escribe the organization's mission or most significant activities:					
8		See	Schedule 0		-			
nan								
Governance								
ð	2 C		is box ♦ if the organization discontinued its operations or disposed of more than 25% of its net	assets.		~-		
త	,		of voting members of the governing body (Part VI, line 1a)		3	21		
_ 8			of independent voting members of the governing body (Part VI, line 1b)		4	21		
Activities			mber of individuals employed in calendar year 2013 (Part V, line 2a)		5	5		
گې	1		mber of volunteers (estimate if necessary)		6	300		
-4 58	1		related business revenue from Part VIII, column (C), line 12		7a			<u> </u>
	<u>b</u> N	let unrel	lated business taxable income from Form 990-T, line 34	Year	7b		unent Year	0
\subseteq	8.0	:ootributi	ions and grants (Part VIII line 1h)	04,0	017		707	
2	9 9	Program :	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 50) enue (Part VIII, column (A), lines 5, 60, 86, 9c, 10c, and 11e) 014					0
;; ₹	10 In	nvestmer	ent income (Part VIII. column (A). lines 3, 4, and 70	2.0	042			572
Accommend Revenue VO N	11 0	Other rev	venue (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) 014	08,4			-176	
2	12 T	otal reve	enue – add lines 8 through 11 (must equal Part) VIII column (A), line 12)	97,				061
5	13 G	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	88,				,132
D			paid to or for members (Part IX, column (A), Tine 47 TEN					0
so.	45 0	alaries,		.11,	317		130	601
beuses	16a P		onal fundraising fees (Part IX, column (A), line 11e)					0
8	ьт		draising expenses (Part IX, column (D), line 25) ◆ 44,019					
ă	17 0	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	.63,:	310		201	,534
	18 T	otal exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,	350		407	,267
	19 R	Revenue		65,				<u>,794</u>
Net Assets or		P_4_1	Beginning of		-		nd of Year	240
No.	20 T			41,				<u>349</u>
ij.	21 T		bilities (Part X, line 26)	68 , 72 ,				<u>,460</u>
	<u>d 22 N</u> Part II		ats or fund balances. Subtract line 21 from line 20 5 gnature Block	12,	093	····	030	,889
_			perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	o boot o	f !		ad bolief :	4 %
			perjury, it declare that it have examined this return, including accompanying screenies and statements, and to in complete. Declaration of preparer (other days officer) is based on all information of which preparer has any know		i iliy Kil J	owieuge a	nu vezer, i	I IS
_			Mann A May VIC		9/2	7./2014	,	
Si	gn	S	Signature of officer		Date	W -W		-
'	ere		DAVIS A SCAUGHTER , PRESIDENCE					
		7 7	Type or print name and title					
		Print/Type	e preparer's name Preparer's sugnature Date		Check	đ P	TIN	
Pa	id	Brad J	J Williams Brad J Williams 08/	28/14	self-em	ployed I	0018598	35
Pre	eparer	Firm's nar	" Tillian C Dansan DC CDI	Firm's	EIN 44		0496	
Us	e Only		708 Superior St Ste A					
_		Firm's ad	stress " Sandpoint, ID 83864-1656	Phone	no	208-	265-	<u> 5959</u>
_			ss this return with the preparer shown above? (see instructions)				Yes	No
For		rork Redu	uction Act Notice, see the separate instructions.				Form 99	30 (2013)

Part III Statement of Program Service Accomplishments	Page 2
Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission. See Schedule O	
See Schedule C	
Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
 If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. 	-
4a (Code.) (Expenses \$ 103,177 including grants of \$) (Reven Provided funding for endowments held by The Idaho Community The Inland Northwest Community Foundation for perpetual fun operating grants for the Lake Pend Oreille School District. example of our long term commitment to our mission.	Foundation and ding of our
4b (Code:) (Expenses \$ 45,367 including grants of \$) (Reven Funded the READY! for Kindergarten program, an early childh program created for families with children ages birth to fi	nood literacy
44% of children entering kindergarten test below "readiness and these children stay behind resulting in low self esteen withdrawing. These problems can be overcome by having them	need to prepare rage indicates s proficiency" s, anger and s ready for
their children for starting school at age 5. National aver 44% of children entering kindergarten test below "readiness and these children stay behind resulting in low self esteen	reed to prepare rage indicates a proficiency" a, anger and a ready for this year. The state of
their children for starting school at age 5. National aver 44% of children entering kindergarten test below "readiness and these children stay behind resulting in low self esteen withdrawing. These problems can be overcome by having them school before they start kindergarten. Served 200 families PAFE's Teacher Grants are awarded on an annual basis to tea compete for available funds. Awards are based on innovation collaboration, impact on education, and a cost benefit analytical include classroom technology, lab/safety equipment, musical robotics, math and book clubs, and more. The CORE Reading Puniversal re-training for all teachers, K-12, on state-of-temporary members with special talent and available for community members with special talent and available for community members with special talent and available community members with spe	reed to prepare rage indicates a proficiency" a, anger and a ready for this year. The state of

Part IV Checklist of Required Schedules

			V 1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		x
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.			
	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? If "Yes,"			
	complete Schedule D, Part III	8	ł	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	ľ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	İ		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ŀ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	<u> </u>
8	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l		
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	₩.
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) Panhandle Alliance for Education. 61-1416176 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest_compensated-X 23 employees? If "Yes." complete Schedule J 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 X through 24d and complete Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 25b 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 X disqualified persons? If so, complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 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,

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

Form 990 (2013)

37

X

38

Part VI

_	990 (2013) Panhandle Alliance for Education, 61-141	6176		··-	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part	<u>v</u>				Ш.
		!	م ا		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
_	reportable gaming (gambling) winnings to prize winners?		•	1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	5			
_	Statements, filed for the calendar year ending with or within the year covered by this return	<u> 2a</u>	1 3	୷ ୍ଲ	x	'
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	^	
2	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)				X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul	~ 0		3a 3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		÷t.	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other		-			
	account)?	manca		4a		x
b	If "Yes," enter the name of the foreign country			70		
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finance	ial Accou	inte			
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 trans			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the		"		_
	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 contribu	itions or				
	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	r goods				
	and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	t contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	ntract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file I	Form 88	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		e a Form 1098-C?	7h		<u>X</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	_				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponson	ng				
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b 40	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	مدا	l			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990. Part VIII, line 12 for public use of dub facilities.	10a				
b 11		10b	<u> </u>			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	1 445	1			
a		11a	ļ			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	ļ			
12a			2	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	t .	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	LIZD	<u> </u>			
a	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			136	— —	
b	Enter the amount of reserves the organization is required to maintain by the states in which					
-	the organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c		7		l
14a	Did the organization receive any payments for indoor tanning services during the tax year?		·	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O		14b		 -
DAA	The second secon	<u> </u>			m 990	(2013)

208-265-5959

ID 83864

Sandpoint

Form 990 (2013	Panhandle Alliance for Education, 61-1416176	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated EmIndependent Contractors Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete the organization's ta	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the ax year.	
	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of	

- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more ti box, unless person is officer and a director					an B)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/10 99-M ISC)	from the organization and related organizations
(1) Chris Bessler	······································									
	3.00	1				1 1		:		
Director	0.00	X			L			0	0	0
(2) Mindy Cameron									!	
	3.00	Í				1 1				
Director	0.00	X		Щ	-			0	0	0
(3) Chris Chambers	2 00									
	3.00									
Director	0.00	X		<u> </u>	├			0	0	0
(4) Megan Johnson	3 00									
Director	3.00 0.00	x]		0		
(5) Mel Dick	0.00	<u> </u>		├─	├	1			0	0
(5) Mei Dick	3.00					1 1				
Director	0.00	x						0	0	0
(6) Wendy Dunn	0.00	┢	-	├	┝╌	\vdash		<u></u>	<u>_</u>	<u> </u>
(0)	3.00					1 1				
Director	0.00	x		-		1 1		0	0	0
(7) Erin Butler	0.00	+		-		\vdash				
(,,	3.00				1					
Director	0.00	x						o	0	0
(8) Thomas Gibson		1				1-1				
	3.00									
Director	0.00	x						0	0	0
(9) Allison Gilmore		T				П				
	3.00	1		Ì		1 1				
Vice President	0.00	X		X				0	0	0
(10) Travis Kaul						П				
	3.00					1				
Director	0.00	X	L.					0		0
(11) Naticia Litven						1 T				
	3.00			Į	l					
Director	0.00	X				1 1		0	0	0

(A)

Name and title

Reportable

(D)

Reportable

(F)

Estimated

	hours per week (list any hours for	bo: off	x, unle icera	ess pe	rson directo	than one of the state of the st	an ee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC)		emount of other compensation from the				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organizatio	ed			
(12) Roxie Lowther						┌┈	_								
Discount of	3.00									}		0			
Director (13) Vickie Pfeifer	0.00	X	\vdash	\vdash	-	├		0	0	 		0			
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(14) Annie Reeves	2 00			1											
Director	3.00 0.00	x						0	o			0			
(15) Georgia Simmons	0.00	1			H	Ħ		<u> </u>		-					
	3.00							1							
Director	0.00	X		<u> </u>	<u> </u>	_		0	0			0			
(16) David Slaughter	3.00			1											
President	0.00	x		x				0	o	1		0			
(17) Brad Williams												<u>-</u>			
_	3.00														
Treasurer (18) Carol Deaner	0.00	X	-	X	 	├		0	0	 		0			
(18) Caror Deaner	3.00														
Director	0.00	x						0	l o			0			
(19) Geraldine Lewis															
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Secretary 1b Sub-total	0.00	X	<u> </u>	X	İ	L		0	0	<u> </u>		0			
c Total from continuation shee	ets to Part VII. S	Secti	on A	4			•								
d Total (add lines 1b and 1c)							<u> </u>								
2 Total number of individuals (inc				thos	e lis	ted a	bov	e) who received more than	\$100,000 in						
reportable compensation from	ule organization		<u> </u>							,-		Yes No			
3 Did the organization list any fo								loyee, or highest compensa	ated						
employee on line 1a? If "Yes," 4 For any individual listed on line	•							on and other compensation	from the		3	X			
organization and related organ															
individual 5 Did any person listed on line 1	a receive or ac	crue	com	nens	atio	n fror	n ar	ny unrelated organization o	r individual		4	<u> </u>			
for services rendered to the or									- Hidividadi		5	X			
Section B. Independent Contracto															
Complete this table for your five compensation from the organization.										ear.					
	(A) business address								(B) from of services		Corr	(C) pensation			
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2 Total number of independent of	contractors (inclu	ıdıng	but	not	limite	ed to	tho	se listed above) who							
received more than \$100,000	of compensation	fror	n the	e org	anız	ation	*	·	0		<u></u>	000			
DAA											Form	990 (2013)			

(C)

Position

Director 1. 3. 00	Name and title Average hours per week (list any related organizations below dotted line) (12) Karl Dye 3.00 0.00 X Director 0.00 X D	(F)		
representation of the compensation from the organization? If "Yes," completes Schedule J for such individual for surpersentation from the organization? If "Yes," completes Schedule J for such individual for surpersentation from the organization? If "Yes," completes Schedule J for such persons that neceived more than \$100,000 of compensation from the organization? If "Yes," completes Schedule J for such persons that neceived more than \$100,000 of compensation from the organization? If "Yes," completes Schedule J for such persons that neceived more than \$100,000 of compensation from the organization? If "Yes," completes Schedule J for such persons that neceived more than \$100,000 of compensation from the organization? If "Yes," completes Schedule J for such persons that neceived more than \$100,000 of compensation from the organization? If "Yes," completes Schedule J for such persons that neceived more than \$100,000 of compensation from the organization? If "Yes," completes Schedule J for such persons 1 Complete this table for your five highest compensation from the organization? If "Yes," completes Schedule J for such persons 1 Complete this table for your five highest compensation from the organization? If "Yes," completes Schedule J for such persons 1 Complete this table for your five highest compensation from the organization? Report compensation from the organization? Report compensation from the organization? Report compensation from the organization? Report compensation from the organization? Report compensation from the organization? Report compensation for the catendar year ending with or within the organization? Schedule J for such persons.	12) Karl Dye	amount other compens	ated nt of er sation	
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165 166 167 168 169	(14) (15) (16) (17)			
166	(16)			
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Name and business address Description of services Compensation				
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	Total number of independent contractors (including but not limited to those listed above) who	+-		

532,061

572

0

b

d All other revenue

Total. Add lines 11a-11d

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 (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) (C) Do not include amounts reported on lines 6b, Total expenses Management and Fundraismo 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 75,132 75,132 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 121,071 46,982 36,367 37,722 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 535 246 191 98 8,995 3,211 4,137 1.647 Payroll taxes Fees for services (non-employees) a Management b Legal 2,644 2,644 c Accounting d Lobbying e Professional fundraising services. See Part IV. line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (O) 14,768 14,768 Advertising and promotion 12,103 5,991 5,992 120 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 9,576 9,576 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 6,355 3,177 3,178 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 327 327 22 Depreciation, depletion, and amortization 3,205 23 Insurance 3,205 24 Other expenses, flamize 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.) Endowment 100,000 100,000 Ready for Kindergarten 76,384 45,367 31,017 Misc exp-fundraising 23,633 23,633 18,174 Admin allocation-programs 18,174 -65,635 -48,741 2,307 -19,201 All other expenses 407,267 265,233 98,015 Total functional expenses. Add ines 1 through 24e 44,019 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

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 22,707 139,663 Cash-non-interest bearing 617,921 618,576 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or 13,861 10a other basis. Complete Part VI of Schedule D 13,751 438 10b 110 b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 641,066 758,349 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 28,383 35,823 17 Accounts payable and accrued expenses 17 18 Grants payable 18 38,147 23,525 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors. 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 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 Part X of Schedule D 2,441 2,112 26 Total liabilities. Add lines 17 through 25 68,971 26 61,460 Organizations that follow SFAS 117 (ASC 958), check here • Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 572,095 27 Unrestricted net assets 696,889 27 28 Temporarity restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here • complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 572,095 696,889 33 641,066 758,349 Total liabilities and net assets/fund balances

Form 990 (2013)

om	990 (2013) Panhandle Alliance for Education, 61-1416176			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	32,0	061
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	07,2	267
3	Revenue less expenses Subtract line 2 from line 1	3	1	24,	794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	72,0	95
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	-6			
7-	Investment expenses	7			
8	Pnor 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	6	96,8	889
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O		ľ	[
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				
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				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		i
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		
	· · · · · · · · · · · · · · · · · · ·				

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.

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

♦ 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

Part I

Panhandle Alliance for Education, Inc

Employer identification number 61-1416176

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	orgai			e it is: (For lines 1 through 11, o	_		•							
1	Н			ociation of churches described	in section	1 170(b)(ʻ	1)(A)(i).							
2	Ш	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	Ш	A hospital or	a cooperative hospital servi-	ce organization described in se	ction 170	(b)(1)(A)(iii).							
4		A medical res	search organization operated	d in conjunction with a hospital of	described	in sectio	n 170(t)(1)(A)(i	iii). Ente	er the h	ospital's	name	,	
		city, and state	e											
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed bv a o	ovemme	ental uni	t descn	bed in				
	ш	•	(b)(1)(A)(iv). (Complete Part	•		, 3								
6	\Box			governmental unit described in s	oction 1	70/h)/4\/A	164							
7	X		-					f 41		مراطين ما				
•		=	•	substantial part of its support fro	a gove	ammentai	unit or	mom the	genera	ii public	i			
_			section 170(b)(1)(A)(vi). (C											
8	Н	•		170(b)(1)(A)(vi). (Complete Part	· -									
9	Ш	An organizati	on that normally receives: (1	i) more than 33 1/3% of its sup	port from	contributi	ons, me	mbershi	p fees,	and gro	SS			
		receipts from	activities related to its exem	npt functions—subject to certain	exception	is, and (2) no mo	re than	33 1/39	6 of its				
		support from	gross investment income ar	nd unrelated business taxable in	come (les	ss section	511 tax	() from l	ousines	ses				
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2).	. (Comple	te Part III	.)							
10	Ш	An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 5	09(a)(4).							
11		An organizati	on organized and operated of	exclusively for the benefit of, to	perform th	ne function	ns of, or	to carry	out the)				
	_	purposes of o	one or more publicly support	ted organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	2). See	section	ı			
		509(a)(3). Ch	neck the box that describes t	the type of supporting organizati	on and co	omplete lii	nes 11e	through	11h					
		а П Туре	I b ∏ Type II	c Type III-Functions	aliv integr	ated	d l		e III—No	on-funct	ionally i	integra	ted	
e		By checking t	this box. I certify that the ord	anization is not controlled direct			one or m				-			
	_		•	er than one or more publicly sup	•				•					
		or section 50	•	,,		J				(-)(•,			
f				rmination from the IRS that it is	a Tyne i	Type II	or Type	III sunn	ortina					
•		=	check this box		и турс т,	1 ypc 11,	or Type	iii supp	July					
_				tion accepted any gift or contribu	ution from	ony of th	••							ш
8				non accepted any girt of continue	uuon non	any or u	ie							
		following per			***							ı		
			•	ontrols, either alone or together	with perso	ons descri	ibed in (ii) and			1		Yes	No
			w, the governing body of the									11g()		
		(ii) A family	member of a person describ	ped in (i) above?								11g(i)		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?								11g(iii)	<u> </u>	<u>. </u>
h		Provide the	following information about t	the supported organization(s)										
(i) Nam	e of supported	(ii) EIN	(lii) Type of organization	(M) is the	organization	(v) Didy	ou nolly	(v)	sthe	(vii) A	Amount o	ıf monet	ary
	org	anization		(described on lines 1-9	1	sted in your		nezation in of your		on in coll zed in the		supp	ort	
			!	ebove or IRC section (see instructions))	governing	document?		port?		\$?				
				(600 11100001110)))	Yes	No	Yes	No	Yes	No				
(A)														
` '														
(B)		· · · · · · · · · · · · · · · · · · ·		 		<u> </u>		· · · · · · ·	 					
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Section A. Public Support

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Cale	ndar year (or fiscal year beginning in) ◆	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	875,721	949 249	E00 063	E04 017		
	unusual grants.)	8/3,721	848,248	598,963	504,017	693,240	3,520,189
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_					
4	Total. Add lines 1 through 3	875,721	848,248	598,963	504,017	693,240	3,520,189
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)						380,618
6	Public support. Subtract line 5 from line 4.						3,139,571
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ◆	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	875,721	848,248	598,963	504,017	693,240	3,520,189
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,748	3,775	2,017	2,042	572	21,154
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						3,541,343
12	Gross receipts from related activities, etc.	(see instructions)				12	572
13	First five years. If the Form 990 is for the	-	t, second, third, fou	urth, or fifth tax yea	r as a section 501	(c)(3)	_
<u> </u>	organization, check this box and stop her		.				<u> </u>
	tion C. Computation of Public St		· • · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2013 (line 6	•	•	n (f))		14	88.65%
15	Public support percentage from 2012 Scho			40 44 0	0.4007		83.92 %
16a	33 1/3% support test—2013. If the organ box and stop here. The organization qual				3 1/3% or more, o	heck this	⊾ ਓ
ь	33 1/3% support test—2012. If the organ		• • •		5 to 33 1/3% or m	-m	► X
U	check this box and stop here. The organi				3 15 33 1/3% 01 111	oie,	▶ □
17a	10%-facts-and-circumstances test—201			-	a or 16b and line	1 <i>4</i> is	
	10% or more, and if the organization mee						
	Part IV how the organization meets the "forganization"						▶ □
b	10%-facts-and-circumstances test-20°	12. If the organizate	on did not check a	box on line 13, 16	a, 16b, or 17a, an	d line	ـــا
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	test, check this bo	ox and stop here.		
	Explain in Part IV how the organization m	eets the "facts-and	-circumstances" te	st. The organization	n qualifies as a pu	iblicty	
	supported organization						▶ []
18	Private foundation. If the organization de	d not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	e	
	instructions						▶ ∐
					Sch	edule A (Form 990	or 990-EZ) 2013

Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))

19a 33 1/3% support tests-2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Investment income percentage from 2012 Schedule A, Part III, line 17

17

18

%

%

17

18

Schedule A (Form 990 or 990-EZ) 2013 Panhandle Alliance for Education, 61-1416176 Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

◆ Attach to Form 990.

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

OMB No 1545-0047 2013 Open to Public Inspection

	of the organization		Employer	Identification number
_	anhandle Alliance for Education, nc		61 1	A1 6176
	organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F			416176 bs.
	- Complete if the organization answered Teo to 1	(a) Donor advised funds		o) Funds and other accounts
1	Total number at end of year	,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)		•	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		· · · · · · · · · · · · · · · · · · ·
•	funds are the organization's property, subject to the organization's excl			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	•		
	only for chantable purposes and not for the benefit of the donor or dono	• •		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.		•	
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	ortant lar	nd area
	Protection of natural habitat	Preservation of a certified historic	structure	•
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	· · · · · · · · · · · · · · · · · · ·
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion dunng	the
	tax year ◆			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the ye	ear	
_				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
	♦\$	the engineers to of a story 470/b)/41/D)		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 1/U(n)(4)(B)		□ v ₂₀ □ v ₂
9	(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easem			∐ Yes ∐ No
9	balance sheet, and include, if applicable, the text of the footnote to the	-		ha
	organization's accounting for conservation easements	organization's infancial statements that d	escribes (ile
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar	Assets
	Complete if the organization answered "Yes" to F			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	not to report in its revenue statement and l	palance si	heet
	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet	:
	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items	•		
	(i) Revenues included in Form 990, Part VIII, line 1		•	· \$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	vide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	- · ·		
а	Revenues included in Form 990, Part VIII, line 1	-	•	\$
h	Assets included in Form 990 Part Y		_	, e

Sche	dule D (Form 990) 2013 Panhandl	e Alliance	for	Educat	ion,	61-14	416176			Р	age 2
	urt III Organizations Maintainin								(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	s, check a	any of the foll	owing that a	ire a signific	cant use of its	6			
_	Public exhibition	_									
a	H	°H	Loan or (exchange pro	grams						
b	Scholarty research Preservation for future generations	• 🗀	Other								
C		collections and compain	n have tha	v further the	orgonizator'	'a ava mat m	umaaa in Da	_			
•	Provide a description of the organization's XIII.	collections and explain	i now uie	y luiulei ule	organization	s exempt t	ourpose in Pa	п			
—- g —	During the year, did the organization solicit	or receive donations	of art his	etonical transiti	ree or other	cimilar					
J	assets to be sold to raise funds rather than								П	<u>.</u> Г	No.
Pa	art IV Escrow and Custodial A		part or an	c organization	13 WIRCOIO	•				~ _	1 110
	Complete if the organization	_	to For	m 990. Par	t IV. line 9	a. or repo	rted an ar	ount o	n Form	ı	
	990, Part X, line 21.		35 . 5		,	, oopo					
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for c	ontributions o	r other asse	ts not	···· ·				
	included on Form 990, Part X?								☐ Ye	s [No
b	If "Yes," explain the arrangement in Part XI	Il and complete the fo	ollowing ta	able					ш '		_
			_						Amoun	t t	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance							<u> </u>			
2a	Did the organization include an amount on	Form 990, Part X, line	21?						Ye	s [No
	If "Yes," explain the arrangement in Part XI	II Check here if the e	xplanation	n has been pi	rovided in Pa	art XIII					
Pa	irt V Endowment Funds.										
	Complete if the organization		to For	m 990, Par	t IV, line 1	10.			,		
	_	(a) Current year	(b)	Pnor year	(c) Two ye	ars back	(d) Three yea	rs back	(e) Fou	r years	back
	Beginning of year balance		<u> </u>				 				
b	Contributions		 						 		
С	Net investment earnings, gains, and										
	losses				-						
	Grants or scholarships			.	<u> </u>						
9	Other expenditures for facilities and										
	programs Administrative expenses										
,	End of year balance		 			+					
2	Provide the estimated percentage of the cu	ment year and halana	e (line 1a	column (a))	hold oo:			.	<u> </u>		
_ _a		"" " " " " " " "	e (iiie ig	, within (a))	iiciu as.						
b	Permanent endowment ◆ %										
c	Temporanily restricted endowment ◆	%									
	The percentages in lines 2a, 2b, and 2c sh	* *									
3a	Are there endowment funds not in the poss		ation that	are held and	administere	d for the					
	organization by	J								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as required of	on Schedi	ule R?					3b		
4	Describe in Part XIII the intended uses of t	he organization's end	owment fu	unds.							
Pa	rt VI Land, Buildings, and Eq										
	Complete if the organizatio	n answered "Yes"	to For	n 990, Par	t IV, line 1	1a. See	Form 990,	Part X	, line 1	<u>). </u>	
	Description of property	(a) Cost or other	basis	(b) Cost or o	other basis	(c) A	ccumulated		(d) Book	value	
		(investment)		(othe	er)	der	preciation				
1a	Land										
	Buildings					<u> </u>					
	Leasehold improvements			 		<u></u>					
d	Equipment			· · · · · · · · · · · · · · · · · · ·	<u>13,861</u>	L	13,75	1			110
	Other	L				<u> </u>					
Total	l. Add lines 1a through 1e (Column (d) musi	equal Form 990, Par	rt X, colun	nn (B), line 10	D(c))			♦			<u>110</u>

DAA

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2013 Panhandle Alliance for Educat	ion, 61-1416	176	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recovenes of pnor year grants	2c		
d	Other (Describe in Part XIII)			
0	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1	
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	<u> </u>
Pa	rt XIII/ Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2013 Panhandle Alliance for Education, 61-1416176

Part XIII Supplemental Information (continued)

Page 5

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, lines 17, 18, or 19, or if the organization embred more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

	nt of the Treasury evenue Service		Information about Sci		orm 990 or 9			i sau-ez. i instructions is at www.irs.go	ov/form	1990.	Open to Public Inspection
	he organization	Panhand	le Alliance							Employer identificati	
		Inc						•		61-14161	
Part			vities. Complete if are not required					ed "Yes" to Form 9	90,	Part IV, line 1	7.
1 Ir			raised funds through					Check all that apply—			
	Mail solicitati							emment grants			
֖֡֞֞֝֟֝֡֝֟֝ ֡	Ŧ	email solicitation	ne					nent grants			
٦٢	Phone solicit		13		pecial fun			=			
4 5	In-person so			я 🗀 🤊	pecial luli	uiaişii	iy ev	ens			
b If	id the organizat r key employees "Yes," list the to	on have a writt s listed in Form en highest paid	990, Part VII) or entity	in conne	ection with	profe	ssion	fficers, directors, trustee al fundraising services? ments under which the		aser is to be	Yes No
		me and address of in or entity (fundraiser)		(ii)	Activity	custo	ditund- have dyor rolof utions?	(iv) Gross receipts from activity	(Amount paid to or retained by) ndraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
				 		Yes					
1											
			·	<u> </u>							
2											
3											
4											
5											
6											
7											
8											
9											
10											
Total							•				
											

PANHALLIED 08/28/2014 12:59 PM Schedule G (Form 990 or 990-EZ) 2013 Panhandle Alliance for Education, 61-1416176 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events Golf tournament Summer Gala None (add col (a) through (event type) (event type) ∞i (c)) (total number) 346,265 183,569 529,834 Gross receipts 346,265 140,883 487,148 2 Less Contributions 3 Gross income (line 1 minus 42,686 42,686 ine 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 147,825 19,427 167,252 Expenses 22,322 22,322 7 Food and beverages 8 Entertainment 4,535 25,018 29,553 9 Other direct expenses 219,127 10 Direct expense summary. Add lines 4 through 9 in column (d) -176,44111 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Puil tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming binoo/progressive binoo coi (a) through coi (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: Yes No a is the organization licensed to operate gaming activities in each of these states? b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain

44	dule G (Form 990 or 990-EZ) 2013 Panhandle Alliance for Education,	61-1416176	
11	Does the organization operate 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 operated in:	1 1	
а	The organization's facility	13a	%
b	An outside facility	13b	%
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?		☐ Yes ☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ◆ \$	and the	
	amount of gaming revenue retained by the third party ◆ \$		
С	If "Yes," enter name and address of the third party.		
	Name ◆		
	Address ◆		
16	Gaming manager information:		
	Name ◆		
	Gaming manager compensation ◆ \$		
	Description of services provided ◆		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Par	spent in the organization's own exempt activities during the tax year ◆ \$ t N Supplemental Information. Provide the explanations required by Part I, line 2b, or the supplemental Information in the organization is supplemental.	columns (m) and (v)	and
Fai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this p		anu
	additional information (see instructions).	san to provide any	

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Educational assistan Open to Public OMB No 1545-0047 Inspection Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer Identification number **×** 61-1416176 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMM, appraisal offer) ◆ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance Attach to Form 990. 75,132 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash gart Panhandle Alliance for Education, (c) IRC secton if applicable 82-0508739 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (1) Lake Pend Oreille School District ID 83852 (a) Name and address of organization or government 901 Triangle Drive Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Ponderay Par II Part 3 100 3 E 9 9 <u>@</u> Schedule I (Form 990) (2013)

:

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

6

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

Enter total number of other organizations listed in the line 1 table

ž

Schedule 1 (F	Schedule ((Form 990) (2013) Panhandle Alliance for Education,	liance for Ed		61-1416176		Page 2
Part ≡	Grants and Other Assistance to Individuals in the U Part III can be duplicated if additional space is needed.	Individuals in the Lonal space is needed.	Jnited States. Comp	ete if the organizatio	nited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
-						
8						
m						
4						
100						
မွ						
7						
Part (V	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation.

requested and how it will be spent to fullfill the grant. Ledgers are kept Each grantee is required to submit payment requests detailing the amount Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds relating to the original grant awarded and the amounts spent.

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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

◆ See separate instructions.

♦information about Schedule L (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open To Public

OMB No 1545-0047

Inspection

Name of the organization

Panhandle Alliance for Education,

Employer Identification number

	Inc		61-1416176		
Part I	Excess Benefit Transaction	ons (section 501(c)(3) and section 501(c)(4) organic	zations only).		
	Complete if the organization answer	ered "Yes" on Form 990, Part IV, line 25a or 25b, or	Form 990-EZ, Part V, line 40b		
4	(a) Name of description names	(b) Relationship between disqualified person and	(1) 0	(d) C	оггесted?
·	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No-
(1)					
(2)					
(3)					
(4)					T
(5)					
(6)					T
	the amount of tax incurred by the organisection 4958	nization managers or disqualified persons during the	e year ♦ \$		
3 Enter	the amount of tax, if any, on line 2, about	ove, reimbursed by the organization	♦ \$		
Part II	Loans to and/or From Inte	erested Persons.			
	Complete if the organization answer	ered "Yes" on Form 990-EZ, Part V, line 38a or Form	n 990, Part IV, line 26, or if the		
	•	n Form 990, Part X, line 5, 6, or 22			
	(a) Name of interested person	(b) Relationship (c) Purpose of (d) Loan to (e) Organ	al (f) Balance due (o) in defaul?	h) Approved I	(i) Willer

(a) Name of interested person	(b) Relationship	(c) Purpose or loan	or fro	mithe 12.?	(e) Original principal amount	(f) Balance due	(g) in (delaul(?	bybo	oproved pard or nitiee?	agreer	whiten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)					:							
(3)												
(4)		-	_		: 							
(5)								ļ				
(6)					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
<u></u>												
<u>(8)</u>												
(9)												
(10)	,											

Total Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (c) Amount of assistance (a) Name of interested person (b) Relationship between interested (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4) (5) (6) 7 (8) (9) (10)

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving In Complete if the organization answered "Yes" or		8a. 28b. or 28c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues? Yes No
(1) Mindy Cameron	Director		Vice-Chair LPOSD	X
(2) Shawn Woodward	Director		LPOSD Superintendent	
(3) Panhandle State Bank	Director		Banking Relationship	
(4) Vickie Pfeifer	Director		Chair - LPOSD	X
(5) Williams & Parsons, PC, CPAs	Treasurer	456	Discounted prep 990	
(6) Williams & Parsons, PC, CPAs	Treasurer		Accounting services	
(7) Reokee Co Publishing Inc	Director		Graphic/internet/adv	
	Director	0,343	Graphic/internet/adv	 ^
(8)				
(9)			·- · · · · · · · · · · · · · · · · · ·	
10)		L		Щ.
Part V Supplemental Information				
Provide additional information for responses to	questions on Schedule L	(see instructions)		
				
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	······································			
				<u>.</u>
				-
		· · · · · · · · · · · · · · · · · · ·		
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		······································		
	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

◆ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

♦ Attach to Form 990.

♦ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Inc

Panhandle Alliance for Education,

Employer identification number 61-1416176

Pa	art I Types of Property							
		(a)	(b)	(c)	(d) — — —		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of o	Jetermining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contrit	oution amounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other	L						
15	Real estate Residential							
16	Real estate — Commercial							
17	Real estate Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ♦(X	1	19,588				
26	Other ◆()							
27	Other ♦(
28	Other ♦(<u> </u>	l					
29	Number of Forms 8283 received by	the organi	ization during the tax year	ar for contributions for				
	which the organization completed Fe	om 8283,	Part IV, Donee Acknowl	ledgement	29			
							Yes	No
30a	During the year, did the organization	n receive b	y contribution any proper	rty reported in Part I, lines 1	1 - 28, that			
	it must hold for at least three years	from the d	ate of the initial contribut	ion, and which is not requir	red to be			ĺ
	used for exempt purposes for the ea	ntire holdin	g period?			30a		X
b	If "Yes," describe the arrangement is							
31	Does the organization have a gift ac		policy that requires the r	eview of any non-standard		[]		
	contributions?					31		X
32a	Does the organization hire or use th	nird parties	or related organizations	to solicit, process, or sell r	noncash			
	contributions?		•			32a		X

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b if "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2013)

Panhandle Alliance for Education,

61-1416176

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

2013

Department of the Treasury Internal Revenue Service ◆ 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

Name of the organization

Panhandle Alliance for Education,

Employer identification number 61-1416176

Form 990 - Organization's Mission

To promote excellence in education and provide broad-based community support for local public schools. As an independent organization, Panhandle Alliance for Education funds an endowment with assets held and administered by a community foundation, to provide perpetual funding in support of the Lake Pend Oreille School District.

Form 990, Part III, Line 4c - Third Accomplishment
Our volunteer coordinator benefitted 15 teachers and 1500 students.

Form 990, Part III, Line 4d - All Other Accomplishment Less administrative costs allocated to specific events

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A draft copy of the tax return is presented to the executive committee for approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflict of interest disclosure forms used annually

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents, policies, financial and tax reports are available to the public upon request.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

◆ See separate instructions.

◆ Attach to your tax return.

Name(s)	shown	on	return

Panhandle Alliance for Education,

Identifying number

61-1416176 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part 1. 500,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0. If manned filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 327 MACRS deductions for assets placed in service in tax years beginning before 2013 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in pened service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property f 20-year property S/L 25-year property 25 yrs S/L h Residential rental 27.5 yrs. MM property MM 27 5 yrs. SA Nonresidential real 39 yrs S/L property S/L Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs. c 40-vear 40 yrs. MM S/L Summary (See instructions.) Part IV

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Listed property Enter amount from line 28

Form 4562 (2013)

327

21

22

32. Number of employees

33. Number of volunteers

Two Year Comparison Report 2012 & 2013 Form **990** 07/01/13 06/30/14 For calendar year 2013, or tax year beginning ending Taxpayer Identification Number Name Panhandle Alliance for Education, Inc 61-1416176 Differences 2012 2013 504,017 707,930 203,913 1. Contributions, gifts, grants 1. 2. 2. Membership dues and assessments 3. Government contributions and grants 3. 4. Program service revenue 4. 2,042 572 -1,4705. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. 7. Net gain or (loss) from sale of assets other than inventory -208,457 -176,441 32,016 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 532,061 297,602 234,459 12. Total revenue. Add lines 1 through 11 12. 88,223 13. 75,132 -13,091 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 16. Salanes, other compensation, and employee benefits 111,817 130,601 18,784 16. 17. Professional fundraising fees 17. 2,732 -88 18. Other professional fees 18. 2,644 8,664 9,576 19. Occupancy, rent, utilities, and maintenance 19. 912 327 20. Depreciation and Depletion 20. 965 -638 150,949 188,987 38,038 21. Other expenses 21. 363,350 407,267 43,917 22. Total expenses. Add lines 13 through 21 22. 23. Excess or (Deficit). Subtract line 22 from line 12 -65,748 124,794 190,542 23. 297,602 532,061 234,459 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 297,602 532,061 234,459 26. Total excludable revenue 26. 641,066 758,349 117,283 27. Total assets 27. 68,971 61,460 -7,511 28. Total liabilities 28. 572,095 124,794 696,889 29. Retained earnings 29. 24 21 30. Number of voting members of governing body 30. 31. Number of independent voting members of governing body 31. 24 21

5

275

300

32.

33.

47. Total due/(Refund)

Two Year Comparison Report Form **990T**

07/01/13 06/30/14 ending

2012 & 2013

For calendar year 2013, or tax year beginning Taxpayer Identification Number Panhandle Alliance for Education, 61-1416176 2012 Differences 2013 1. Gross profit/loss on business activities 1. 2. Capital gains/losses 2. 3. Income/loss from partnerships and S corporations 3. 4. Rental income (net of expense) 4. 5. Unrelated debt-financed income (net of expense) 5. 6. Interest, and other income from controlled organizations (net of excense) 6. 7. Investment income of specific organizations (net of expense) 7. 8. Exploited exempt activity income (net of expense) 8. 9. Advertising income (net of expense) 9. 10. 10. Other income 11. Total trade or business income. Combine lines 1 through 10 11. 12. Compensation of officers, directors, and trustees 12. 13. Other salaries and wages 13. 14. Repairs and maintenance 14. 15. Bad debts 15. 16. Interest 16. 17. Taxes and licenses 17. 18. Chantable contributions 18. 19. Depreciation and Depletion 19. 20. 20. Contributions to deferred compensation plans 21. Employee benefit programs 21. 22. 22. Other deductions 23. Total deductions. Add lines 12 through 22 23. 24. Taxable income before NOL. Subtract line 23 from 11 24. 25. Net operating loss deduction 25. 26. Specific deduction 1,000 1,000 26. -1,000 -1,00027. Unrelated business taxable income. 27. 28. Income tax (corporate or trust) 28. 29. Proxy tax 29. 30. Alternative mınımum tax 30. 31. Total taxes 31. 32. Other credits 32. 33. General business credit 33. 34. Credit for prior year minimum tax 34. 35. Total credits 35. 36. Net tax after credits 36. 37. Recapture taxes 37. 38. Total Taxes 38. 39. Prior year overpayment and estimated tax payments 39. 40. Payment made with extension 40. 41. Backup withholding and foreign withholding 41. 42. Other payments 42. 43. Total payments 43. 44. Balance due/(Overpayment) 44. 45. Overpayment applied to next year 45. 46. Penalties 46.

47.

Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning 07/01/13, and ending 06/30/14

Panhandle Alliance for Education, 61-1416176 Inc

Net Asset / Fund Balance at Begi	nning of Year				57 2, 095
Revenue					
Contributions	•	707,930			
Program service revenue	<u></u>				
Investment income		572			
Capital gain / loss	<u> </u>				
Fundraising / Gaming	<u> </u>				
Gross revenue	42,686				
Direct expenses	219,127				
Net income		76,441			
Other income		0			
Total revenue			53	32,061	
Expenses				····	
Program services	2	265,233			
Management and general		98,015			
Fundraising		44,019			
Total expenses			4	07,267	
Excess / (deficit)					124,794
•					
Changes					
					696,889
Net Asset / Fund E	Balance at End of Year				
Net Asset / Fund E			Re	econciliation of	
Reconciliation of	Revenue	Total e		econciliation of	f Expenses
Reconciliation of Fotal revenue per financial statement	Revenue	Total ex Less			f Expenses
Reconciliation of Fotal revenue per financial statement	Revenue	Less		financial stateme	f Expenses
Reconciliation of Fotal revenue per financial statement .ess	Revenue	Less Dor	xpenses per	financial statem s	f Expenses
Reconciliation of Fotal revenue per financial statement .ess. Unrealized gains	Revenue	Less Dor Pric	xpenses per	financial statem s	f Expenses
Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services	Revenue	Less Dor Pric	xpenses per nated service or year adjust sses	financial statem s	f Expenses
Reconciliation of Fotal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other	Revenue	Less Dor Pric Los	xpenses per nated service or year adjust sses	financial statem s	f Expenses
Reconciliation of Fotal revenue per financial statement Less: Unrealized gains Donated services Recoveries Other	Revenue	Less Dor Pric Los Oth Plus:	xpenses per nated service or year adjust sses	financial statemi s tments	f Expenses
Reconciliation of Total revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	Revenue	Less Dor Pric Los Oth Plus:	estment expenses	financial statemi s tments	f Expenses ents
Reconciliation of Fotal revenue per financial statement less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses	Revenue	Less Dor Pric Los Oth Plus: Inve	estment expenser	financial statemi s tments	f Expenses ents
Reconciliation of Fotal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	Revenue	Less Dor Pric Los Oth Plus: Inve Oth	estment expenser Total expenses	financial statements enses	f Expenses ents
Reconciliation of Fotal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	S 532,061	Less Dor Pric Los Oth Plus: Inve Oth	estment expenser Total expenses	financial statements enses ses per return	f Expenses ents 407,26
Reconciliation of Total revenue per financial statement Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	Revenue S S S S S S S S S S S S S S S S S S S	Less Dor Pric Los Oth Plus: Inve Oth Balance She Ending	expenses per inated service or year adjust asses ther expenses there is a service of the service	financial statements enses	f Expenses ents 407,26
Reconciliation of Fotal revenue per financial statement Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets	532,061 Beginning 641,066	Less Dor Pric Los Oth Plus: Inve Oth Balance She Ending 758,	nated service or year adjust uses her estment expenser Total expenser	financial statements enses ses per return	f Expenses ents 407,26
Reconciliation of Total revenue per financial statement less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 641,066 68,971	Less Dor Pric Los Oth Plus: Inve Oth Balance She Ending 758, 61,	nated service or year adjust uses her estment expenser Total expenser	financial statements thents enses uses per return Differences	f Expenses ents 407,26
Reconciliation of Fotal revenue per financial statement less. Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets	532,061 Beginning 641,066	Less Dor Pric Los Oth Plus: Inve Oth Balance She Ending 758,	nated service or year adjust uses her estment expenser Total expenser	financial statements enses ses per return	f Expenses ents 407,26
Reconciliation of Fotal revenue per financial statement less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 641,066 68,971 572,095	Less Dor Pric Los Oth Plus: Inve Oth Balance She Ending 758, 61,	nated service or year adjust uses her estment expenser Total expenser	financial statements thents enses uses per return Differences	f Expenses ents 407,26
Reconciliation of Fotal revenue per financial statement Less Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 641,066 68,971 572,095	Less Dor Pric Los Oth Plus: Inve Oth Balance She Ending 758, 61,	nated service or year adjust uses her estment expenser Total expenser	financial statements thents enses uses per return Differences	f Expenses ents 407,26
Reconciliation of Total revenue per financial statement Less Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 641,066 68,971 572,095 Miscellaneous Amended return	Less Dor Pric Los Oth Plus: Inve Oth Balance She Ending 758, 61, 696,	estment expenser Total expenser 349 460 889	financial statements thents enses uses per return Differences	f Expenses ents 407,26
Reconciliation of Total revenue per financial statement Less Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 641,066 68,971 572,095	Less Dor Pric Los Oth Plus: Inve Oth Balance She Ending 758, 61, 696,	estment expenser Total expenser 349 460 889	financial statements thents enses uses per return Differences	f Expenses ents 407,26