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Form 990

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.

2014
Open to Public Inspection

OMB No_1545-0047

<u>A</u>	For th	ne 2014 c	alendar year, or tax year beginning , and ending			
<u>B</u>	Check if a	applicable	C Name of organization LA CROSSE PUBLIC EDUCATION		D Employe	er identification number
	Address	change	FOUNDATION INC.			
	Name ch	ange	Doing business as			.610700
=		•	Number and street (or P O box if mail is not delivered to street address) PO BOX 1811	Room/suite	E Telephor	ne number -787-0226
ட	Initial reti Final reti		City or town, state or province, country, and ZIP or foreign postal code	L	008-	767-0226
	terminate					660 070
	Amendeo	d return	LA CROSSE WI 54602 F Name and address of principal officer		G Gross rec	peipts \$ 662,970
$\overline{\Box}$	Annlicate	on pending	r Name and address of principal officer	H(a) Is this a grou	up return for s	subordinates? Yes X No
س	, фриссия	on pending	DO DOY 1011			uded? Yes No
			PO BOX 1811	H(b) Are all subc		
			LA CROSSE WI 54602	IT "NO,"	attach a list	(see instructions)
		mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	_		
<u>J</u>	Website	e ▶ L	ACROSSEEDUCATIONFOUNDATION.ORG	H(c) Group exer		
-		organization		Year of formation 1	989	M State of legal domicile WI
Р	art I	Su	ımmary			
	1	-	scribe the organization's mission or most significant activities:			
9		THE	MISSION OF THE LA CROSSE PUBLIC EDUCATION FOUNDATIO	N IS TO EN	HANCE	
ă			NING OPPORTUNITIES FOR STUDENTS IN THE SCHOOL DISTR			E AND
Activities & Governance		TO P	ROMOTE COMMUNITY UNDERSTANDING AND SUPPORT FOR PUBL	IC EDUCATI	ON.	
Š	2	Check the	is box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25%	of its net assets		
8	3	Number o	of voting members of the governing body (Part VI, line 1a)		3	<u> 1</u> 6
es	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	<u>1</u> 6
Ξ	5	Total num	nber of individuals employed in calendar year 2014 (Part V, line 2a)		_ 5	6
Act	6	Total num	nber of volunteers (estimate if necessary)		6	0
•	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrela	ated business taxable income from Form 990-T Jine 34		7b	0
			T RECEIVED.	Prior Year		Current Year
9	8	Contributi	ions and grants (Part VIII, line 1h)	86	5,327	258,697
Revenue	9	Program :	nons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d) AUG 3 8 2015			0
Ş	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d) AUG 3 8 2019	228	3,654	106,255
_	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 90110c, and 11e)			84,332
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII column (A), line 12)	314	1,981	449,284
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)			0
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)			0
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	59	019	67,515
xpenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
×pe	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶ 17,519	•,	, .	·
ш	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		633)	169,782
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		652	237,297
	19	Revenue	less expenses Subtract line 18 from line 12		5,329	211,987
Net Assets or Fund Balances				Beginning of Curr		End of Year
8set 3ala	20		ets (Part X, line 16)	1,382		1,642,107
a B	21		lities (Part X, line 26)		436	105,323
ř.		•	is or fund balances. Subtract line 21 from line 20	1,381	1,003	1,536,784
	<u>art II</u>		gnature Block			
Uı	nder pe	nalties of p	perjury, I declare that I have examined this return, including accompanying schedules and statements	, and to the best of	my knowie	dge and belief, it is
	ie, corre	ect, and co	mater Declaration of preparer ather than officer) is based on all information of which preparer has	any knowledge		2-011-1-
		-	July South			5-29-13
Sig		▼ s	ignature of Officer		Date	
He	re	 	DAVID STOEFFLER EXECU	TIVE DIR	ECTOR	
		+	ype or print name and title			
		Print/Type	e preparer's name Preparer's symature	Date	Check	If PTIN
Paid		MICHAE	L G. TEMP, CPA	08/21/	15 self-en	ployed P00029564
	parer	Firm's nar		Fi	m's EIN	39-1426119
Use	Only		609 4TH ST S STE B			
		Firm's add	dress LA CROSSE, WI 54601-4458	Pt	one no	608-784-8060
May	the IR	RS discuss	s this return with the preparer shown above? (see instructions)			X Yes No

LPEF GRAITHROUGH (Ac (Code N/A Ad Other program (Expenses \$	SERVICES (Describe in Schedule	G STATE OF PROJECTS	luding grants of \$	67,255) (Reve	REATIVITY	68,337)
THROUGH (Ac (Code N/A	SERVICES (Describe in Schedule	incl	Juding grants of \$	(Reve	REATIVITY	68,337
LPEF GRAI THROUGH (TTS - SUPPORTING GRANTS FOR PILOT)(Expenses \$	G STATE OF PROJECTS	THE ART INST	RUCTION AND C	REATIVITY	68,337
LPEF GRAITHROUGH (TTS - SUPPORTING	G STATE OF PROJECTS	THE ART INST	RUCTION AND C	REATIVITY	68,337)
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•				, , ,		68,337)
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AND GOWN	FOR STUDENTS V	WHOSE FAMI	LIES STRUGGLE	FINANCIALLY.	•	
	THE PURCHASE OF					
a (Code)(Expenses \$ CTS OF KINDNESS		luding grants of \$) (Reve		4,557
		· ·			·	
	tion 501(c)(3) and 501(c)(4) org ses, and revenue, if any, for ea		<u>-</u>	grants and allocations to ot	tners,	
	ganization's program service a			-		
If "Yes," descri	be these changes on Schedule				L	, <u></u> , . • •
Did the organiz services?	ation cease conducting, or mak	ke significant change	es in now it conducts, any pr	ogram		Yes X No
	be these new services on Sche		on in hourst anadysets are			
pnor Form 990	or 990-EZ?		J	•	[Yes 🗓 No
Did the organiz	ation undertake any significant	program services d	luring the year which were no	ot listed on the		
	re community uni	DERSTANDIN	IG AND SUPPORT	FOR PUBLIC E	DUCATION.	
TO PROMO!			TS IN THE SCH			SSE AND
	OPPORTUNTTES 1		ITC DDOCKLION	FOUNDATION IS	TO ENHAN	CE
THE MISS	ON OF THE LA C		TO EDUCATION		-	
Briefly describe THE MISS LEARNING	the organization's mission	ROSSE PUBI		Part III	_	X
Bnefly describe THE MISS LEARNING	ON OF THE LA C	s a response or	r note to any line in this	Part III		Page X

Form 990 (2014) LA CROSSE PUBLIC EDUCATION 39-1610700 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X complete Schedule A Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 X 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) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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, X 5 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 X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 X 12b is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

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

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

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

X

X

X

X

17

18

19

20a

20b

17

18

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ľ	
	employees? If "Yes," complete Schedule J	23	 	<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			••
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	∔	
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a				37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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?			v
26	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ļ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
	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,	- 21		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	$\bar{\mathbf{x}}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	_30	i	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	Ī		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 1		
	complete Schedule N, Part II	32		<u> </u>
33	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	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	į		
	or IV, and Part V, line 1	34		<u> </u>
	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-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ŀ		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		v
38	Part VI	37	 +	<u> </u>
J O	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	20		x
	13: Note: All Commode life are required to complete Scriedule C	38	990	

14a

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Section	C.	Disc	losure	•

17	List the states with which a copy of this Form 990 is required to be filed	WI

organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

LA CROSSE PUBLIC EDUCATION

PO BOX 1811

608-787-0226

WI 54602

16b

LA CROSSE

orm 990 (2014) LA	CROSSE	PUBLIC	EDUCATION
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39-1610700

Page 7

(PartVIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - 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.

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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-2/1099-MISC)	from the organization and related organizations	
(1) TIM RILEY							-		·		
	40.00										
EXECUTIVE DIRECTOR	0.00		ļ		X		_	25,032	0	2,292	
(2) DAVID STOEFFLER											
	40.00							00 550			
EXECUTIVE DIRECTOR	0.00	⊢	<u> </u>	$\vdash \vdash$	X	\vdash	\dashv	23,558	0	2,356	
(3) RANDY NELSON	0.00										
BY OFFICE	0.00	x				1			•		
EX OFFICIO (4) ROBERT MCMAHON	0.00	┢		\vdash		\vdash		0	0	0	
(4) KOBEKI MCMAHON	0.00		ļ								
EX OFFICIO	0.00	x						o	o	0	
(5) MARGARET DIHLMAN				Н		\vdash	\dashv	0		<u> </u>	
(0)	0.00	ľ					١				
HONORARY MEMBER	0.00	x						o	0	0	
(6) ANN FOWLER				\Box		\Box	\neg		<u>-</u>		
• •	0.00						ŀ				
PAST PRESIDENT	0.00	X					ŀ	o	0	0	
(7) CHRISTOPHER BLAY	LOCK						T				
	0.00										
DIRECTOR	0.00	X						0	0	0	
(8) SHAWN DUTCHIN											
	0.00						-				
DIRECTOR	0.00	X						0	0	0	
(9) RYAN CLARK		1					-				
	0.00	1					- 1				
DIRECTOR	0.00	X		\sqcup		<u> </u>	_	0	. 0	0	
(10)MICHAEL SIGMAN											
	0.00								_ :	_	
DIRECTOR	0.00	X	<u> </u>	\sqcup		$\vdash \vdash$	4	0	0	0	
(11) JODI EHRENBERGER							- {		,		
DIRECTOR	0.00	x					- 1	^	^	•	
DAA	0.00		Щ.	Ш				0	0	990 (2014)	

Part VII Section A. Officers	Directors Tr	ıster	s K	ev F	mni	OVE	9 2	and Highest Compensated	Fmploveetcontinued)				aye
(A) Name and title	(B) Average hours per week (list any	(c	do not ox, uni	Pos check ess pe	C) ition more erson	than o	one an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F Estim amou oth comper	ated nt of er	
	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-2/1099-MISC)	,	from organi; and re organiz	zation lated	
(12) KATHRYN ESCHER	0.00												
DIRECTOR	0.00	x						o	o				(
(13) ROGER LE GRAND													
DIRECTOR	0.00	x						o	0				,
(14) CARI MATHWIG RAN		<u>^</u>			-				J				
()	0.00												
DIRECTOR	0.00	X						0	0				(
(15) BETHANY NUGENT	0.00												
DIRECTOR	0.00	x						o	o				(
(16) TIFFANY OLSON		 	İ										
	0.00												_
DIRECTOR (17) ANGELA STRANGMAN	0.00	X						0	0				
(17) ANGELIA STRANGMAN	0.00												
DIRECTOR	0.00	x						O	o				(
(18) TAMMY LARSON													
	0.00												,
VICE PRESIDENT (19) ROBERT HETZEL	0.00	 	├-	X		-		0	0				
(13)21022112 1122222	0.00		}										
TREASURER	0.00		<u> </u>	X				0	0				
1b Sub-total		_	_	_			•	48,590				4,	648
c Total from continuation shed Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion /	٩.			P	48,590				4	648
Total number of individuals (increportable compensation from			to th	ose l	isted	d abo	ve) v	· · · · · · · · · · · · · · · · · · ·	00,000 of				
3 Did the organization list any for							ploye	ee, or highest compensated		ſ		Yes	1 -
employee on line 1a? If "Yes," 4 For any individual listed on line							on a	and other compensation from	n the	}	3		X
organization and related organ										}			x
individual 5 Did any person listed on line 1a	a receive or accr	ue co	mpe	nsati	on fi	rom a	iny t	unrelated organization or inc	lividual	ŀ	4		
for services rendered to the org	ganization? If "Ye										5		X
1 Complete this table for your five		neate	ed inc	dene	nder	nt con	trac	tors that received more than	2 \$100 000 of			_	
compensation from the organiz	ation. Report co							year ending with or within t	he organization's tax year.				
Name and	(A) business address						_	Descript	(B) bon of services	\longrightarrow	C	(C) mpensa	tion
	<u>. </u>						-		-				
							i i						
							\vdash			-			
								·					
2 Total austral of a decreased as a	antmaters (in at	d	L 4	-4.1		A =		hated about 1 4 -	<u> </u>	—			
2 Total number of independent or received more than \$100,000 or								iisted above) who	0				

Pai	t VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	loye	es, a	ind Highest Compensate	d Employee(continued)				
(A) Name and title		(B) Average hours per week (list any hours for	erage Position irs per (do not check more than or iveek box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estima amou oth compen from	ated nt of er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(0.2.000 8.00)		organiz and re organiz	zation lated	
(12)	REG BONNEY	0.00												
PRE	SIDENT	0.00			x				0	0				0
(13)	JUDITH SLEIK													
SEC	RETARY	0.00			x				0	o				0
(14)														
(15)														
(16)							_							
(17)			-				ļ							
(18)														
(19)														
c	Sub-total Total from continuation she	ets to Part VII, S	Sect	ion A	`			>						
2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the compensation fro	•		to th	ose I	isted	abc	ve)	Mho received more than \$1	00,000 of				
3	Did the organization list any for	mer officer, direc	ctor,						ee, or highest compensated				Yes	No
4	employee on line 1a? If "Yes," of For any individual listed on line organization and related organi	1a, is the sum of	rep	ortab	le co	mpe	ensat	ion a		m the		3		
5	individual Did any person listed on line 1a for services rendered to the org								•	dividual		5		
	on B. Independent Contracto													
1	Complete this table for your five compensation from the organiz	ation Report con							year ending with or within t	he organization's tax year				
	Name and	(A) business address						_	Descrip	(B) tion of services		Co	(C) Impensat	tion
														
														
	· · · · · · · · · · · · · · · · · · · ·								v	<u> </u>				
2	Total number of independent or	ontractors (includ	ing l	out n	ot lim	nted	to th	ose	listed above) who					
DAA	received more than \$100,000 o	n compensation t	חוטי	uie C	ugar	112811	ion 🕨					For	m 99(0 (2014)

	iūτ'n	Check if Schedule (oni O con	tains a	response o	r note to any line i	n this Part VIII		
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t s	1a	Federated campaigns	1a						
iran	b	Membership dues	1b						
S, E	c	Fundraising events	1c						
aff.	d	Related organizations	1d		·				
S.E	e	Government grants (contributions)	1e						
ion	1	f All other contributions, gifts, grants,							•
ibu the		and similar amounts not included above	1f		258,697				
at o	g	Noncash contributions included in lines 1a-	1f :	\$					
<u>ပိုန်</u>	h	Total. Add lines 1a-1f			▶	258,697			
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	Ī				Busn. Code				
Ver	2a								
8	b								
Š	C								
Sel	d								<u> </u>
ran	е								
5 g	f	All other program service rever	nue						
	7				•			<u> </u>	
	3	Investment income (including d	ividend	ls, interes	st,	20.000			20 200
		and other similar amounts)			•	32,028			32,028
	4	Income from investment of tax-	exemp	t bond pr	oceeds 🕨				······································
	5	Royalties	1						
		(i) Real		(4)	Personal				
	6a	Gross rents							
	b	Less rental exps							
	2	Rental inc or (loss) Net rental income or (loss)	[~
	d 7a	7a Gross amount from) Other					
				y outer					
	ь	Less cost or other	, 4, 2						
			,245						
	С		,227						
		Net gain or (loss)		L	—	74,227	74,227	1	-
_		Gross income from fundraising ever	nts [· · · · · ·				
P.		(not including \$	-						
λe		of contributions reported on line 1c)							
Š		See Part IV, line 18	a		112,882				
Other Revenue	b	Less: direct expenses	ь		33,416				
0		Net income or (loss) from fundi	aising	events	>	79,466			
	9a	Gross income from gaming activities	3						
		See Part IV, line 19	a		980				
	b	Less: direct expenses	ьĮ		25				
	С	Net income or (loss) from gami	ng actiy	vities	•	955	955		
	10a	Gross sales of inventory, less			}		!		
		returns and allowances	a						
		Less. cost of goods sold	ьĮ					,	
	С	Net income or (loss) from sales	of inve	entory	, •	····		-,	
		Miscellaneous Revenue			Busn Code	ا ـ ـ ـ ـ		, -	-
	11a	REIMBURSEMENTS AND OT	HER I	NCO		3,911			3,911
	b				ļ	-			
	C								
	d	All other revenue		-		2 22			
	e	Total. Add lines 11a-11d	_		P	3,911	7E 100		25 000
	12	Total revenue. See instruction	5		. ▶	449,284	75,182	0	35,939

Part IX | ,Statement of Functional Expenses

Sect	ton 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			e column (A)	
Do =	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments See Part IV, line 21				'
2	Grants and other assistance to domestic				
-	individuals See Part IV, line 22				İ
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				•
	individuals See Part IV, lines 15 and 16				,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	48,590	24,295	12,147	12,148
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	14,221		14,221	
8	Pension plan accruals and contributions (include	•		•	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	208	104	52	52
10	Payroll taxes	4,496		4,496	
11	Fees for services (non-employees)				
а	Management	15,518		15,518	
b	Legal				
C	Accounting	4,425		4,425	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column	į			
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	390		390	
13	Office expenses	12,149		6,959	5,190
14	Information technology		_		
15	Royalties				
16	Occupancy	CET			100
17	Travel	657	·	528	129
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization				
22 23	· ' ' '	1,504		1,504	
23 24	Insurance Other expenses Itemize expenses not covered	1,504		1,304	
24	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)		İ		;
а	AVID GRANT	64,199	64,199		
b	LPEF GRANTS	34,956	34,956		
c	RAK GRANTS	23,022	23,022		
d	OTHER GRANTS/AWARDS	12,962	12,962		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	237,297	159,538	60,240	17,519
26	Joint costs. Complete this line only if the		/		,
	organization reported in column (B) joint costs			į	
	from a combined educational campaign and fundraising solicitation. Check here ▶ if		İ		
	following SOP 98-2 (ASC 958-720)				
DAA				 	

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 91,946 192,098 Cash-non-interest bearing 72,310 2 2 Savings and temporary cash investments 7,314 Pledges and grants receivable, net 3 15,302 751 Accounts receivable, net 4 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 6 Notes and loans receivable, net 7 Inventones for sale or use 8 319 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 185,764 288,016 11 11 Investments-other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 1,089,427 1,074,299 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,382,439 16 1,642,107 64,199 17 17 Accounts payable and accrued expenses 18 Grants payable 18 200 39,576 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 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 1,548 1,236 of Schedule D 25 105,323 1,436 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 291,576 27 Unrestricted net assets 445,105 28 Temporanly restricted net assets 28 1,089,427 1,091,679 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 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 1,381,003 33 Total net assets or fund balances 1,536,784 1,382,439 1,642,107 Total liabilities and net assets/fund balances

Form **990** (2014)

	1 990 (2014) LA CROSSE PUBLIC EDUCATION 39-1610 700				Pa	<u>ge 12</u>
Pa	. Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1				284
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 297</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>987</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	, 38	31,	003
5	Net unrealized gains (losses) on investments	5		-5	56,	206
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor penod 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	1	,53	36,	784
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ŀ		
	Schedule O					
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		-			
	X Separate basis Consolidated basis Both consolidated and separate basis		ŀ	į		
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			1	- 1	}
	Separate basis Consolidated basis Both consolidated and separate basis		ļ		- 1	
С	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	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
За	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ì			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

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.

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

LA CROSSE PUBLIC EDUCATION FOUNDATION INC.

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

Employer identification number 39-1610700

1		A church, cor	nvention of churches, or asso	ciation of churches described in	section	170(b)(1)((A)(i).				
2		A school des	cribed in section 170(b)(1)(/	A)(ii).(Attach Schedule E)							
3		A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)(1)(A)(iii).				
4		A medical res	search organization operated	in conjunction with a hospital de	scnbed in	section	170(b)(1)(A)(iii).Enter the hosp	oital's name,			
		city, and state	e·								
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in				
		section 170	(b)(1)(A)(iv).(Complete Part	I)							
6		A federal, sta	ite, or local government or go	vernmental unit described in sec	tion 170	(b)(1)(A)(v).				
7	П	An organizati	on that normally receives a s	ubstantial part of its support from	a govern	mental ur	nit or from the general public				
		described in	section 170(b)(1)(A)(vi).(Co	mplete Part II)	_						
8		A community	trust described in section 1	70(b)(1)(A)(vi).(Complete Part II	1)						
9	X	-		more than 33 1/3% of its suppo	•	ntributions	s. membership fees, and gross				
		-		• •							
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by t	- he organization after June 30	, 1975 See section 509(a)(2). (Complete	Part III)	•				
10		An organizati	on organized and operated e	xclusively to test for public safety	See sec	tion 509((a)(4).				
11	П	An organizati	on organized and operated e	clusively for the benefit of, to pe	rform the	functions	of, or to carry out the purposes	of			
	_	one or more ;	publicly supported organization	ns described in section 509(a)(1) or sec	tion 509(a	a)(2). See section 509(a)(3). C	heck			
				bes the type of supporting organ							
а		Type I. A sup	porting organization operated	d, supervised, or controlled by its	supporte	d organiza	ation(s), typically by giving				
	_			regularly appoint or elect a major							
		organization.	You must complete Part I\	, Sections A and B.							
b		Type II. A su	pporting organization supervis	sed or controlled in connection w	ith its sup	ported or	ganization(s), by having				
		control or ma	nagement of the supporting o	rganization vested in the same p	ersons th	at control	or manage the supported				
		organization(s) You must complete Par	IV, Sections A and C.							
С		Type III fund	ctionally integrated.A suppo	rting organization operated in co	nnection	with, and i	functionally integrated with,				
		its supported	organization(s) (see instruction	ons). You must complete Part	IV, Secti	ons A, D	, and E.				
đ		Type III non-	-functionally integrated As	upporting organization operated	ın connec	tion with i	ts supported organization(s)				
		that is not fun	nctionally integrated. The orga	nization generally must satisfy a	distribution	on require	ment and an attentiveness				
		requirement (see instructions) You must	complete Part IV, Sections A	and D, a	nd Part V	'.				
е		Check this bo	ox if the organization received	a written determination from the	IRS that	ıt is a Typ	e I, Type II, Type III				
		functionally in	ntegrated, or Type III non-fund	tionally integrated supporting or	ganızatıor	١.					
f			of supported organizations								
g	Pro	vide the follow	ing information about the sup	ported organization(s)	· · · · · ·		_				
(1		e of supported	(ii) EIN	(iii) Type of organization	1 1 1	organization	(v) Amount of monetary	(vi) Amount of			
	org	ganization		(described on lines 1–9 above or IRC section		ur governing ment?	support (see	other support (see			
				(see instructions)			instructions)	instructions)			
					Yes	No					
(A)											
					ļ		·				
B)			i								
					ļ		 				
C)						}					
					ļ	ļ					
D)											
					ļ	ļ					
E)											
			- CHARLENGER TO		 						
			THE PARTY MENTAL AND A STATE OF THE PARTY AND		1						
Γota			L		<u> </u>	1		l			

Part II . 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
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		ļ					
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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
7	Amounts from line 4				_			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							,
11	Total support. Add lines 7 through 10				İ			
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)((3)		
	organization, check this box and stop here							>
<u>Sec</u>	tion C. Computation of Public Su	pport Percenta	age			<u> </u>		
14	Public support percentage for 2014 (line 6,	column (f) divided l	by line 11, column ((f))	••		14	%
15	Public support percentage from 2013 Schei						15	%_
16a	33 1/3% support test—2014. If the organic	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, chec	ck this		_
	box and stop here. The organization qualif	•	•		÷			▶ 🗀
b	33 1/3% support test—2013. If the organic				is 33 1/3% or more			
	check this box and stop here. The organization	· ·		_	-			▶ [_
17a	10%-facts-and-circumstances test—201	-						
	10% or more, and if the organization meets				•			
	Part VI how the organization meets the "fac organization	ts-and-circumstand	ces" test. The organ	nization qualifies as	s a publicly supporte	ad		▶ [
b	10%-facts-and-circumstances test—201	13. If the organization	on did not check a t	oox on line 13, 16a	, 16b, or 17a, and li	ne		
	15 is 10% or more, and if the organization r				•			
	Explain in Part VI how the organization mee	ets the "facts-and-c	ircumstances" test	The organization of	qualifies as a public	lу		. —
	supported organization					•		.
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see			
	instructions				•	•		• :

Schedule A (Form 990 or 990-EZ) 2014 LA CROSSE PUBLIC EDUCATION Part III .Support Schedule for Organizations Described in Section 509(a)(2)

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

	 If the organization fails to organization. 	qualify under the	tests listed bel	low, please con	nplete Part II.)		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	147,740	264,521	131,166	86,327	258,697	888,451
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	27,625	14,727	26,163	182,793	113,862	365,170
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
6	Total. Add lines 1 through 5	175,365	279,248	157,329	269,120	372,559	1,253,621
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				ł		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1,253,621
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	175,365	279,248	157,329	269,120	372,559	1,253,621
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	887	621	698	56,807	32,028	91,041
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	887	621	698	56,807	32,028	91,041
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					2,911	2,911
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support.(Add lines 9, 10c, 11,	T					
	and 12)	176,252	279,869	158,027	325,927	407,498	1,347,573
14	First five years. If the Form 990 is for the o organization, check this box and stop here			or fifth tax year as	a section 501(c)(3	3)	▶ []
<u>Sec</u>	tion C. Computation of Public Sup	port Percentag	je	-			
15	Public support percentage for 2014 (line 8, o	• • • • • • • • • • • • • • • • • • • •			• •	15	93.03%
16	Public support percentage from 2013 Sched			<u> </u>	·	16	95.39%
	tion D. Computation of Investmen						
17 10	Investment income percentage for 2014 (lin		=	iumn (t))		17	7 %
18 102	Investment income percentage from 2013 S				- than 22 4/22/	. [18]	7 %
19a	33 1/3% support tests—2014. If the organ 17 is not more than 33 1/3%, check this box				•		⊾ 🕏
b	33 1/3% support tests—2013. If the organ	ization did not check	a box on line 14 o	r line 19a, and line	16 is more than 33	3 1/3%, and	► <u>X</u>
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did				· · · · · ·	nization	▶

Part IV Supporting Organizations

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

Section A.	Ali	Supporting	Organizations
------------	-----	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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		Yes	No
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Schedule A (Form 990 or 990-EZ) 2014 LA CROSSE PUBLIC EDUCAT	ION	39-1610)700 Page 6
Part V . Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			
other Type III non-functionally integrated supporting organizations must complete			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	-	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	1	(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			1
instructions for short tax year or assets held for part of year)			
a Average monthly value of secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		,	
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		············
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		· · · · · · · · · · · · · · · · · · ·	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recovenes of pnor-year distributions	7		
8 Minimum Asset Amount(add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
A Enter greater of line 2 or line 3	A		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

5

6

Schedule A (Form 990 or 990-EZ) 2014

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

a∣ b C

Breakdown of line 7

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 LA CROSSE PUBLIC EDUCATION

39-1610700

Page 8

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.

2014

√ Inspection -

Schedule D (Form 990) 2014

Name of the organization Employer identification number LA CROSSE PUBLIC EDUCATION FOUNDATION INC. 39-1610700 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . Part II盐 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes | No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2014 LA CROSSE	PUBLIC E	DUCAT	TON		39-1	<u>.61070</u>	0		Page 2
Part III . Organizations Maintaining	Collections of	Art, His	storical Tre	easures, o	r Other	Similar A	Assets	(continued	
3 Using the organization's acquisition, accession collection items (check all that apply).						•			
a Public exhibition	d .	Loan or	exchange pro	grams					
b Scholarly research	e	Other	J- p	J					
c Preservation for future generations						•			
4 Provide a description of the organization's colle	ections and explain	how they	further the ord	ganization's e	xempt pur	pose in Pa	rt		
XIII.		,		3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5 During the year, did the organization solicit or r					nılar			Π	<u> </u>
Part IV Escrow and Custodial Arra		ert of the o	organization's	collection?				Yes	<u> </u> No
Complete if the organization	_	' to For	n 990, Part	IV, line 9,	or repor	ted an aı	mount on	Form	
990, Part X, line 21			·		<u> </u>				
1a Is the organization an agent, trustee, custodian	or other intermedia	ary for co	ntributions or o	other assets r	ot				
included on Form 990, Part X?								Yes	U No
b If "Yes," explain the arrangement in Part XIII ar	d complete the folk	owing tab	le:			_			
						<u> </u>		Amount	
c Beginning balance						L	1c		
d Additions during the year						L	1d		
e Distributions during the year						<u> </u>	1e		
f Ending balance							1f		
2a Did the organization include an amount on For	m 990, Part X, line 2	21, for esc	crow or custod	dial account lia	ability?			Yes	No
b If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	lanation	has been prov	rided in Part >	(III				<u> </u>
Part V Endowment Funds.									
Complete if the organization	answered "Yes"	to Forr	n 990, Part	IV, line 10	•	, · · · · · · · · · · · · · · · · · · ·			
	(a) Current year	(b)	Pnor year	(c) Two ye	ars back	(d) Three	years back	(e) Four ye	ars back
1a Beginning of year balance		<u> </u>							
b Contributions									
c Net investment earnings, gains, and		1							
losses		<u> </u>							
d Grants or scholarships		L							
Other expenditures for facilities and								İ	
programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the current	t year end balance	(line 1g, d	column (a)) he	eld as					
a Board designated or quasi-endowment ▶	%								
b Permanent endowment ▶ %									
c Temporanly restricted endowment ▶	%								
The percentages in lines 2a, 2b, and 2c should	equal 100%.								
3a Are there endowment funds not in the possessi	on of the organizati	on that a	e held and ad	lministered fo	r the				
organization by.								Y	es No
(i) unrelated organizations								3a(i)	X
(ii) related organizations							•	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations li	sted as required on	Scheduk	e R?					3b	
4 Describe in Part XIII the intended uses of the or	rganization's endow	ment fun	ds				• •		
Part VI Land, Buildings, and Equip	ment.							-	
Complete if the organization a	answered "Yes"	to Form	n 990, Part	IV, line 11	a. See F	orm 990,	Part X, I	<u>ine</u> 10.	
Description of property	(a) Cost or other	basis	(b) Cost or o	other basis	(c) A	Accumulated		(d) Book valu	ne
	(investment)	(oth	er)	de	epreciation			
1a Land									
b Buildings									
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part >	<, column	(B), line 10c.)				•		

Schedule D (Form 990) 2014

Part VII	.Investments—Other Securities. Complete if the organization answered "Yes	es" to Form 990. Part IV. line	11b. See Form 990. Part	X. line 12.
•	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	denvatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12)		<u> </u>	<u> </u>
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Ye			
	(a) Description of investment	(b) Book value	(c) Method of v	
(4)			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX				
	Complete if the organization answered "Ye	es" to Form 990 Part IV line 1	Id See Form 990 Part	X line 15
	(a) Descri		11d. 000 1 0iii 000, 1 dit.	(b) Book value
(1)	BENEFICIAL INTEREST			1,074,29
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		• •		
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		•	1,074,29
Part X				
	Complete if the organization answered "Ye	s" to Form 990, Part IV, line 1	11e or 11f. See Form 990	. Part X.
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) ACCUI	RED PAYROLL TAXES	1,548		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,548		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the	ne footnote to the organization's finan	icial statements that reports the	

 $\overline{\mathbf{X}}$

Part XIII Supplemental Information.

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

PART X - FIN 48 FOOTNOTE

THE FOUNDATION HAS EVALUATED FOR UNCERTAIN TAX POSITIONS AND MANAGEMENT HAS EXPRESSED THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2014.

TAX RETURNS FOR THE PAST THREE YEARS REMAIN OPEN FOR EXAMINATION BY TAX JURISDICTIONS.

4c

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Schedule D (Form 990) 2014 LA CROSSE PUBLIC EDUCATION

39-1610700

Page 5

Part XIII .Supplemental Information (continued)

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 entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 **2014**

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Department of the Treasury Internal Revenue Service Name of the organization

LA CROSSE PUBLIC EDUCATION FOUNDATION INC.

Employer identification number 39-1610700

	Eundraining Activities Complete if	th.	o organizatio			ad "Vaa" ta Farm O	00 Det IV line 17	
۲P	Fundraising Activities. Complete if Form 990-EZ filers are not required t	0 C	omplete this	part.			90, Part IV, line 17	·
1	Indicate whether the organization raised funds through a	ny (of the following a	ctivitie	es Ch	eck all that apply		
a	L Mail solicitations	е	Solicitation	of nor	1-gove	ernment grants		
b	Internet and email solicitations	f	Solicitation	of gov	/emm	ent grants		
c	Phone solicitations	g	Special fun	draisir	ng eve	ents		
d	In-person solicitations							
	Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity in If "Yes," list the ten highest paid individuals or entities (fur compensated at least \$5,000 by the organization	n co	nnection with pr	ofession of the second of the	onal for reeme	undraising services?	ndraiser is to be	Yes No
	(i) Name and address of individual or entity (fundraiser)		(ii) Activity	raisei custo cont	d fund- r have ody or rol of utions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		+	·	Yes	_		(7	
1								
2								
3								
4								
5								
6								
7							-	
8								
9								
10								
Tota	l				▶			
3	List all states in which the organization is registered or lic registration or licensing	ens	sed to solicit con	tnbutio	ons or	has been notified it is	exempt from	
								•
			••	•			•••	
					•		• •	
	• • • • • • • • • • • • • • • • • • • •		•	• •	•	•• • ••		

Schedule G (Form 990 or 990-EZ) 2014 LA CROSSE PUBLIC EDUCATION 39-1610700 Page 2 Part II . 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events C MILLER BOWTIE SDL STAFF CAMPA 3 (add col (a) through col (c)) (total number) (event type) (event type) 23,525 23,334 96,746 49,887 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 23,525 23,334 49,887 96,746 line 2) 750 1,000 1,000 2,750 4 Cash prizes 1,192 1,192 5 Noncash prizes 4,925 4,925 6 Rent/facility costs 7 Food and beverages 8 Entertainment 19,719 1,710 21,429 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 30,296 11 Net income summary. Subtract line 10 from line 3, column (d) 66,450 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) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? Yes No 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.

State	dule G (Form 990 or 990-EZ) 2014 LA CROSSE PUBLIC EDUCATION	39.	-161070	0 Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer chantable gaming?			Yes No
13	Indicate the percentage of gaming activity conducted in:			
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 chantable 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		•	
	spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b	, columns (i	ii) and (v),	and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a	additional in	formation (see
	instructions).			
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				•

SCHEDULE Q (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.

2014

OMB No 1545-0047

Openito Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

LA CROSSE PUBLIC EDUCATION

Employer identification number 39-1610700

FOUNDATION INC.

FORM 990, PART III - ADDITIONAL INFORMATION
ALLOCATED ADMINISTRATIVE EXPENSES

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

ADMINISTRATIVE COSTS ALLOCATED TO PROGRAM SERVICES FOR EXECUTIVE DIRECTOR

SALARY AND OFFICE EXPENSES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 RECORDS REVIEWED AND ADJUSTED AS NECESSARY BY INDEPENDENT CPA FIRM WHO THEN PREPARES THE FORM 990. FORM 990 IS THEN REVIEWED BY EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS AND SIGNED BY AN OFFICER OF THE FOUNDATION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE FOUNDATION REQUIRES WRITTEN DISCLOSURE AND THAT BOARD MEMBERS REPORT

ANY CHANGES IN STATUS IMMEDIATELY

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE DIRECTOR'S PAY APPROVED BY THE FOUNDATION'S BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION

IN THE PAST, THE TAXPAYER HAD USED THE CASH BASIS OF ACCOUNTING. IT HAS

BEEN DETERMINED THAT THE ACCRUAL BASIS OF ACCOUNTING WOULD MUCH BETTER

Page 2

Name of the organization

LA CROSSE PUBLIC EDUCATION

Employer identification number

39-1610700

REFLECT THE FINANCIAL STATUS OF THE FOUNDATION.THEREFORE, FORM 3115 HAS BEEN ATTACHED TO THIS RETURN AND THE FORM 990 REFLECTS THE ACCRUAL BASIS BEGINNING IN 2014.

S	СН	EDULE G	F	undraising Other Eve	nts					
		m 990 or -EZ)		or calendar year 2014, or tax year beginning , and ending						
Nar	ne	•	UBLIC EDUCATION	beginning	, and ending	Employer	Identification Number			
			INC.			39-16	10700			
			(a) Other event	(b) Other event	(c) Other event					
			COMPASSION PROJ	FALL APPEAL	SPRING APPE	AL	(d) Total other events (add col (a) through			
ē			(event type)	(event type)	(event type)		col (c))			
Revenue	1 Gross receipts		20,812	17,882	11	,193	49,887			
	2	Less. Chantable contributions								
	3	Gross income (line 1 minus line 2)	20,812	17,882	11	,193	49,887			
	4	Cash prizes	1,000				1,000			
	5	Noncash prizes								
nses	6	Rent/facility costs								
Direct Expenses	7	Food/beverages								
Direc	8	Entertainment					· · · · · · · · · · · · · · · · · · ·			
	9	Other expenses	16,597	1,924	1	,198	19,719			

Pa	rt V		nent of Reve		ains a ı	response o	or note to any line	in this Part VIII		
		*					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated carr Membership de Fundraising ev Related organis Government grants All other contribution and similar amounts Noncash contribution Total. Add line	ues rents reations (contributions) is, gifts, grants, not included above ins included in lines 1a-	1a		86,327	86,327		-	
Program Service Revenue	2a b c d e f	All other progra Total. Add line	am service revei es 2a–2f	nue		Busn Code				
Other Revenue	3 4 5	and other simil	ome (including of lar amounts) nvestment of tax-		bond pro	oceeds >	228,654	182,793		45,861
	6a b c d 7a	Gross rents Less rental exps Rental inc or (loss) Net rental inco Gross amount from				Personal				
	b c d	sales of assets other than inventory Less cost or other basis & sales exps Gain or (loss) Net gain or (los				•				
	8a	Gross income fro (not including \$ of contributions r See Part IV, line	om fundraising ever reported on line 1c) 18	a						
	c 9a		(loss) from fund om gaming activitie 19		vents	>				
	10a b	Gross sales of returns and all Less: cost of g	owances	a b		. •				,
	11a b c	Mrs	ceitaneous Revenue			Busn. Code			, ÷,	
	е 12	Total savenus					314.981	182 793	: 0	45 861

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 (A) Total expenses (D) (B) (C) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 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) 55,000 27.500 13,750 13,750 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 4,019 2,010 1,004 1,005 10 Payroll taxes Fees for services (non-employees): Management Legal ь 4,235 4,235 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 2,143 2,143 (A) amount, list line 11g expenses on Schedule O) 5,693 2,847 2,846 12 Advertising and promotion 6,729 2,803 1,991 13 Office expenses Information technology Royalties 15 16 Occupancy 7 20 7 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,427 1,427 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 44,070 44,070 **VENTURE GRANTS** а 18,867 18,867 RAK GRANTS b OTHER DISTRIBUTIONS 12,031 12,031 C FUND RAISING EXPENSES 5,418 5,418 All other expenses 159,652 110,135 24,557 24,960 Total functional expenses. Add lines 1 through 24e 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 133,858 89,470 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 938 15,302 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 185,764 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 14 574,138 1,091,903 15 Other assets. See Part IV, line 11 15 708,934 1,382,439 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 200 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 4,683 25 1,236 of Schedule D 4,683 26 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 704,251 291,576 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 1,089,427 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 704,251 1,381,003 33 Total net assets or fund balances 33 708,934 1,382,439 Total liabilities and net assets/fund balances

Part 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) 2 Total expenses (must equal Part VIII, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 155, 329 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 704 , 251 5 Net unrealized gains (fosses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at the of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization financial statements compiled or reviewed by an independent accountant?	om	990 (2013) LA CROSSE PUBLIC EDUCATION 39-16107	00			Page 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses (subtract line 2 from line 1 3 1.15, 3.229 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Conated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other	Рa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 155, 329 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior penced adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting (B) 12 Accounting method used to prepare the Form 990: X Cash Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 14 Accounting method used to prepare the Form 990: X Cash Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 15 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 Were the organization's financial statements audited by an independent accountant? If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis Each accuration E		Check if Schedule O contains a response or note to any line in this Part XI	•••			
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donaletd services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Unet assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the lax year, explain in Schedule O. 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 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. 3b If "Yes," did the organization undergo the required audit or audits' Staken to undergo such audits.	1	Total revenue (must equal Part VIII, column (A), line 12)		1	314	1,981
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 10 Net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 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. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 13 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: 14 Separate basis Consolidated basis, or both: 15 Separate basis Consolidated basis both consolidated and separate basis 16 Were the organization's financial statements audited by an independent accountant? 17 Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. 16 Separate basis Consolidated basis, or both. 17 Separate basis Consolidated basis, or both. 18 Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both. 19 Separate basis Consolidated basis and selection of an independent accountant? 10 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? 18 Yes to line 2a or 2b, does the organization have a c	2	Total expenses (must equal Part IX, column (A), line 25)		2	159	652
Net unrealized gains (losses) on investments 5 6 6 6 7 7 7 7 7 8 7 7 7 8 7 7	3	Revenue less expenses. Subtract line 2 from line 1		3	155	5,329
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 In Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 In 381, 003 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation of its financial statements and selection process during the tax year, explain in Schedule O. 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? 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	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	• •	4	704	1,251
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 IN Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 I, 381, 003 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	5	Net unrealized gains (losses) on investments		5		
8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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. 3b	6	Donated services and use of facilities		6		
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 alterments audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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. 3b	7	Investment expenses		7	•	
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 alterments audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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. 3b	8	Prior period adjustments		8	521	1,423
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash	9	•		9		
33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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. 3b	10	• • • • • • • • • • • • • • • • • • • •	••••			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. 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, or both. Separate basis, consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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. 3b				10	1,381	1,003
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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. 3b	Pa	rt XII Financial Statements and Reporting	-			
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. 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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. 3b If "Yes," and the organization with in Schedule O and describe any steps taken to undergo such audits.		· · · · · · · · · · · · · · · · · · ·				
1 Accounting method used to prepare the Form 990:					Y	es No
If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 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. 3b	1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
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Form 3115

(Rev. December 2009) Department of the Treasury Internal Revenue Service

Application for Change in Accounting Method

OMB No. 1545-0152

Internal Revenue Service	<u>.l</u>
Name of filer (name of parent corporation if a consolidated group) (see instructions)	Identification number (see instructions)
LA CROSSE PUBLIC EDUCATION FOUNDATION, INC.	39-1610700
	Principal business activity code number (see instructions)
Number, street, and room or suite no. If a P.O box, see the instructions.	Tax year of change begins (MM/DD/YYYY) 01/01/2014
PO BOX 1811	Tax year of change ends (MM/DD/YYYY) 12/31/2014
City or town, state, and ZIP code	Name of contact person (see instructions)
LA CROSSE, WI 54602	DAVID STOEFFLER
Name of applicant(s) (if different than filer) and identification number(s) (see instruction	ons) Contact person's telephone number
	608-787-0226
If the applicant is a member of a consolidated group, check this b	ox
If Form 2848, Power of Attorney and Declaration of Representative	
required), check this box	▶ 🗆
Check the box to indicate the type of applicant.	Check the appropriate box to indicate the type
☐ Individual ☐ Cooperative (Sec. :	
☐ Corporation ☐ Partnership	(see instructions)
Controlled foreign corporation S corporation	Depreciation or Amortization
(Sec. 957) Insurance co. (Sec.	816(a)) Financial Products and/or Financial Activities of
10/50 corporation (Sec. 904(d)(2)(E)) Insurance co. (Sec.	831) Financial Institutions
☐ Qualified personal service ☐ Other (specify) ▶	☐ Other (specify) ►
corporation (Sec. 448(d)(2))	
Caution. To be eligible for approval of the requested change in methor relevant to the taxpayer or to the taxpayer's requested change in methor of the taxpayer or to the taxpayer's requested change in method form 3115 (including its instructions), as well as any other information. The taxpayer must attach all applicable supplemental statements.	nod of accounting. This includes all Information requested on this that is not specifically requested.
Part I Information For Automatic Change Request	
 Enter the applicable designated automatic accounting method only one designated automatic accounting method change nu IRS. If the requested change has no designated automatic accounting method change nu IRS. If the requested change has no designated automatic accounting the last process. (a) Change No122	umber, except as provided for in guidance published by the ounting method change number, check "Other," and provide ace providing the automatic change. See instructions.
unavailable for the applicant's requested change? If "Yes,"	l l
Note. Complete Part II below and then Part IV, and also Schedule	
Part II Information For All Requests	Yes No
3 Did or will the applicant cease to engage in the trade of terminate its existence, in the tax year of change (see instri If "Yes," the applicant is not eligible to make the change un	or business to which the requested change relates, or uctions)?
4a Does the applicant (or any present or former consolidated applicable tax year(s)) have any Federal income tax return(s). If "No," go to line 5.	
b Is the method of accounting the applicant is requesting to any present or former consolidated group in which the ap- either (i) under consideration or (ii) placed in suspense (see	plicant was a member during the applicable tax year(s))
	see instructions)
Under penalties of penury, I declare that I have examined this application, including	accompanying schedules and statements, and to the best of my knowledge and belief.
the application contains all the relevant facts relating to the application, and it is truinformation of which preparer has any knowledge.	e, correct, and complete. Declaration of preparer (other than applicant) is based on all
Dame 8 Filer 8-24-15	Preparer (other than filer/applicant) With a large of the second of the
Signature and date	Signature of individual preparing the application and date
- //	Michael G. Temp, CPA
Name and title (print or type)	Name of individual preparing the application (print or type)
	Tostrud & Temp, S.C
	Name of firm preparing the application

Part	Information For All Requ	ests (continued)			Yes	No
4c		er consolidated group	in which the applicant	pending (with respect to either the was a member during the applicable		~
d	Is the request to change the me division director consent to the fill If "Yes," attach the consent state	ling of the request (see	e instructions)?	cedures requiring that the operating		~
е	Is the request to change the meth	nod of accounting being	ng filed under the 90-da	y or 120-day window period?		~
	If "Yes," check the box for the ap	plicable window perio	od and attach the require	ed statement (see instructions).		
		Date examination end				
f	If you answered "Yes" to line 4a,	enter the name and to	elephone number of the	examining agent and the tax		
	year(s) under examination. Name ►	Toloph	one number N	Toy woods)		
~	Has a copy of this Form 3115 be		one number >	Tax year(s) ►		
9 5a		•		applicant was a member during the	\vdash	
Ja	applicable tax year(s)) have any F If "Yes," enter the name of the (cl	ederal income tax reti				
	telephone number, and the tax ye	, —				
	Name ►		one number ►	Tax year(s) ►		
b	Has a copy of this Form 3115 be on line 5a?	een provided to the A	ppeals officer and/or control	ounsel for the government identified		
С		plicant or any present	or former consolidated	der consideration by Appeals and/or group in which the applicant was a		
6	attach a statement that provides	each parent corpora	tion's (a) name, (b)	esent or former consolidated group, identification number, (c) address, amination, before an Appeals office,		
7	If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity?					
	If "Yes," the applicant is not elig	jible to make the chan	ige.			
8a b	receive audit protection for the requested change (see instructions)?					
9a		ear or a related par	ty requested or made	(under either an automatic change		
	procedure or a procedure require (including the year of the requeste	ing advance consent) ed change)?	a change in method of	f accounting within the past 5 years		•
b	If "Yes," for each trade or busin (including the tax year of change)			d change in method of accounting insent.		
С	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.					
10a	Does the applicant, its predec concurrently filed request) for a p			ending any request (including any unting, or technical advice?		
b 11	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s). Is the applicant requesting to change its overall method of accounting?					
• •		boxes below to inc	dicate the applicant's	present and proposed methods of		
	Present method:	☑ Cash	☐ Accrual	☐ Hybrid (attach description)		
	Proposed method:	☐ Cash	☑ Accrual	☐ Hybrid (attach description)		
					∟ ŧ	

Part	II Information For All Requests (continued)	Yes	No		
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following: The item(s) being changed.				
a b	The applicant's present method for the item(s) being changed.				
C	The applicant's proposed method for the item(s) being changed.				
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).				
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application.				
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements?				
	For insurance companies, see the instructions	~			
40.	If "No," attach an explanation.				
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?				
	If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.				
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?				
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.		1		
	1st preceding year ended mo. 12 yr 2013 2nd preceding year ended: mo. 12 yr 2012 3rd preceding year ended: mo. 12 yr 2011 year ended: mo. 13 yr 2011 yr.				
	\$ 314,981 \$ 150,004 \$ 262,989	\	<u> </u>		
Par		Yes	No		
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request?	<u> </u>			
	If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures.				
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists.				
20	Attach a copy of all documents related to the proposed change (see instructions).				
21	Attach a statement of the applicant's reasons for the proposed change.				
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed?		<u> </u>		
	If "No," attach an explanation.		1		
23a	Enter the amount of user fee attached to this application (see instructions). > \$				
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).	<u> </u>	<u> </u>		
Par		Yes	No		
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment?		-		
	If "Yes," do not complete lines 25, 26, and 27 below.				
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. None Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant.				

Form 31	15 (Rev 12-2009)	F	age 4
Part	V Section 481(a) Adjustment (continued)	Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?	٧	
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties?		~
Sche	dule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be complete	ed.)	
Par	t I Change in Overall Method (see instructions)		
1	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also statement providing a breakdown of the amounts entered on lines 1a through 1g.	, atta	ch a
	An	nount	
а	Income accrued but not received (such as accounts receivable)		None
b	Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method		None
С	Expenses accrued but not paid (such as accounts payable)		None
d	Prepaid expenses previously deducted		None
е	Supplies on hand previously deducted and/or not previously reported		None
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II .		None
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶		None
h	Net section 481(a) adjustment (Combine lines 1a–1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25		None
2	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	V	No
3	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicate the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submittee Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in P 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a explaining the differences.	used ed with	wher th the lines
Par			
Applic	ants requesting a change to the cash method must attach the following information:		
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and mai supplies used in carrying out the business.		
	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or re	guiat	ions.
Sche	dule B—Change to the Deferral Method for Advance Payments (see instructions)		

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
 - a A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
 - b If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
- c If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.
- a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
- b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
- d A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C-Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (e.g., unit method or dollar-value method).
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Form 31	15 (Rev. 12-2009)		Page 6
	dule D—Change in the Treatment of Long-Term Contracts Undon 263A Assets (see instructions)	er Section 460, Inventories, or Othe	
Par	Change in Reporting Income From Long-Term Contracts	(Also complete Part III on pages 7 ar	nd 8.)
1	To the extent not already provided, attach a description of the applicant's and expenses from long-term contracts. Also, attach a representative acchange. If the applicant is a construction contractor, attach a detailed des	tual contract (without any deletion) for th	
2a	Are the applicant's contracts long-term contracts as defined in section 46		s □ No
b	If "Yes," do all the contracts qualify for the exception under section 460(e) If line 2b is "No," attach an explanation.		
С	If line 2b is "Yes," is the applicant requesting to use the percentage-of-co	ompletion method using cost-to-	s 🗌 No
d	If line 2c is "No," is the applicant requesting to use the exempt-commethod under Regulations section 1.460-4(c)(2)?		s 🗌 No
	If line 2d is "Yes," attach an explanation of what cost comparison the a contract's completion factor. If line 2d is "No," attach an explanation of what method the applicant is us	sing and the authority for its use.	_
3a b	Does the applicant have long-term manufacturing contracts as defined in If "Yes," attach an explanation of the applicant's present and proposed manufacturing contracts as defined in		S 🗌 No
	term manufacturing contracts.		
C	Attach a description of the applicant's manufacturing activities, including a		ods.
4	To determine a contract's completion factor using the percentage-of-com-	·	
а	Will the applicant use the cost-to-cost method in Regulations section 1.46		S No
b	If line 4a is "No," is the applicant electing the simplified cost-to-cost me Regulations section 1.460-5(c))?		s 🗌 No
5	Attach a statement indicating whether any of the applicant's contracts	are either cost-plus long-term	
	contracts or Federal long-term contracts.	nana (Alaa samalata Dari III ah nana 3	/ <u> 0 \</u>
Par		nges (Also complete Part III on pages 7	and 6.)
1	Attach a description of the inventory goods being changed.		
2	Attach a description of the inventory goods (if any) NOT being changed.		
3a	Is the applicant subject to section 263A? If "No," go to line 4a		s 🗌 No
b	Is the applicant's present inventory valuation method in compliance with	· · · · · · · · · · · · · · · · · · ·	—
	If "No," attach a detailed explanation		S □ No
4a	Check the appropriate boxes below.		ventory Not ng Changed
	Identification methods:	Present method Proposed method Pre	sent method
	Specific identification		
	FIFO	}	
	LIFO		
	Other (attach explanation)		<u> </u>
	Valuation methods:		
	Cost or market, whichever is lower		
	Retail cost		
	Retail, lower of cost or market		
	Other (attach explanation)		
b	Enter the value at the end of the tax year preceding the year of change	u (
5	If the applicant is changing from the LIFO inventory method to a non	-LIFO method, attach the following infor	mation (see

- instructions).
- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
- Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- Only for applicants requesting an automatic change. The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

Section A-Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B-Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		_
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities		
	placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes	-	
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

Part III Method of Cost Allocation (see	instructions)	(continued)
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Section C-Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs.)		

Schedule E-Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants *must* provide this information for each item or class of property for which a change is requested.

Note. See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions).

•	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).	☐ 162	
2	Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)?	☐ Yes	□ No
3	Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)?	☐ Yes	□No

- 4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
- a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)).
- b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
- c The facts to support the asset class for the proposed method.
- d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).
- e The useful life, recovery period, or amortization period of the property.
- f The applicable convention of the property.
- g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(n), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

LA CROSSE PUBLIC EDUCATION FOUNDATION, INC.
PO BOX 1811
LA CROSSE, WI 54602
EIN: 39-1610700

ATTACHMENT TO FORM 3115

- 1) The taxpayer is a nonprofit organization established to enhance learning opportunities for students in the School District of La Crosse and to promote community understanding and support for public education.
- 2) Part I Line 3 The taxpayer reported on the cash basis for 2013 and earlier years, but so as to not distort its expenses due to an overpayment to a former executive director which is being repaid over time, recorded a receivable from him at December 31, 2013. The taxpayer has paid no income taxes in the past and, at this time, expects to pay no income taxes in the foreseeable future.
- 3) Part I Line 3 There is no 481(a) adjustment for the change in accounting method from cash to accrual in 2014 because of receivable recorded at December 31, 2013 primarily to keep from overstating payroll costs as described above.
- 4) Part I Line 3 Copies of 2013 Form 990 pages 9-12 are attached to provide balance sheet and income statement amounts at and for the year ended December 31, 2013.

Respectfully submitted,

La Crosse Public Education Foundation