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DLN: 93493046038637

Form 990

Department of the Treasury

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 <u>www IRS gov/form990</u>

Inspection

ntem	al Rever	nue Servi	ce					
			lendar year, or tax year beginning C Name of organization	ng 07-01-2015 , and ending 06-30-20	16			rie - ri
		pplicable	PANHANDLE ALLIANCE FOR EDUCAT	TON		D Empi	oyer ider	tification number
	ldress cl ame cha	_	INC			61-1	416176	
	itial retu	_	Doing business as					
Fi			N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			E Telepl	hone numl	per
	/termina		Number and street (or P O box if n PO BOX 1675	nail is not delivered to street address) Room/s	suite	(200	1265-2	500
	nended i		City or town, state or province, cou	ntny and ZIP or foreign postal code		(208) 265-2	300
Ap	plication	n pending	SANDPOINT, ID 83864	nuy, and zir or foreign postal code		G Gross	receipts \$: 532.553
			F Name and address of princi	nal officer			•	<u> </u>
			GERALDINE LEWIS	par onicer		this a grou		
			PO BOX 1675			ubordinates' No		☐ Yes 🗸
. To	v avam	nt status	SANDPOINT,ID 83864			re all subord	dinates	□Yes □ No
[Ia	x-exem	pt status	√ 501(c)(3)	(insert no) 4947(a)(1) or 527		cluded?	h a liet	(see instructions)
ı w	ebsit e	: ► WV	W PANHANDLEALLIANCE OR	G		roup exemp		•
, -						of formation 2		State of legal domicile ID
For	n or org	janization	✓ Corporation Trust Associ	ation Other >		or roundation 2		State of legal dofflicite. 15
Pa	rt I	Sum	imary				-	
		iefly de	scribe the organization's mission	n or most significant activities				
				TION AND PROVIDE BROAD-BASE				
e e	30	JHUUL	S BY BUILDING AN INDEPEND	ENT, COMMUNITY- BASED FOUND.	ATTON FOR	CPUBLIC 5	CHOOL	S SEE SCHEDULE O
Ĕ								
E	_							
Governance	2 C	heck th	nis box 🕨 🥅 if the organization d	iscontinued its operations or disposed	l of more tha	an 25% of it	ts net as	sets
				hadii (Dant MT Juna 4a)			1 - 1	2.5
Acuviues &			of voting members of the govern			3	25	
Š			of independent voting members	•		4	25	
			• •	calendar year 2015 (Part V, line 2a)			5	3
٩			•	ecessary)			6	300
				art VIII, column (C), line 12			7a	0
	b NE	et unrei	ated business taxable income fro	om Form 990-T, line 34			7 b	
	_					Prior Year	504	Current Year
Q)	8		= :	ine 1h)	•	474,581		499,052
Ravenua	9			ine 2g)	•		0.50	
کئ کر	10		•	n (A), lines 3, 4, and 7d)	•		,052	586
_	11			, lines 5, 6d, 8c, 9c, 10c, and 11e) . (must equal Part VIII, column (A), li		-102	,068	-34,662
	12	12)	revenue—add imes 8 through 11	. (must equal Part VIII, column (A.), n	ne	373	,565	464,976
	13	Grant	s and similar amounts paid (Part	IX, column (A), lines 1-3)		112	,539	263,754
	14			IX, column (A), line 4)				(
	15	Saları	es, other compensation, employ	ee benefits (Part IX, column (A), lines		110	,787	107,980
Sec		5-10	,				,,,,,	107,980
Expenses	16a	Profe	ssional fundraising fees (Part IX	, column (A), line 11e)	•			(
ੜੋ	b	Total fu	undraising expenses (Part IX, column (E	0), line 25) ▶ <mark>70,360</mark>				
_	17	0 ther	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		159	,758	267,697
	18		•	ist equal Part IX, column (A), line 25)		391	,084	639,431
	19	Rever	nue less expenses Subtract line	18 from line 12	•	-17	,519	-174,455
Net Assets or Fund Balances					Beginni	ng of Current	Year	End of Year
afan	20	Total	assets (Part X, line 16)			717	,134	538,047
A B	21		liabilities (Part X, line 26) .				,764	33,132
ž Š	22		ssets or fund balances Subtract		•		,370	504,915
	22 († 111		nature Block	inite 21 nom mie 20		073	,370	304,513
				amined this return, including accompa	nying sched	dules and st	atement	s, and to the best of
				nplete Declaration of preparer (other	than officer)) is based or	n all info	rmation of which
лера	ııcı IId	э ан у К 	nowledge					
		****	***			2016-02-10		
Sign	ì	Sign	ature of officer			Date		
lere		GER.	ALDINE LEWIS PRESIDENT					
			e or print name and title					
					D-4-		PTIN	
			Print/Type preparer's name	Preparer's signature	Date 2017-02-10	Check I If		806
Paid	t	Į.	INDA MACAFEE	Preparer's signature LINDA MACAFEE	2017-02-10	self-employed	P00349	
	d pare	r F		LINDA MACAFEE			P00349 82-047813	38

SANDPOINT, ID 83864

552.412

Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥦	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😕	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11 b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14 b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
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 employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		No

25b

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28b

28c

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Yes

Form **990** (2015)

Yes

Yes

Yes

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Νo

Νo

Νo

Nο

Nο

Nο

Νo

b 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?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c 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 🛸

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

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Don't V	Statements	Doggarding	Othor	TDC Eilings	and Tax	Complianc
Part V	Statements	Regarding	other .	TK2 LIIIIIA2	allu lax	Compliant

Pai	TO Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O Contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authoritiover, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	y 4a		No
Ь	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gıfts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?	nd 7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	ed to 7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	, 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7 f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	? a 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any til during the year?	me 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
11	facilities Section 501(c)(12) organizations. Enter	 	İ	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions additional information the organization must report on Schedule O	for 13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	!		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	or 10	nb belo	w, ⊽
Se	ection A. Governing Body and Management			•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	je Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
L 4	Did the organization have a written document retention and destruction policy?	14		No
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No

Section C. Disclosure

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

 \boldsymbol{b} . Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Own website Another's website V 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

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

O State the name, address, and telephone number of the person who possesses the organization's books and records
▶JAMES HUTCHENS PA 1211 MICHIGAN ST STE B SANDPOINT, ID 83864 (208) 265-2500

15b

16a

16b

Νo

Νo

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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
- ullet List all of the organization's **former** officers, key employees, or 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

$\overline{m{erp}}$ Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) Average hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	міѕс)	MISC)	organization and related organizations
(1) GERALDINE LEWIS	10 00	l x		X				0	0	0
PRESIDENT		_ ^		_^				0	0	
(2) BRENT EACRET VICE PRESIDE	4 00	x		×				0	0	0
(3) KELLY PRIOR TREASURER	4 00	x		×				0	0	0
(4) MEGAN JOHNSON SECRETARY	4 00	x		x				0	0	0
(5) CHRIS BESSLER DIRECTOR	4 00	х						0	0	0
(6) MEL DICK DIRECTOR	4 00	x						0	0	0
(7) CAROL DEANER DIRECTOR	4 00	x						0	0	0
(8) TOM PUCKETT DIRECTOR	4 00	x						0	0	0
(9) KENDON PERRY DIRECTOR	4 00	х						0	0	0
(10) JULIE REISTER-KEATON DIRECTOR	4 00	х						0	0	0
(11) MATT MIRE DIRECTOR	4 00	x						0	0	0
(12) PIERCE SMITH DIRECTOR	4 00	x						0	0	0
(13) ANNIE REEVES DIRECTOR	4 00	x						0	0	0
(14) MARY WEBER-QUINN DIRECTOR	4 00	x						0	0	0
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(15) KARL DYE		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensat	Former	MISC)	MISC)	organization and related organizations
/15) KARL DVE						npensated				3
·		· ·						0	0	0
DIRECTOR		×						0	0	٥
(16) TRAVIS KAUL DIRECTOR	4 00	×						0	0	0
(17) ROSS LONGHINI DIRECTOR	4 00	×						0	0	0
(18) GEORGIA SIMMONS DIRECTOR	4 00	×						0	0	0
(19) PATTY SCHWARTZ	4 00	×						0	0	0
DIRECTOR (20) ALLISON GILMORE DIRECTOR	4 00	x						0	0	0
(21) MINDY CAMERON DIRECTOR	4 00	Х						0	0	0
(22) SHAWN WOODWARD DIRECTOR	4 00	х						0	0	0
(23) LISA BLAESE DIRECTOR	4 00	×						0	0	0
(24) NANCY LITVEN DIRECTOR	4 00	x						0	0	0
(25) WENDY DUNN DIRECTOR	4 00	х						0	0	0
1b Sub-Total	II, Section A .			>						
Total number of individuals (including but \$100,000 of reportable compensation from	not limited to tho	se list		ove	e) wh	no rec	eive	ed more than	•	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Form 99	0 (20	15)						Page 9
Part V	/	Statement of	Revenue					
		Check If Schedul	e O contains a respo	nse or note to any lir	ne 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
s	1a	Federated campa	aigns 1a					
ons, Gifts, Grants Similar Amounts	ь	Membership due	s 1b					
Gr.	c	Fundraising ever	nts 1 c	266,442				
fts. ⊏ A	d	Related organiza	tions 1d					
ig i≘	e	Government grants						
nns, Sin		_						
tributio Other	f	All other contribution similar amounts not		232,610				
e ii	g	Noncash contributior 1a-1f \$	ns included in lines	17,565	İ			İ
Contributions, and Other Sim	h	Total. Add lines	1a-1f		499,052			
				Business Code				
Program Service Revenue	2a			Business code				
بر ۲۶	ь							
3	c							
er Ķ	d	_						
S S	e							
grai	f	A II other progran	n service revenue					
Ě	g	Total. Add lines	2a-2f	>				
	3	Investment inco	me (ıncludıng dıvıden	ds, interest,	586			586
	4		ramounts)	- t	360			380
	5	Royalties		•				
		Γ	(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental						
	_	expenses Rental income						
	٦	or (loss)	o or (loca)					
	d	Net rental incom	e or (loss) (1) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) o chei				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from events (not inclus) \$	iding <u>42</u> reported on line 1c)					
Jer			а	32,915				
Off	b c	Less direct expo	enses b oss) from fundraising	67,577	-34,662			-34,662
			m gaming activities	events •	3 1,332			3 1,002
	b c	Less direct expo						
	10a	Gross sales of in returns and allow						
	b c	Less cost of goo Net income or (lo		entory ►				
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	C	A II a + h =						
	d e	All other revenue Total. Add lines		▶				
	12	Total revenue. S	ee Instructions .	•	464,976			-34,076

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	257,583	257,583		
2	Grants and other assistance to domestic individuals See Part IV, line 22	6,171	6,171		
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				
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 salaries and wages	99,705	43,371	10,270	46,064
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	0.275	2.600	053	2.022
11	Fees for services (non-employees)	8,275	3,600	852	3,823
а	Management				
b	Legal				
c	Accounting	3,457		3,457	
d	Lobbying	3,437		3,437	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	11,461	5,148	5,148	1,165
13	Office expenses	6,612	2,915	3,697	
14	Information technology				
15	Royalties				
16	Occupancy	12,112		12,112	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,284		2,284	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18		18	
23	Insurance	4,292		4,292	
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)				
а	ENDOWMENT	175,000	175,000		
b	READY FOR KINDERGARTEN	38,062	38,062		
c	ADMIN ALLOC-FUNDRAISING	14,743			14,743
d	ADMIN ALLOCATION-PROGRAMS	13,882	13,882		
е	All other expenses	-14,226	6,680	-25,471	4,565
25	Total functional expenses. Add lines 1 through 24e	639,431	552,412	16,659	70,360
26	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Bala	ince Shee	ı
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01111	330 (1						rage ==
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in	n thic D	art Y			_
		Check if Schedule O Contains a response of note to any fine in	I UIIS F	alt A	(A)	• •	(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			49,690	1	2,248
	2	Savings and temporary cash investments			667,426	2	535,799
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers					
		key employees, and highest compensated employees Comp Schedule L		art II of			
						5	
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(contributing employers and sponsoring organizations of sec voluntary employees' beneficiary organizations (see instruct II of Schedule L	3)(B), tion 50	and 01(c)(9)		6	
SS	,	Notes and leans recovable not				7	
⋖	7 8	Notes and loans receivable, net				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis	 I			9	
	IUa	Complete Part VI of Schedule D	10a	6,390			
	ь	Less accumulated depreciation	10b	6,390	18	10 c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equal line 34) .			717,134	16	538,047
	17	Accounts payable and accrued expenses			27,030	17	89
	18	Grants payable				18	
	19	Deferred revenue			8,757	19	29,752
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of S	chedul	e D		21	
bilities	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	
Lia	23	Secured mortgages and notes payable to unrelated third pai	rties			23	
	24	Unsecured notes and loans payable to unrelated third partie	es .			24	
	25	Other liabilities (including federal income tax, payables to r and other liabilities not included on lines 17-24) Complete Part X of Schedule D	elated	third parties,			
					1,977	25	3,291
	26	Total liabilities. Add lines 17 through 25			37,764	26	33,132
es		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	► \\ \(\sigma^2 \)	and complete			
Net Assets or Fund Balances	27	Unrestricted net assets			679,370	27	504,915
<u> </u>	28	Temporarily restricted net assets			010,010	28	301,010
Þ	29	Permanently restricted net assets				29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), chec	k here	 ▶ ⊏and			
ō		complete lines 30 through 34.	nere	, and			
ŞţŞ	30	Capital stock or trust principal, or current funds				30	
556	31	Paid-in or capital surplus, or land, building or equipment fun	d .			31	
t A	32	Retained earnings, endowment, accumulated income, or oth	er fund	s		32	
$\stackrel{s}{s}$	33	Total net assets or fund balances			679,370	33	504,915
	34	Total liabilities and net assets/fund balances	_		717.134	34	538.047

Prior period adjustments	8			
Other changes in net assets or fund balances (explain in Schedule O)	9			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		ļ	504,915
t XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset
			Yes	No
Accounting method used to prepare the Form 990	_			
Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	n		
Separate basis Consolidated basis Both consolidated and separate basis				
Were the organization's financial statements audited by an independent accountant?		2b		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
Separate basis Consolidated basis Both consolidated and separate basis				
	7	2c		
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) ***XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Other changes in net assets or fund balances (explain in Schedule O)	Other changes in net assets or fund balances (explain in Schedule O)	Other changes in net assets or fund balances (explain in Schedule O)

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 За 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

Additional Data

Software ID: Software Version:

EIN: 61-1416176

INC

Name: PANHANDLE ALLIANCE FOR EDUCATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 209,796 including grants of \$ 6,680) (Revenue \$)
PROVIDED FUNDING IN THE AMOUNT OF 175,000 FOR ENDOWMENTS HELD BY THE IDAHO COMMUNITY FOUNDATION AND
THE INLAND NORTHWEST COMMUNITY FOUNDATION FOR PERPETUAL FUNDING OF OUR OPERATING GRANTS FOR THE LAKE
PEND OREILLE SCHOOL DISTRICT IT IS AN EXAMPLE OF OUR LONG-TERM COMMITMENT TO OUR MISSION WE ALSO
PROVIDED VARIOUS OTHER GRANTS AND SCHOLARSHIPS THROUGHOUT THE YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Open to Public **Inspection**

OMB No 1545-0047

DLN: 93493046038637

Employer identification number

61-1416176

Department of the Treasury Internal Revenue Service Name of the organization

Part I

990EZ)

INC

1

2 3

(Form 990 or

PANHANDLE ALLIANCE FOR EDUCATION

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

7	✓	An organization that n described in section 1				rom a governr	nental unit or from the g	eneral public				
8		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
9	F	receipts from activitie from gross investmen	es related to r t income and e 30, 1975 S	ts exempt functions—s unrelated business ta See section 509(a)(2).	subject to certa xable income (I (Complete Part	nin exceptions less section 5 t III)	, and (2) no more than 1 11 tax) from businesse	331/3% of its support				
11 a	<u> </u>	one or more publicly s the box in lines 11a th	upported orga rough 11d th	anizations described in at describes the type (section 509(a of supporting or)(1) or sectio rganization an	inctions of, or to carry on 509(a)(2) See sectio id complete lines 11e, 1 organization(s), typical	n 509(a)(3). Check 1f, and 11g				
	_	supported organization organization You mus	n(s) the power t complete Pa	r to regularly appoint o	r elect a majór B.	ity of the dire	ctors or trustees of the	supporting				
b	Г		pporting orga	nization vested in the s			ported organization(s), b r manage the supported					
c		Type III functionally i supported organization					h, and functionally integ D, and E.	grated with, its				
d e	Г Г	not functionally integral (see instructions) You Check this box if the contegrated, or Type III	ated The orga u must comple organization re (non-function	anization generally mu ete Part IV, Sections A eceived a written deter nally integrated suppor	st satisfy a dis A and D, and Pa mination from t ting organization	tribution requ rt V. the IRS that it on	n with its supported org irement and an attentive t is a Type I, Type II, T	eness requirement				
f g	Ente	r the number of support Provide the following i										
Nar	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga Isted in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)				
					Yes	No						
Tota	ı											
For F	aperw	vork Reduction Act Noti	ce, see the Ir	nstructions for Form 99	90 or 990EZ.	Cat No 11		990 or 990-EZ) 2015				

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.)

Section	A. Pı	ablic	Support
---------	-------	-------	---------

supported organization

S	ection A. Public Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 201	5	(f)Total
•	fiscal year beginning in)	(-,	(-/	(-7	(-)	(-,		(17.11.11
1	Gifts, grants, contributions, and	598,963	504,017	693,240	474,581	1	99,052	2,769,85
	membership fees received (Do not include any unusual grants)	390,903	304,017	033,240	474,301	7	33,032	2,709,03
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	598,963	504,017	693,240	474,581	4	99,052	2,769,85
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							225,06
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5						-+	
0	from line 4							2,544,78
S	ection B. Total Support	<u></u>	l	L				
	Calendar year	(-)2011	(h)2012	(-)2012	(4)2014	(-)201	$\overline{}$	/6\T -+-1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 201	5	(f) Total
7	A mounts from line 4	598,963	504,017	693,240	474,581	4	99,052	2,769,85
8	Gross income from interest,							
	dividends, payments received on	2,017	2,042	572	1,052		586	6,26
	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							2,776,12
	through 10							2,770,12
12	Gross receipts from related activiti	es, etc (see instr	ructions)			12		
13	First five years.If the Form 990 is t	for the organizatio	n's first, second,	third, fourth, or fi	fth tax year as a	section 50	1(c)(3)	organization,
	check this box and stop here .					<u> J</u>	<u>▶ </u>	
S	ection C. Computation of Pub							
14	Public support percentage for 2015	i (line 6, column (f) divided by line	11, column (f))		14		91 670 %
15	Public support percentage for 2014	Schedule A, Par	t II, line 14			15		94 830 %
L6a	33 1/3% support test—2015. If the	organization did n	ot check the box	on line 13, and li	ne 14 is 33 1/3%	or more, c	heck th	nis box
b	and stop here. The organization qua 33 1/3% support test—2014. If the		, ,,		and line 15 is 33	1/3% or m	iore, ch	▶ ✓ eck this
	box and stop here. The organization			-				▶┌
17a	10%-facts-and-circumstances test				•	•		
	is 10% or more, and if the organiza							
	in Part VI how the organization mee	ets the "facts-and	I-cırcumstances"	test The organiz	zation qualifies as	a publicly	suppor	
b	organization 10%-facts-and-circumstances test	—2014. If the orga	nızatıon dıd not c	heck a box on line	e 13, 16a, 16b, o	r 17a, and	line	▶┌

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

	II. If the organization	ı faıls to qualıfı	<u>, under the tes</u>	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support			ı			
	Calendar year	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or t	iscal year beginning in) ► Gifts, grants, contributions, and						1
-	membership fees received (Do	İ					
	not include any "unusual grants")	İ					
2	Gross receipts from admissions,						
	merchandise sold or services	İ					
	performed, or facilities furnished	İ					
	in any activity that is related to	İ					
	the organization's tax-exempt purpose	İ					
3	Gross receipts from activities						
•	that are not an unrelated trade or	İ					
	business under section 513	_					
4	Tax revenues levied for the	1					
	organization's benefit and either	İ					
_	paid to or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to the organization without charge	İ					
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,	·					
, u	and 3 received from disqualified	İ					
	persons						
b	A mounts included on lines 2 and	İ					
	3 received from other than	İ					
	disqualified persons that exceed	İ					
	the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)	ı					
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or f	iscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(d)2014	(e)2013	(I)I otal
9	A mounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is form	or the organization	n'e firet eacond	third fourth or f	l fifth tay vear as a	section 501(c)	(3) organization
	check this box and stop here	or the organization	on a mac, accond,	, cilira, loarcii, or i	michicax year as a	3000001 301(0)	
Se	ection C. Computation of Pub	lic Sunnort P	ercentage				
15	Public support percentage for 2015			12 column (f))		4=	
	· · · · · -	·		13, column (1))		15	
16	Public support percentage from 201					16	
	ection D. Computation of Inv			<u> - </u>	(5)		
17	Investment income percentage for 2				nn (f))	17	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2015. If the	_					
	more than 33 1/3%, check this box						▶ [
D	33 1/3% support tests—2014. If the 18 is not more than 33 1/3%, check	-					_
	TO IS HOLIHOTE CHAIL 33 1/370, CHECK	. LIIIS DUX dilu SEC	princie. I lie oldd	mzation qualines	us a publicly SUL	porteu urgalliza	CIOII 📂

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

Part IV Supporting Organizations

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

	It of Part I, complete Sections A and C If you checked IIC of Part I, complete Sections A, D, and E If you I, complete Sections A and D, and complete Part V)	u cnec	кеатт	аогра
Se	ection A. All Supporting Organizations			
	,, ,		Yes	No
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	1		
2	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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			ı
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
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	4b		
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) ?	4 c		
	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			1
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
h	• 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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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)	7		
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 II of Schedule L (Form 990)	8		
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 .	9a		
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 .	9 b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
.0a	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	10a		
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)	10 b		
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Section B.	Type	I Supportina	Organizations

	,, ,, ,,			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
	· · · · · · · · · · · · · · · · · · ·			
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	y the Integral Part Test during the year (see instructions)

- **a** The organization satisfied the Activities Test Complete **line 2** below
- b The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

	Activities Test Answer (a) and (b) below.		Yes
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?		
	If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the		
	organization determined that these activities constituted substantially all of its activities	2a	

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?

 If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*

3b

2b

No

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	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)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add lines 1 tillough 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		····	····
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		ı	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) (201 F

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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493046038637

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization PANHANDLE ALLIANCE FOR EDUCATION INC 61-1416176 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during 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 charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on 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 an 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

- 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) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(B)(I) and section 170(h)(4)(B)(II)?

- (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 on Form 990, Part VIII, line 1
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	Organizations Maintaining (continued)	Collections of Art, H	Histori	cal Ti	reasur	es, or O	ther Sim	ilar Asso	ets
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other records,	, check	any of t	the follo	wing that a	re a signific	cant use of	its
а	Public exhibition	•	d 🗀	Loan	orexch	iange progr	ams		
b	Scholarly research	•	е [Othe	er				
c	Preservation for future generations								
4	Provide a description of the organization'	's collections and explain	how the	y furthe	er the or	ganızatıon'	s exempt p	urpose in	
5	During the year, did the organization solid							_	_
Da	assets to be sold to raise funds rather the rt IV Escrow and Custodial Arra		rt of the	organı	ization's	collection	,	Yes	No
	Complete if the organization a Part X, line 21.		m 990,	Part I	IV, lıne	9, or rep	orted an a	amount o	n Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other intermedia	ary for c	ontribu	utions or	other asse	ets not	☐ Yes	No
b	If "Yes," explain the arrangement in Pa	art XIII and complete the	followin	ıg table)			A moun	t
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount o	n Form 990, Part X, line 2	1, for es	scrowo	orcusto	dıal accoun	t liability?	□ Yes	□ No
								1 .00	_
ь	If "Yes," explain the arrangement in Part								🗆
Pa	rt V Endowment Funds. Comple								
		(a)Current year (b	Prior yea	er b	c) Two	years back	(d) Three yea	rs back (e)Four years back
1a	Beginning of year balance								
ь	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
_									
f g	Administrative expenses End of year balance								
2	Provide the estimated percentage of the	current year end balance	(line 1g	, colum	nn (a)) he	eld as			
а	Board designated or quasi-endowment >								
b	Permanent endowment ▶								
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%							
3a	Are there endowment funds not in the pos organization by	ssession of the organization	on that a	are held	d and ad	mınıstered	for the		Yes No
	(i) unrelated organizations(ii) related organizations							3a(i) 3a(ii)	
b	If "Yes" on 3a(II), are the related organiz	ations listed as required o	n Sched	dule R?	٠			. 3b	
4	Describe in Part XIII the intended uses of		wment fo	unds					
Pai	rt VI Land, Buildings, and Equip		. 000 г	Dort IV	/ line 1	12 Caa E	orm 000	Dart V Ju	20 10
	Complete if the organization a	answered tes to rolli		or other		<u>. 1а.5ее г</u> (b)		cumulated	(d)Book value
			(a) (II	nvestme	ent) Co:	st or other ba (other)	sıs (c)de	preciation	
	Land								
	Buildings								
	Leasehold improvements								
	Equipment					6,3	90	6,390	
	Other		olumn (f	R) line	10(c)				

Part VII	Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the org	anızatıon answered 'Y	es' on Form 990, Part IV, line 11b.
	(a) Description of security or categing (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial	derivatives eld equity interests			
(3)0 ther	era equity interests			
	(1)	1 •		
Part VIII	(b) must equal Form 990, Part X, col (B) line 12 , Investments—Program Related	•		
	Complete if the organization answer (a) Description of investment	red 'Yes' on Form 9	90, Part IV, line 11c.s (b) Book value	Gee Form 990, Part X, line 13. (c) Method of valuation
	(a) Bescription of investment		(B) Book Value	Cost or end-of-year market value
	(b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organize		n Form 990, Part IV, line	e 11d See Form 990, Part X, line 15
	(a) De	escription		(b) Book value
Total. (Colum	n (b) must equal Form 990, Part X, col (B) III	ne 15)		
Part X	Other Liabilities. Complete if the c See Form 990, Part X, line 25.		ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
1.	(a) Description of liability	(b) Book val	ue	
Federal incon	ne taxes			
PAYROLL LI	ABILITIES	3	1,108	
SALES TAX			183	
JALLS TAXT	ATAULL		103	
Tabal (C.)	(h)	•	201	
2. Liability fo	(b) must equal Form 990, Part X, col (B) line 25) r uncertain tax positions In Part XIII, pro	ovide the text of the fo		
organization's	s liability for uncertain tax positions unde	rFIN 48 (ASC 740)	Check here if the text of t	the footnote has been provided in Part

Return Reference

Schedule D (Form 990) 2015

	Total revenue, gains, and other support per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments 2a		
	Donated services and use of facilities	1	
	Recoveries of prior year grants	1	
	Other (Describe in Part XIII)	1	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		[
	Other (Describe in Part XIII)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Ċ	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Returr
_	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		т
			1
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	-	
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		

Explanation

Schedule D (Form 990) 2015		Page 5						
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

OMB No 1545-0047

Open to Public

Interr	nal Revenue Service	► Information about Sc	hedule G (F	orm 990 or 9	90-E	Z) and its instructions is a	twww.irs.go	v/form990	Inspection
	e of the organization HANDLE ALLIANCE	FOR EDUCATION						Employer ide 61-1416176	ntification number
Pa		g Activities. Comple Z filers are not requir		_			on Form	990, Part IV	', line 17.
1	Indicate whether the	organization raised fun	ds throug	h any of th	ne fo	ollowing activities C	heck all t	hat apply	
а	Mail solicitation	s			e	Solicitation of n	on-goverr	nment grants	
b	Internet and em	ail solicitations			f	Solicitation of g	overnmen	t grants	
c	Phone solicitation	ons			g	Special fundrais	ing event	S	
d	In-person solici	tations							
2a	Did the organization or key employees lis services?	have a written or oral agited in Form 990, Part V	greement II) or ent	with any i ity in coni	ndıv nec	vidual (including offic tion with professiona	ers, direc I fundrais		es No
b		highest paid individual at least \$5,000 by the o			ıse	rs) pursuant to agre	ements un	der which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)		fundraı cust con	Did ser have ody or trol of outions?	(i	iv) Gross receipts from activity	(or re fundrai	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No					
2									
3									
4									
5									
6									
7									
8									
9									
10									
Tota	ıl		1	 					
	ist all states in which egistration or licensir	i the organization is regi ng	stered or	licensed	to s	olicit contributions (or has bee	n notified it is e	exempt from

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on 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)
		SUMMER GALA (event type)	GOLF TOURNAMENT (event type)	(total number)	Total events (add col (a) through col (c))
		(event type)	(event type)	(cotal number)	(6)
Reverne	1 Gross receipts	208,180	91,177		299,357
8		<u> </u>			
	2 Less Contributions	175,265 32,915			32,915
	4 Cash prizes				
	5 Noncash prizes				
S	6 Rent/facility costs	7,739			7,739
Expenses	7 Food and beverages	24,930			24,930
Ŋ Š	8 Entertainment				
Direct	9 Other direct expenses	33,707	1,201		34,908
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		67,577
	11 Net income summary Subtract line 1	0 from line 3, column (c	1)		-34,662
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No		☐ No	
	7 Direct expense summary Add lines 2	2 through 5 in column (c)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organization licensed to conduct		•		Yes No
b	If "No," explain	-			
10a L	, 5		_	the tax year?	Yes No
b	If "Yes," explain				

Schedule I
(Form 990)

Grants and O
Governments a
Complete if the organiza

Department of the

Internal Revenue Service

Name of the organization

PANHANDLE ALLIANCE FOR EDUCATION

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Employer identification number

61-1416176

2015

DLN: 93493046038637

Open to Public Inspection

 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or a	ssistance?				stance, and	√ Yes N
Part II Grants and Other Assistation that received more than s				plete if the organization	answered "Yes" on F	form 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other orga	,	2					
For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

LINE 2

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Return Reference **Explanation**

SCHEDULE I, PAGE 1, PART I, EACH GRANTEE IS REQUIRED TO SUBMIT PAYMENT REQUESTS DETAILING THE AMOUNT REQUESTED AND HOW IT WILL BE SPENT TO

FULLFILL THE GRANT LEDGERS ARE KEPT RELATING TO THE ORIGINAL GRANT AWARDED AND THE AMOUNTS SPENT

Additional Data

901 TRIANGLE DR PONDERAY, ID 83852 LAKE PEND OREILLE

SCHOOL DISTRICT

901 TRIANGLE DR PONDERAY, ID 83852 82-0508739

Software ID: Software Version:

EIN: 61-1416176

Name: PANHANDLE ALLIANCE FOR EDUCATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 114,000 LAKE PEND ORFILLE 82-0508739 EDUCATIONAL SCHOOL DISTRICT GRANTS 901 TRIANGLE DR PONDERAY, ID 83852 LAKE PEND OREILLE 82-0508739 89,375 EDUCATIONAL SCHOOL DISTRICT GRANTS

50,000

INSTRUCTIONAL

COACH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule L | Transactions with Interest

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

DLN: 93493046038637OMB No 1545-0047

2015

			► Att	ach to Form	990 or Form 99	90-EZ.						
Department of the Treasury	dule L (Form	990 or 990-EZ ov /form990.		uct ions	is at		Ope Ir	n to P spect	ublic ion			
Internal Revenue Ser	vice											
Name of the org							ficatio	n numbe	r			
INC								-141				
	ss Benefit Ti											
	lete ıf the organı					· · · · · · · · · · · · · · · · · · ·						
1 (a) Name	e of disqualified	person	(b) Rel		etween disquali	ified person an	d (4	•	cription	of _	(d) Cor	rected?
					organization			tran	saction		Yes	No
	mount of tax inc	urred by orga	nization ma	anagers or d	isqualified pers	-	•	under	section			
4958								•	\$.			
3 Enter the ar	mount of tax, if a	iny, on line 2,	above, rei	mbursed by	the organizatio	on		•	▶ \$			
Part II Loa	ans to and/o	r From Int	torostod	Parsons								
Con	nplete if the orga	anization ansv	wered "Yes	" on Form 9	90-F7. Part V .	line 38a. or Fi	orm 99	0. Par	t IV . lın	e 26. d	rifthe	
	anization reporte							,	,	,		
											_	
	(b) Relationship		(d) Loan		(e)O riginal principal	(f)Balance		In	(h)		(i)Wr	
interested with Pi person organization				or from the		due	defa	I I		ved	agreement?	
		loan	organizatio	on ?	amount		I I		1 '	oy board or ommittee?		
			То	From			Yes	No	Yes	No	Yes	No
			10	110111			165	140	163	140	1 63	140
										1		
										-		
							-			-		
											-	
										-		
Total		▶ \$										
Part III Gra	nts or Assist	ance Bene	efiting In	terested	Persons.		•					
	nplete if the oi					rt IV, line 27	' .					
(a) Name of in		Relationshi			nt of assistanc			stance	e (e)	Purpos	se of ass	ıstance
persor		erested pers	on and the	` `					` `	,		
		organizat	tion									

Supplemental Information

(1) GERALDINE LEWIS

Part V

(2) SHAWN WOODWARD

No

Νo

Νo

Νo

Νo

Nο

Νo

Νo

(e) Sharing

Ωf

Yes

LPOSD VICE CHAIR

LPOSD SUPERINTENDENT

organization's revenues?

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of transaction between interested transaction

person and the

organization

(3) CHRIS BESSLER	DIRECTOR	GRAPHIC/ADVERTISING
(4) MINDY CAMERON	DIRECTOR	FORMER V CHAIR LPOSD
(5) TRAVIS KAUL	DIRECTOR	BANKING RELATIONSHIP
(6) MATT MIRE	DIRECTOR	BANKING RELATIONSHIP
(7) MATT MIRE	DIRECTOR	LPOSD TRUSTEE

Provide additional information for responses to questions on Schedule L (see instructions)

PRESIDENT

DIRECTOR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M**

DLN: 93493046038637

2015

OMB No 1545-0047

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the

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

Open to Public Inspection

Trea	sury nal Revenue Service						Inspe	ectio	n
	ne of the organization				Emplo	yer identificat	ion nu	mber	
PANI INC	HANDLE ALLIANCE FOR EDUCATION					•			
	art I Types of Property				61-14	16176			
	art I Types of Property	T .		I	$\overline{}$				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) Method of de oncash contrib	etermı	_	ıts
1	Art—Works of art	Х	1	17,565	;				
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications				↓				
5	Clothing and household goods								
6	Cars and other vehicles				↓				
7	Boats and planes				+				
8	Intellectual property				₽				
9	Securities—Publicly traded .				┿				
10	Securities—Closely held stock .				+				
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—O ther								
18	Collectibles								
19	Food inventory				—				
20	Drugs and medical supplies .				∔—				
	Taxidermy				+				
	Historical artifacts				+				
23	Scientific specimens Archeological artifacts				+-				
	Other • ()				+				
	O ther ▶ ()				+				
	O ther ▶ ()				+				
	Other ► ()				+				
	Number of Forms 8283 received				120				
	for which the organization comple	eted Form 8	283, Part IV, Donee Ackn	owledgement	29				
30	a During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 thro	ough 28, that		Yes	No
	it must hold for at least three ye	ars from the	e date of the initial contribu	ıtıon, and which is not requ	ired to	be used			
	for exempt purposes for the enti	re holding p	period?				30a	1	No
ı	b If "Yes," describe the arrangem								
31	Does the organization have a gi	ft acceptan	ce policy that requires the	review of any non-standard	contri	butions?	31	<u> </u>	No
32	a Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	noncas	sh			

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

contributions?

b If "Yes," describe in Part II

describe in Part II

32a

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation SCHEDULE O Supplemental In:
(Form 990 or 990-EZ)

Complete to provide in:

Complete to provide in:

Department of the

Internal Revenue

Name of the organization

PANHANDLE ALLIANCE FOR EDUCATION

Treasury

Service

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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.

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.

2015
Open to Public Inspection

DLN: 93493046038637

INC 61-

61-1416176

Employer identification number

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	AS AN INDEPENDENT ORGANIZATION, WE WILL CREATE AND SUSTAIN AN ENDOWMENT TO PROVIDE RESOURCES IN SUPPORT OF EFFECTIVE TEACHING, LEARNING AND SCHOOL MANAGEMENT. WE HAVE AN EXCEPTIONAL RELATIONSHIP WITH OUR SCHOOL DISTRICT, CREDIBILITY WITH TEACHERS, AND STRONG MOMENTUM WITH OUR BUSINESS COMMUNITY
FORM 990, PART III	THE ANNUAL TEACHER GRANTS ARE AWARDED DISTRICT-WIDE TO TEACHERS AND PRINCIPALS WHO SEEK SU PPORT FOR EDUCATION PROGRAMS NOT OTHERWISE FUNDED GRANTS ARE AWARDED BASED ON INNOVATION, CREATIVITY, COLLABORATION AND IMPACT OF STUDENT LEARNING SINCE 2003, 388 GRANTS HAVE BEE NAWARDED, TOTALING A DIRECT INVESTMENT IN OUR CLASSROOMS OF MORE THAN 1 MILLION NATIONWI DE, 44% OF CHILDREN ENTERING KINDERGARTEN TEST BELOW PROFICIENCY FOR LEARNING READINESS, A ND DATA VERIFIES THAT CHILDREN WHO START BEHIND, STAY BEHIND THE READY PROGRAM PROVIDES P ARENTS OF CHILDREN UP TO 5 YEARS OLD WITH INSTRUCTION, BOOKS AND EDUCATIONAL TOY'S TO HELP THER CHILDREN ACHIEVE SUCCESS AT THE VERY START CURRENTLY 90% OF CHILDREN IN THE PROGRAM NOW ENTER SCHOOL TESTING AT OR ABOVE READINESS LEVELS PANHANDLE ALLIANCE FUNDS THE CORE READING PROGRAM, PROVIDING TRAINING FOR TEACHERS OF GRADES K-12 ON STATE-OF-THE-ART METHOD OLOGY TO IMPROVE READING, WRITING AND LANGUAGE ARTS INSTRUCTION THROUGH A CUMULATIVE INVESTMENT OF 435,000, THE LAKE PEND ORBILLE SCHOOL DISTRICT HAS DRAMATICALLY IMPROVED READING SCORES, FROM THE LOW 80% RANGE TO NEAR UNIVERSAL PROFICIENCY IN 2009 THE DISTRICT ACHIEVED TIS GOAL OF 98% PROFICIENCY ON ISAT TESTING IN 8TH GRADE READING PANHANDLE ALLIANCE PROVIDES SUPPORT FOR A DISTRICT COUNSELOR TO HELP HIGH SCHOOL SENIORS DEVELOP A CAREER PLAN, WITH ASSISTANCE IN THE COLLEGE APPLICATION PROCESS, SAT AND ACT TESTING, FINANCIAL AID, EDUCATIONAL PROGRAMS, SCHOLARSHIPS AND MORE A 3 YEAR INVESTMENT OF 168,000 HAS RADICALLY BOSTED POST-SECONDARY ATTENDANCE BY DISTRICT GRADUATES, IN 2011 78% WERE ACCEPTED TO COLLE GE OR TECHNICAL SCHOOLS AS AN INDEPENDENT ORGANIZATION, PANHANDLE ALLIANCE FOR EDUCATION FRONT OF THE LAKE PEND ORBILLE SCHOOL DISTRICT WITH 13 YEARS OF PROMOTING EXCELLENCE IN PUBLIC SCHOOLS, PANHANDLE ALLIANCE FOR EDUCATION TO PROVIDE PERETUAL FUNDING IN SUPPORT OF THE LAKE PEND ORBILE SCHOOL DISTRICT WITH 13 YEARS OF PROMOTING EXCELLENCE IN PUBLIC SCHOOLS, PANHANDLE ALLIANCE FOR EDUCATION IS PROUD TO HAVE DELIVERED OVER 3,12

Return Explanation
Reference

990 Schedule O, Supplemental Information

FYFAR

FORM 990, PAGE 2. PART III. LINE

ACHIEVEMENT THAN ANY OTHER ASPECT OF SCHOOLING THIS PROGRAM SERVED APPROXIMATELY 300 TEACHERS IN THE LPO SCHOOL DISTRICT WITH TWO COACHES

FORM 990, PAGE
2, PART III, LINE
4D

ATION AND THE INLAND NORTHWEST COMMUNITY FOUNDATION FOR PERPETUAL FUNDING OF OUR OPERATING
GRANTS FOR THE LAKE PEND OREILLE SCHOOL DISTRICT IT IS AN EXAMPLE OF OUR LONG-TERM COMMI
TMENT TO OUR MISSION, WE ALSO PROVIDED VARIOUS OTHER GRANTS AND SCHOLARSHIPS THROUGHOUT TH

COACHES ARE A VITAL RESOURCE FOR ALL EDUCATORS IN THE LPO SCHOOL DISTRICT. THEY INSTRUCT ALL

TEACHERS TO BE THE BEST THEY CAN POSSIBLY BE BECAUSE EFFECTIVE TEACHERS MATTER MORE TO STUDENT

11B	APPROVAL
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST DISCLOSURE FORMS ARE USED ANNUALLY

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PAGE 6, PART VI,
LINE 19

GOVERNING DOCUMENTS, POLICIES, FINANCIAL AND TAX REPORTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST