Department of the

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

2017
Open to Public Inspection

intern	ai Kevenu	Go to www.irs.gov/Form990 for instructions and the latest in	normation.	Inspection										
A	For the	2017 calendar year, or tax year beginning , and ending												
B 0	heck if app		l D	Employer identification number										
	Address cha	Panhandle Community Radio, Inc.												
$\overline{\Box}$	Name chang	Doing business as		1 7-0906283										
吕		Number and street (or P O box it mail is not delivered to street address)		Telephone number 208-265-2992										
	nitial return			208-203-2992										
	Final return/ erminated													
	Amended re	Sandpoint ID 83864	G	Gross receipts \$ 92,342										
\equiv		F Name and address of principal officer	H(a) is this a group r	eturn for subordinates? Yes X No										
<u></u> '	Application	· • Dim nearey	in(a) is and a group i											
		PO Box 2465	H(b) Are all subordi	- -										
		Sandpoint ID 83864 /	If "No," atta	ach a list (see instructions)										
1	Tax-exemp	ot status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) ot 527]	•										
J	Website	▶ N/A	H(c) Group exempt	on number										
ĸ	Form of org	ganization X Corporation Trust Association Other V	ear of formation 20:	14 M State of legal domicile ID										
P	art I	Summary												
	1 B	riefly describe the organization's mission or most significant activities												
đ		Tp provide public radio service to the Panhandle region	of Idaho.	DECENTED										
ĕ														
I.	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets													
Š	, ,	theck this box I if the organization discontinued its operations or disposed of more than 25	% of its not asset	AUG 0 3 2018										
	l	lumber of voting members of the governing body (Part VI, line 1a)	or its fiet asset	AUG 0 3 2018										
•ජ ග				4 OGDEN, UT										
Ë	L	lumber of independent voting members of the governing body (Part VI, line 1b												
Activities &	1	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		6 1										
¥	1	otal number of volunteers (estimate if necessary)												
		otal unrelated business revenue from Part VIII, column (C), line 12		7a 0										
_	bN	let unrelated business taxable income from Form 990-T, line 34	Prior Year	7b Current Year										
	١	RECEIVED	Filoriteat	54,947										
ne	1	Contributions and grants (Part VIII, line 1h)	 	36,822										
Revenue	1	Program service revenue (Part VIII, line 2g) Prostment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)		30,022										
ě	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	l	573										
	1		 	92,342										
		otal revenue – add lines 8 through 11 (must equal Part VIII, dolumn (a) (1) 12 N 17	 	92,342										
	l	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	-											
		Benefits.paid.to.or.for.members.(Part.IX, column.(A), line.4)	37,7 6 5											
penses	15 8	Salaries; other compensation, employee benefits (Part IX, column (A), lines 5=10)		31,765										
. Su	16aF	Professional fundraising fees (Part iX, column (A), line 11e)												
Exp		otal fundraising expenses (Part IX, column (D), line 25) ▶ 9,901		44.550										
ш	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	······································	44,770										
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		82,535										
	19 F	Revenue less expenses Subtract line 18 from line 12		9,807										
et Assets or			Beginning of Currer											
set	g 20 T	Total assets (Part X, line 16)		216 106,824										
¥.	21 T	Total liabilities (Part X, line 26)		,607 2,408										
Z	<u> 22 N</u>	Net assets or fund balances Subtract line 21 from line 20	94	,609 104,416										
_ <u>F</u>	Part II	Signature Block												
Ų	Jnder per	nalties of perjury. Topolare that I have examined this return, including accompanying schedules and statement	ents, and to the best	of my knowledge and belief, it is										
t	rue, corre	ect, and complete declaration of preparer (other han officer) is based on all information of which preparer t	as any knowledge	- dulla										
		Marlet Just		1 2/14/10										
Si	gn	Signature of officer		Date /										
He	ere	Jim Healey (Addes Paris) Presi	<u>dent</u>											
		Type or print name and title												
		Print/Type preparer's name Preparer's subnature	Date	Check If PTIN										
Pa	id	Michael Merrell, CPA Michael Merrell, CPA	05/10/1	8 self-employed P00628345										
Pr	eparer	Firm's name > Michael Merrell, CPA Cht'd	Firm	15 EIN 26-3623296										
Us	e Only	13586 Baldy Mountain Rd												
	•	Firm's address Sandpoint, ID 83864-6225	Pho	ne no 208-263-7795										
Ma	ov the IR	S discuss this return with the preparer shown above? (see instructions)	1,110	X Yes No										
	<u> </u>	york Reduction Act Notice, see the separate instructions.		Form 990 (2017)										
DA		TOTAL TOURS OF THE TOURS, OUT THE SUPPLIES HISTORISMS.	^	Form 330 (2017)										

	990 (2017)	Panhandle Communi	ty Radio, Inc. 47-	0906283	Page 2
Pa		atement of Program Servi		Part III	X
1 `		ibe the organization's mission	a response or note to any line in this	raitiii	
T	p prov	ide public radio :	service to the Panhand	le region of Idaho	•
	_				
2	Did the orga	nization undertake any significant p	rogram services during the year which were r	not listed on the	
-	_	90 or 990-EZ?	,		Yes X No
		cribe these new services on Sched			
3	-	nization cease conducting, or make	e significant changes in how it conducts, any p	program	Yes X No
	services?	cribe these changes on Schedule (les 21 NO
4		The state of the s	complishments for each of its three largest pr	ogram services, as measured by	
	•		nizations are required to report the amount of	f grants and allocations to others,	
	the total exp	enses, and revenue, if any, for eac	n program service reported		
42	(Code) (Expenses \$	including grants of \$) (Revenue \$	
44	(Code) (Expenses ϕ	moduling grants of \$	/ (Nevenue ψ	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	`	, , ,			
	 				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
40		ram services (Describe in Schedule		(Daviagua S	
	(Expenses	\$ 72,634 incli am service expenses ►	uding grants of \$)	(Revenue \$	
DAA	- rotar progra	COLVING ON PORTOR P			Form 990 (2017

<u> Pa</u>	rt 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	\dashv		
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- ' -		
•	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	- ' 'a		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		х
_		11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		
42-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	.11f		X.
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.		₹.
L	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		₹.
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	· ·	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ĺ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			7,0
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		<u> </u>
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		X
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	40.1	i	Y

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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		X
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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If_"Yes," complete Schedule M	29	l	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38_		X
			~~	^

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.0	—	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1]
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	7 2b	x	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
ь	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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	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)		1	İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		ļ
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	-	<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	— _		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	。		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	92		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	35	-	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter	7		
а	Gross income from members or shareholders			
b	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			
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?	13a	L.	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017) Panhandle Community Radio, Inc. 47-0906283 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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 X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a $\bar{\mathbf{x}}$ Each committee with authority to act on behalf of the governing body? 8b 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? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 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 records >

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corporation

Form 990 (2017)	Panhandle	Community	Radio,	Inc.	47-0906283	

Part VII	Compensation of Officers, Directors, 1	Trustees, Key Employees,	Highest Compensated Employees, and
Y.	Independent Contractors		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	do not check more than one co ox, unless person is both an fficer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(WZ) 1833 IMBC)	organization and related organizations
(1) Jim Healey Charles Parrish President	0.00			x			0	0	0
(2) Jim Healey Officer	0	-		×			0	0	0
(3) Jean Gerth Officer	0			×			0	6	0
(4) Julie Perchynsia Secretary									
secretary	·		-	X	_		· ·		- -
(5) Julie Kadlemayn				~					
16) Clair Rosales	0			X			0	0	0
(6) Chris Besoler Treasurer (7)	0			×			C	, 0	0
(7)									
(8)		<u> </u>						_	
(9)	_								
(10)									
(11)			-						
DAA									Form 990 (2017

(A) Name and title	(B) Average hours per week (list any	Average Position hours per (do not check more than one week box, unless person is both ar (list any officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimated amount of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2/1099-MISC)		organizat and rela organizat			
				<u></u>	i									
1b Sub-total							•							
c Total from continuatio	i 1c)				se lis	sted a	► Eabov	(e) who received more that	n \$100,000 of					
reportable compensation 3 Did the organization list	n from the organization any former officer, di	n ▶ recto	<u>0</u> г, ог	trus	tee,	key e	emp	loyee, or highest compens			3	Yes	No X	
organization and related individual	on line 1a, is the sum d organizations greate	of re	port 1 \$15	able 50,00	00?	npen: If "Ye	satio	on and other compensation complete Schedule J for st	uch		4		x	
for services rendered to Section B. Independent Cor	the organization? If " htractors	Yes,'	con	plet	e Sc	chedu	ile J				5		х	
compensation from the	your five highest comport of the properties of t	comp	ensa	ition	for	the c	contalen	tractors that received more dar year ending with or wit Descr	hin the organization's tax y (B) puon of services	rear	Co	(C) mpensat	tion	
2 Total number of indepereceived more than \$10	ndent contractors (inc 00,000 of compensation	ludin in fro	g bu m th	not e or	lımı ganı	ted to	tho n ▶	ose listed above) who	0		- Foo	<u>. 99(</u>	0 (2017)	

ı a	rt VI	II Statement of Reve Check if Schedule		ains a r	esponse or	note to any line in	this Part VIII		
	`					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इध	1a	Federated campaigns	1a						
등질		Membership dues	1b		22,278				
A, C	С	Fundraising events	1c						
a d	d	Related organizations	1d						
S.E	е	Government grants (contributions)	1e				,	İ	
i Sign	f	All other contributions, gifts, grants,							
ള		and similar amounts not included above	1f		32,669				
	_	Noncash contributions included in lines 1a	a-1f \$;			Ì	Ì	
<u>ة ن</u>	<u>h</u>	Total. Add lines 1a-1f			•	54,947			
힐	Ļ		Busn Code		22.22				
eve	2a	Program Service Rev	renue			36,822	36,822		
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue Rev	b								
	C				 				
	d								
	e	All other program service review	anue.						
		f All other program service revenue				36,822			
	_	g Total. Add lines 2a–2f 3 Investment income (including dividends, interest,							
	•	and other similar amounts)			▶		Ì		
	4	Income from investment of ta	x-exemp	ot bond pi	roceeds -				
	5	Royalties	•	•	▶ □				
		(ı) Real		(II) P	'ersonal				
	6a	Gross rents					}		
	b	Less rental exps						}	
	С	Rental inc or (loss)							
		Net rental income or (loss)			•				
	/a	7a Gross amount from sales of assets (ii) Securities (ii) Oi		Other					
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
		Gain or (loss)							
		Net gain or (loss)	. г						 _
ne	8a	Gross income from fundraising ev	ents					i	
Other Revenue		(not including \$ of contributions reported on line 10	٥,						
Re		See Part IV, line 18	· .		1				
her	h	Less direct expenses	a b						
ŏ		Net income or (loss) from fun	- L	events					
		Gross income from gaming activiti	r	<u> </u>					
		See Part IV, line 19	а					1	
	b	Less, direct expenses	ь						
		Net income or (loss) from gar	ming act	ivities	•				
	10a	Gross sales of inventory, less	\$				-		
		returns and allowances	a						
	b	Less cost of goods sold	ьį						
	С	Net income or (loss) from sal	es of inv	entory_	•				
	L	Miscellaneous Revenue	· 		Busn Code				
	11a					498			498
	b	Merchandise				75			75
	С	A4			 				
	d				<u> </u>				
	e				!	92,342	36 000		
	12	Total revenue. See instruction	2115			32,342	36,822	0	573

Part IX Statement of Functional Expenses

,	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo				
	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
	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				-
	individuals See Part IV, line 22	- <u>-</u>			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	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)	35 001	35 001		
	Other salaries and wages	35,081	35,081		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	2,684	2,684		
10 11	Payroll taxes Fees for services (non-employees)	2,004	2,004		
a	Management				
b	Legal	62	62		
	Accounting				
	· ·				· · · <u>-</u> · · · ·
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)	6,944	6,944		
12	Advertising and promotion	295	295		
13	Office expenses				
14	Information technology				
15	Royalties				
-16	Occupancy	21,873	21,873		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4,362	4,362		<u></u>
22	Depreciation, depletion, and amortization Insurance	1,333	1,333	···-	
23	Other expenses Itemize expenses not covered	1,333	1,333		
24	above (List miscellaneous expenses in line 24e If		Ì		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Fundraising - spec. event	8,674			8,674
b	Fundraising	1,227			1,227
c	-				
d				-	
e	All other expenses				
25		82,535	72,634	0	9,901
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign <u>and</u>				
	fundraising solicitation Check here ▶ If				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 72,295 87,265 1 Cash-non-interest bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 43,959 10a other basis Complete Part VI of Schedule D 24,400 23,921 19,559 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 106,824 2,408 96,216 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,607 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 1,607 26 2,408 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 94,609 104,416 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 94,609 104,416 33 33 Total net assets or fund balances 106,824 96,216 Total liabilities and net assets/fund balances

orm	990 (2017) Panhandle Community Radio, Inc. 47-0906283			_	Page	e 12
Pa	rt XI Reconciliation of Net Assets					
_	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			92,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			32,5	
3	Revenue less expenses Subtract line 2 from line 1	3			9,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			94,6	09
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8_				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		10)4,4	16
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				l	
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ŀ			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		l	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ĺ		1	
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1			
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				For	m 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Panhandle Community Radio, Inc.

Employer identification number 47-0906283

Pi	art I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	ns
 Γhe	e organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)							
1	\Box	A church, cor	vention of churches, or asse	ociation of churches described	ın sectior	170(b)(1)(A)(i).	\
2	П			A)(ii). (Attach Schedule E (Forn				
3	H			ce organization described in se			iii).	\mathcal{O}
4	H			in conjunction with a hospital				osnital's name
7	ш	city, and state		in conjunction that a noophar	acsonbed	III SCOLIO	Trouble the tr	ospital s flame,
5		•		of a college or university owned	or operate	ed by a go	overnmental unit described in	
	section 170(b)(1)(A)(iv). (Complete Part II)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)						
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Par	t II)			
9				cribed in section 170(b)(1)(A)(if agriculture (see instructions)		-		ge
	_	university					y, and state of the somege of	
10		receipts from support from	activities related to its exem gross investment income ar	more than 33 1/3% of its sup npt functions—subject to certain d unrelated business taxable in	n exception	ns, and (2 ss section	2) no more than 33 1/3% of its 511 tax) from businesses	oss
			=	0, 1975 See section 509(a)(2)			•	
11		•	•	exclusively to test for public saf exclusively for the benefit of, to	•		· / /	
12		of one or mor	e publicly supported organiz	exclusively for the benefit of, to eations described in section 50 nat describes the type of suppo	9(а)(1) ог	section 5	509(a)(2). See section 509(a)(3).
	а			erated, supervised, or controlled				-
	a	the suppo	orted organization(s) the pov	ver to regularly appoint or elect omplete Part IV, Sections A a	a majority			iig
	b		- •	pervised or controlled in conne		its sunno	ted organization(s), by having	
	-	control or		ting organization vested in the				
	С	Type III f	unctionally integrated. A s	upporting organization operate tructions) You must complete				ith,
	d			I. A supporting organization ope				
				organization generally must s				ess
			,	nust complete Part IV, Sectio		-		
	е	Check th	is box if the organization rec	eived a written determination fr n-functionally integrated suppor	om the IR	S that it is	s a Type I, Type II, Type III	
	f		nber of supported organizati		ting Organ	ization		
	g g		ollowing information about the					L
_		ne of supported	(ii) EIN	(III) Type of organization	(iv) is the	rganization	(v) Amount of monetary	(vi) Amount of
	• •	organization (ii) Eliv		(described on lines 1–10		ir governing support (see		other support (see
				above (see instructions))	docu	nent?	instructions)	instructions)
				<u> </u>	Yes	No		
(A))							
(В)							
-10					 			
(C)								
(D)							
(E)							
_				-		-		
Tot	al_							

Schedule A'(Form 990 or 990-EZ) 2017 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)

Secti	on A. Public Support		_			· · · · · · · · · · · · · · · · · · ·	
Calend	ar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	71,693	72,311	56,603	76,767.	91,718	369,092
2	Tax revenues levied for the / organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	71,693	72,311	56,603	76,767	91,718	369,092
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	,				,	
	shown on line 11, column (f)	10,000		0	7,500	6,000	23,500
6	Public support. Subtract line 5 from line 4	61,693	72,311	56,603	69,267	85,718	1345,592
	tion B. Total Support	4 > 20/0	41.004	1			T
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	71,693	72,311	56603	76,767	91,718	369,092
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	45	54	101	60	573	853.
11	Total support. Add lines 7 through 10	71,758	72,365	56,704	176,827	192,291	369,946,
12	Gross receipts from related activities, etc			·	•	12	<u> </u>
13	First five years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax ye	ear as a section 50)1(c)(3)	
	_organization,_check this box and stop he			· · · · · · · · · · · · · ·			• X
	ction C. Computation of Public S			. 			
14	Public support percentage for 2017 (line to		•	mn (f))		14	
15	Public support percentage from 2016 Sch					_ 15	%
16a	33 1/3% support test—2017. If the organ				33 1/3% or more,	check this	
þ	box and stop here. The organization qua 33 1/3% support test—2016. If the orga				15 is 33 1/3% or i	more, check	P []
	this box and stop here. The organization	•		•			▶ [_]
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med						
	Part VI how the organization meets the "organization	facts-and-circumst	ances" test. The c	organization qualific	es as a publicly su	pported	▶ □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization						Ų
	Explain in Part VI how the organization in supported organization	neets the "facts-an	d-circumstances"	test The organiza	tion qualifies as a	publicly	▶ □
18	Private foundation. If the organization of	fid not check a box	x on line 13, 16a, 1	16b, 17a, or 17b, c	heck this box and	see	J
	instructions						▶ 🗌

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to t	quality under the	ie lesis listeu b	elow, please ci	ompiete Part II	1	
	ion A. Public Support		1 11 10011		4 13 00 4 0	4 > 0047	(0.T.)
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
•	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	<u> </u>					
_	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					y	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			·			
С	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from						Ì
	line 6)		<u> </u>				<u> </u>
	tion B. Total Support	() ====	11110011	/ 1 224/5	4 11 0040	() 0047	1 (07.1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 20,1 ⁷ 5	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			ļ			-
10a	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 carned 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, 11, and 12)		/				
14	First five years. If the Form 990 is for the	organization's fire	st,/second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	· ө	· ·				>
Sec	tion C. Computation of Public St	upport Percer	ntage				
15	Public support percentage for 2017 (line 8), column (f) divide	ed by line 13, colum	nn (f))		15	%
<u>16</u>	Public support percentage from 2016 Sch					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2017 (,		3, column (f))		17	<u>%</u>
18	Investment income percentage from 2016	Į.				18	%
19a	••	,					, г
	17 is not more than 33 1/3%, check this b	, .	-				▶ L
b	33 1/3% support tests—2016. If the orga	/					. г
	line 18 is not more than 33 1/3%, check the	,	_			=	▶ L
20	Private foundation. If the organization di	g/not check a box	: on line 14, 19a, or	19b, check this be	ox and see instruc	tions	▶

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	on 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	ľ		
	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		
2-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-	-	
3a		3a		
	(b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
þ	-			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1	İ	
	organization made the determination	3b	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	ļ	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	<u>4a</u>		
þ	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	1		
	despite being controlled or supervised by or in connection with its supported organizations	4b	<u> </u>	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		}	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Vu	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	į		
	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	1	İ
_	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>	<u> </u>	
b		5b		
	designated in the organization's organizing document?	5 <u>5</u>	 	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		1
_6 _]	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			ł
	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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	8	ļ	ļ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		ļ	
	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 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		L.,
С	Did a disqualified person (as defined in line 9a) 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.	9c		
10a				
.va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1	
	supporting organizations)? If "Yes," answer 10b below	10a	1	
L		100	 	t
b		10b		
	determine whether the organization had excess business holdings)	Schedule A (Form 9		F7\ 20

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

chedul	e A (Form 990 or 990-EZ) 2017 Panhandle Community Radio,	Inc.	<u>. 47-0906</u>	283 Page 6
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	20 , ′	1970 (explain in Part VI) Se	e
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	ection of gross income or for management, conservation, or		,	
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see]	J	
ıns	tructions for short tax year or assets held for part of year)	<u> </u>		
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c_		····
	d Total (add lines 1a, 1b, and 1c)	1d_		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u> </u>		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			···
see	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	-2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	It supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

	A (Form 990 or 990-EZ) 2017 Pannandle Communi			283 Page 7
Part		supporting Organiza	tions (continuea)	Current Vee
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purpo			
	Amounts paid to perform activity that directly furthers exempt purposes organizations, in excess of income from activity	s or supported		
	Administrative expenses paid to accomplish exempt purposes of supp			
	Administrative expenses paid to accomplish exempt purposes of supp. Amounts paid to acquire exempt-use assets	orted organizations		
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions	<u> </u>		
	Total annual distributions. Add lines 1 through 6			-
	Distributions to attentive supported organizations to which the organizations	ation is responsive		
•	(provide details in Part VI) See instructions	ation is respondite		
9	Distributable amount for 2017 from Section C. line 6			
	Line 8 amount divided by line 9 amount			
<u> </u>	zino o amount arrado o y inico o amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	instructions Country 2017	<u> </u>		
3	Excess distributions carryover, if any, to 2017			
<u>a</u>	F 2042	 		
	From 2013	 		
	From 2014	 		
	From 2015 From 2016	 		
	Total of lines 3a through e	<u> </u>		·
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	-		
	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	 		
4	Distributions for 2017 from			
•	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Panhandle Community Radio, Inc.

47-0906283

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Name of the organization Employer identification number

Open to Public Inspection

P	anhandle Community Radio, Inc.		47-0	906283
	rt I Organizations Maintaining Donor Advised For Complete if the organization answered "Yes" on	unds or Other Similar Funds o Form 990, Part IV, line 6		
		(a) Donor advised funds	d)) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		_	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		l	
5	Did the organization inform all donors and donor advisors in writing the			
	funds are the organization's property, subject to the organization's ex	-		Yes No
6	Did the organization inform all grantees, donors, and donor advisors i			
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose		п., п.,
	conferring impermissible private benefit?			Yes No
Pä	Irt II Conservation Easements. Complete if the organization answered "Yes" on	Form 990 Part IV line 7		
				
1	Purpose(s) of conservation easements held by the organization (checonomic preservation of land for public use (e.g., recreation or education)	Preservation of a historically	mportant land	1 araa
	Protection of natural habitat	Preservation of a certified his	•	
	Preservation of open space	Treservation of a certified his	toric structure	•
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a co	nservation	
-	easement on the last day of the tax year	servation continuation in the form of a co	//ISCIVATION	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			2b	
C	Number of conservation easements on a certified historic structure in	icluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/2	, ,		
	historic structure listed in the National Register	·	2d	
3	Number of conservation easements modified, transferred, released,	nization during	the	
	tax year ▶			
4	Number of states where property subject to conservation easement is	s located ▶		
5	Does the organization have a written policy regarding the periodic mo	onitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	on easements	during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations, and enforcing conservation ea	asements duri	ng the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above satisf	y the requirements of section 170(h)(4)	(B)(ı)	
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation ease			iho.
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	ie organization's illiancial statements th	iai describes i	ale
P	art III Organizations Maintaining Collections of Ar	t. Historical Treasures, or Oth	er Similar	Assets.
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 8		
18	If the organization elected, as permitted under SFAS 116 (ASC 958),	•		
	works of art, historical treasures, or other similar assets held for publ			
	public service, provide, in Part XIII, the text of the footnote to its finar			
t	If the organization elected, as permitted under SFAS 116 (ASC 958),	•		
	works of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in t	unnerance of	
	public service, provide the following amounts relating to these items			. c
	(i) Revenue included on Form 990, Part VIII, line 1			· \$
_	(ii) Assets included in Form 990, Part X	or other similar assets for financial asse	nroudo the	\$
2	If the organization received or held works of art, historical treasures,	_	, provide the	
_	following amounts required to be reported under SFAS 116 (ASC 95)	o) relating to these items		. e
	Revenue included on Form 990, Part VIII, line 1			· \$. •
	Assets included in Form 990, Part X			Schodulo D (Form 000) 2017

$\overline{}$	lule D (Form 990) 2017 Pannand L						906283			ge Z
<u>Pa</u> ı	t III <u>Organizations Maintainin</u>	g Collections of	Art, Histo	rical Tre	easures, c	or Othe	<u>r Similar Asset</u>	s (contini	ued)	
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, check any o	of the follo	owing that ar	e a signifi	cant use of its			
а	Public exhibition	d 🗌	Loan or excha	ange prog	rams					
b	Scholarly research	e 🗍	Other							
¢	Preservation for future generations	_								
4	Provide a description of the organization's of	collections and explain	n how they fur	ther the o	rganization's	exempt _i	purpose in Part			
	XIII									
	During the year, did the organization solicit		•					□.,	Г	
	assets to be sold to raise funds rather than		part of the orga	anization	s collection?	<u> </u>		Ye	s	No
Га	rt IV Escrow and Custodial Ar Complete if the organizatio 990, Part X, line 21		on Form 9	990, Par	t IV, line 9	, or rep	orted an amoun	t on Forn	1	
	Is the organization an agent, trustee, custoo	dian or other intermed	liary for contri	butions or	other asset	s not				
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing table							
	•							Amoun	t	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			_
	Ending balance						1f			_
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escro	w or custo	odial accoun	it liability?	·	Ye	s	No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	xplanation ha	s been pro	ovided on Pa	art XIII			\Box	
Pa	rt V Endowment Funds.									
	Complete if the organization	n answered "Yes	on Form 9	990, Par	t IV, line 1	10				
		(a) Current year	(b) Prior y	year	(c) Two yea	rs back	(d) Three years back	(e) Fou	r years ba	ıck
1a	Beginning of year balance									
b	Contributions				<u> </u>					
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
9	End of year balance									
2	Provide the estimated percentage of the cu	rrent year end baland	ce (line 1g, col	lumn (a))	held as					
a	Board designated or quasi-endowment									
b	Permanent endowment ▶ %									
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%								
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are	held and	administered	for the				
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	ured on Sched	dule R?				3b		
4	Describe in Part XIII the intended uses of the								····	
Pa	art VI Land, Buildings, and Equ									
	Complete if the organization	•	on Form	990. Pai	rt IV. line	11a See	e Form 990. Par	t X, line 1	10	
	Description of property	(a) Cost or other		(b) Cost or o			Accumulated	(d) Book		
		(investment)	(othe	er)		epreciation	-		
1a	Land			-						
	Buildings									
	Leasehold improvements									
	Equipment									
	Other				43,959		24,400		19,5	59
_	I. Add lines 1a through 1e (Column (d) musi	t equal Form 990, Pai	rt X, column (I				•		19,5	

D	4
Page	

` Part VII	Investments—Other Securities. Complete if the organization answered "Yes" of	in Form 990 Part IV line	e 11b See Form 990 P	Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
,	(including name of security)		Cost or end-of-year	
(1) Financial o	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)			· ·	
(D)				
(E)				
(F)				
(G)				
(H)				
, ,	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c See Form 990, F	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				··-·· · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.		I	
, are ix	Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11d. See Form 990. F	Part X line 15
	(a) Description	5111 01111 000, 1 G1C1T, IIII	<u> </u>	(b) Book value
(1)				(-,
(2)				
(3)				
(4)		·		
(5)				
(6)				
(7)				
(8)				
(9)	on (h) must aqual Form 000. Part V. cal. (P) line 15.)		•	
Part X	nn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.			
Part A		on Form 000 Bart IV Jun	a 11a ar 11f Saa Earm	000 Bort V
	Complete if the organization answered "Yes" o	on Form 990, Fait IV, iiii	e i le di i il. See Polili	990, Part A,
	line 25 (a) Description of liability	(h) Dady calca	1	
1.		(b) Book value	1	
	income taxes		1	
(2)				
(3)			-	
_(4)			-	
(5)			1	
(6)			1	
(7)			<u> </u>	
(8)				
(9)]	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25) ▶			
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization's f	financial statements that repo	orts the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of the f	ootnote has been provided in	n Part XIII

Part XIII Supplemental Information.

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

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

Schedule D (Form 990) 2017 Panhandle Community Radio, Inc.

47-0906283

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Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

o provide any additional information.

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Panhandle Community Radio, Inc.

47-0906283

Form 990, Part III, Line 4d - All Other Accomplishment Support of operations

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public