Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2023

Open to Public Inspection Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

| <u> </u>      | For the                          | 2023 calendar year, or tax year beginning $07/01/23$ , and ending $06/30/2$  | 24                   |                        |                               |  |
|---------------|----------------------------------|--|----------------------|------------------------|-------------------------------|--|
| В             | Check if appl                    |  |                      | D Employe              | r identification number       |  |
|               | Address cha                      | nge Project GRAD Kenai Peninsula   |                      |                        |                               |  |
|               | Name chang                       | Doing business as  |                      |                        | <u>**2786</u>                 |  |
|               | · ·                              | Number and street (or P.O. box if mail is not delivered to street address)  PO Box 1725  | Room/suite           | E Telephor             | e number<br><b>235-1062</b>   |  |
| -             | Initial return/<br>Final return/ | City or town, state or province, country, and ZIP or foreign postal code   |                      | 907-                   | 233-1002                      |  |
|               | terminated                       |  |                      | _                      | 2 207 124                     |  |
|               | Amended ret                      | Homer AK 99603  F Name and address of principal officer:   |                      | <b>G</b> Gross red     | eipts\$ 2,397,124             |  |
|               | Application p                    |  | H(a) Is this a gr    | oup return for         | subordinates? Yes X No        |  |
| Ш             | Application p                    | nayiey Rollis  |                      |                        | <b> </b>                      |  |
|               |                                  | PO Box 1725  | H(b) Are all sub     |                        | iddod.                        |  |
|               |                                  | Homer AK 99603   | li ino,              | attach a list          | See instructions              |  |
| <u> </u>      | Tax-exemp                        |  | _                    |                        |                               |  |
| J             | Website:                         | www.projectgradkenai.org   | H(c) Group exe       | •                      | er                            |  |
|               | Form of orga                     | nization: X Corporation Trust Association Other L  | Year of formation: 2 | 003                    | M State of legal domicile: AK |  |
| P             | Part I                           | Summary  |                      |                        |                               |  |
|               |                                  | efly describe the organization's mission or most significant activities:   |                      |                        |                               |  |
| S             | (                                | Our mission is to impact generational change by enha-  | ncing the            | educa                  | tional                        |  |
| an            |                                  | experience of under-served Alaskan students.   |                      |                        |                               |  |
| & Governance  |                                  |  |                      |                        |                               |  |
| 8             | 2 Ch                             | eck this box if the organization discontinued its operations or disposed of more than 25   | 5% of its net ass    | sets.                  |                               |  |
| ص<br>ص        | 1                                | mhor of voting members of the governing hady (Part VI line 1a)   |                      | ا و ا                  | 5                             |  |
|               |                                  | mber of voting members of the governing body (Part VI, line 1a)  mber of independent voting members of the governing body (Part VI, line 1b)   |                      | 🗀                      | 5                             |  |
| Activities    | <b>5</b> To                      | tal number of individuals employed in calendar year 2023 (Part V, line 2a)   |                      | 5                      | 31                            |  |
| 妄             |                                  | tal mountain of valuations (actionate if managemy)   |                      |                        | 7                             |  |
| Ĭ             | 1                                | tal american baseline and account from Dept VIII and the property of the prope |                      | ··                     |                               |  |
|               |                                  | t unrelated business revenue from Part VIII, column (C), line 12   |                      | 7a                     | 0                             |  |
|               | b Ne                             | t unrelated business taxable income nom Form 990-1, Part I, line 11  | Prior Yea            |                        | Current Year                  |  |
|               | 8 Co                             | ntributions and grants (Part VIII, line 1h)  |                      | 7,564                  | 2,296,421                     |  |
| 'n            | 1                                | ·  |                      | 3,917                  | 100,680                       |  |
| Revenue       | 1                                | estment income (Part VIII, line 2g) estment income (Part VIII, column (A), lines 3, 4, and 7d)   |                      | 27                     | 23                            |  |
| æ             | 1                                | ner revenue (Part VIII, column (A), lines 5, 4, and 7d)  |                      |                        |                               |  |
|               | 1                                |  | 2 23/                | 4,508                  | 2,397,124                     |  |
|               | 1                                | tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                      | 4,050                  |                               |  |
|               | 1                                | ants and similar amounts paid (Part IX, column (A), lines 1–3)   |                      | ±,030                  | 8,772                         |  |
|               |                                  | nefits paid to or for members (Part IX, column (A), line 4)  | 1 00                 | 2 707                  | 1 006 500                     |  |
| Expenses      | 15 Sa                            | laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | 1,20                 | 3,797                  | 1,096,522                     |  |
| en            | <b>16a</b> Pro                   | ofessional fundraising fees (Part IX, column (A), line 11e)  |                      |                        | 0                             |  |
| Х             | <b>b</b> To                      | tal fundraising expenses (Part IX, column (D), line 25)  |                      |                        | 011 606                       |  |
| ш             | 17 00                            | ner expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   |                      | 3,184                  | 911,606                       |  |
|               | 1                                | tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  |                      | 1,031                  | 2,016,900                     |  |
|               | 19 Re                            | venue less expenses. Subtract line 18 from line 12   |                      | 6,523                  | 380,224                       |  |
| Net Assets or | 8 -                              |  | Beginning of Cur     |                        | End of Year                   |  |
| Sset          | <b>20</b> To                     | tal assets (Part X, line 16)   |                      | 3,775                  | 749,946                       |  |
| at A          | <b>21</b> To                     | tal liabilities (Part X, line 26)  |                      | 1,748                  | 47,578                        |  |
|               |                                  | t assets or fund balances. Subtract line 21 from line 20   | 29                   | 7,027                  | 702,368                       |  |
|               | Part II                          | Signature Block  |                      |                        |                               |  |
|               |                                  | ties of perjury, I declare that I have examined this return, including accompanying schedules and stat   |                      |                        | y knowledge and belief, it is |  |
| tr            | ue, correct                      | , and complete. Declaration of preparer (other than officer) is based on all information of which prepa  | rer has any know     | ledge.                 |                               |  |
|               | 1_                               |  |                      |                        |                               |  |
| Sig           | gn 🏻 🖹                           | ignature of officer  |                      | Date                   |                               |  |
| He            | re 1                             | Hayley Norris Int Grant/   | 'Fin Ops             |                        |                               |  |
|               | T                                | ype or print name and title  |                      |                        |                               |  |
|               | F                                | rint/Type preparer's name Preparer's signature   | Date                 | Check                  | if PTIN                       |  |
| Pai           | id <sub>M</sub>                  | ichael Foster  | 03/31                | /25 self-en            |                               |  |
| Pre           | parer F                          | im's name Foster and Company, LLC  | Í                    | irm's EIN              | **-***9475                    |  |
| Us            | e Only                           | 2801 E Palmer Wasilla Hwy  |                      |                        |                               |  |
|               |                                  | irm's address Wasilla, AK 99654-7339   |                      | Phone no. 907-290-5555 |                               |  |
| Ma            |                                  | discuss this return with the preparer shown above? See instructions  | 1.5                  |                        | X Yes No                      |  |
| u             | ,                                |  |                      |                        | 22 103 110                    |  |

| Form 990 (2023) Project GRAD   |  | <u>**-***2786</u>  | Page <b>2</b>   |
|--|--|--|---|
|  | m Service Accomplishment<br>contains a response or note to   | <b>s</b><br>o any line in this Part III  |   |
| 1 Briefly describe the organization's mis  |  |  |   |
| Our mission is to in experience of under   |  | change by enhancing th<br>udents.  | e educational   |
| •  |  |  |   |
| 2 Did the organization undertake any si<br>prior Form 990 or 990-EZ? If "Yes," describe these new services         |  | year which were not listed on the  | Yes X No  |
| 3 Did the organization cease conducting services?  If "Yes," describe these changes on S                           |  | it conducts, any program   | Yes X No  |
| 4 Describe the organization's program s  | service accomplishments for each of (c)(4) organizations are required to re                              | its three largest program services, as measured<br>port the amount of grants and allocations to oth  | =   |
| experience for youth<br>Peninsula Borough So<br>social emotional lea<br>enrollment services<br>Alaska native villa | h in four of the m<br>chool District. A<br>arning and case ma<br>have supported st<br>ges of Nanwalek, P | 8,772 ) (Revenue \$ Ed program enriches the ost rural communities i cademic and instruction nagement, postsecondary udents, teachers, and fort Graham, Tyonek, and | e educational<br>n the Kenai<br>al coaching,<br>awareness and<br>amilies in the<br>Ninilchik. |
| 4b (Code: ) (Expenses \$   | 277,322 including grant  |  |   |
| 21st CCLC - The 21s competitive grants their community and opportunities for chours.                               | t Century Communit<br>to organizations t<br>schools to provid<br>hildren and their                       | y Learning Centers prog<br>hat are working in part<br>e expanded learning and<br>families outside of reg   | ram provides<br>nership within<br>lenrichment<br>ular school                                  |
| of this program is program provides a  | uth Development Af<br>to prevent youth f<br>safe, healthy, and<br>ect, and learn; an                     | s of \$ (Revenue \$ terschool Program. The rom using marijuana. T exciting place for kid important alternative vities.   | primary goal<br>his afterschoo<br>s to gather,  |
|  |  |  |   |
| •  |  |  |   |
| 4d Other program services (Describe on   | Schedule O.)   |  |   |
| (Expenses \$   | including grants of \$   | ) (Revenue \$  |   |
| 4e Total program service expenses  | 1,540,676  |  |   |

|          |   |     | Yes | No          |
|----------|---|-----|-----|-------------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |     | х   |             |
| 2        | complete Schedule A 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  |     | 22  |             |
|          | candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |     | х           |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | X           |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   |     |     |             |
|          | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If   |     |     |             |
|          | "Yes," complete Schedule D, Part I  | 6   |     | X           |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |             |
| _        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | X           |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   |     |     |             |
| _        | complete Schedule D, Part III   | 8   |     | 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  |     |     |             |
| 10       | debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | 9   |     | <u> </u>    |
| 10       | or in quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |     | x           |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  | 10  |     |             |
| ••       | VII, VIII, IX, or X, as applicable.   |     |     |             |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "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   |     |     |             |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | X           |
| С        | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more  |     |     |             |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | X           |
| d        | 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   | 11d |     | X           |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | X           |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     |     |             |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>   | 11f |     | <u> </u>    |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | 40. |     |             |
| <b>h</b> | Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If  | 12a |     | <u> </u>    |
| D        | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | x           |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | X           |
| 14a      | Did the approximation projection on office, appropriately and approximate at the Limited Chatago  | 14a |     | X           |
| b        | Did the organization maintain an office, employees, or agents outside of the Office States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                             | 1.0 |     | <del></del> |
| -        | 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  | 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   |     |     |             |
|          | 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  |     |     |             |
|          | 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  |     | X           |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   |     |     |             |
| 4.5      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | <u> X</u>   |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  | 1.  |     |             |
| 20-      | If "Yes," complete Schedule G, Part III   | 19  |     | X           |
| 20a      | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>  | 20a |     | <u> </u>    |
| )<br>21  | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b |     | $\vdash$    |
| 21       | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | x           |
|          |   |     |     | <u> </u>    |

**Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes." complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 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? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 X persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 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 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 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 21 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?..

Form 990 (2023) Project GRAD Kenai Peninsula \*\*

| **-***078 | _ |
|-----------|---|

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| Pa       | irt V Statements Regarding Other IRS Filings and Tax Compliance (con  | tinue   | d)                                      |          | Yes | No            |
|----------|---|---------|---|----------|-----|---------------|
| 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   | 2a      | 31                                      |          |     |               |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax ret   | urns?   |   | 2b       | X   |               |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |         |   | 3a       |     | X             |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedu   |         |   | 3b       |     |               |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other   |         | -                                       |          |     |               |
|          | a financial account in a foreign country (such as a bank account, securities account, or other finance  | ial acc | ount)?                                  | 4a       |     | <u> </u>      |
| b        | If "Yes," enter the name of the foreign country   |         |   |          |     |               |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia   |         |   |          |     | v             |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |         |   | 5a<br>5b |     | $\frac{x}{x}$ |
| b<br>C   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer "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  |         |   | 30       |     |               |
| ou       | organization solicit any contributions that were not tax deductible as charitable contributions?  | uic     |   | 6a       |     | х             |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contribu  | tions o | r                                       |          |     |               |
|          | gifts were not tax deductible?  |         | •                                       | 6b       |     |               |
| 7        | Organizations that may receive deductible contributions under section 170(c).   |         |   |          |     |               |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo  | r good  | s                                       |          |     |               |
|          | and services provided to the payor?   |         |   | 7a       |     | X             |
| b        | If "Van " did the approximation matify the depart of the value of the grands on a misse manyided?   |         |   | 7b       |     |               |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | was     |   |          |     |               |
|          | required to file Form 8282?   |         |   | 7c       |     | X             |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d      |   |          |     |               |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit   |         | ict?                                    | 7e       |     | <u>X</u>      |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con  |         |   | 7f       |     | X             |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file F   |         |   | 7g       |     | X             |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi  |         | • | 7h       |     | X             |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta   |         |   |          |     |               |
| 9        |   |         |   | 8        |     |               |
| a        | Sponsoring organizations maintaining donor advised funds.  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:   |         |   |          |     |               |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  | 10a     |   |          |     |               |
| 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:  |         |   |          |     |               |
| а        | Gross income from members or shareholders   | 11a     |   |          |     |               |
| b        | Gross income from other sources. (Do not net amounts due or paid to other sources   |         |   |          |     |               |
|          | against amounts due or received from them.)   | 11b     |   |          |     |               |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo  |         | 41?                                     | 12a      |     |               |
|          | 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        |   |         |   | 13a      |     |               |
| <b>h</b> | <b>Note:</b> 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                   | 13b     |   |          |     |               |
| С        | Enter the amount of recorded on hand  | 13c     |   |          |     |               |
| 14a      | Did the appropriation receive any neurosets for indepentation and interesting the tay years?  |         |   | 14a      |     | X             |
| b        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched  |         |   | 14b      |     |               |
| 15       | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur   |         |   |          |     |               |
|          | excess parachute payment(s) during the year?  |         |   | 15       |     | X             |
|          | If "Yes," see instructions and file Form 4720, Schedule N.  |         |   |          |     |               |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investme   | nt inco | me?                                     | 16       |     | X             |
|          | If "Yes," complete Form 4720, Schedule O.   |         |   |          |     |               |
| 17       | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any ac  |         |   |          |     |               |
|          | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |         |   | 17       |     |               |
|          | If "Yes," complete Form 6069.   |         |   |          |     |               |

| + | +                  | _ | + | +                  | +                  | 2 | 7 | R | 6 |
|---|--------------------|---|---|--------------------|--------------------|---|---|---|---|
| ~ | $\boldsymbol{\pi}$ |   | ~ | $\boldsymbol{\pi}$ | $\boldsymbol{\pi}$ | _ | • | × | n |

Form 990 (2023) Project GRAD Kenai Peninsula 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 on 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 No 1a Enter the number of voting members of the governing body at the end of the tax year 5 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent ..... 5 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X 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 on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 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 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 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 X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on 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 b 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? Section C. Disclosure 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website **X** Upon request Other (explain on Schedule O) Describe on 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. PO Box 1725 Hayley Norris

> 907-235-1062 Form **990** (2023)

AK 99603

Homer

| orm 990 (2023) P | roject | GRAD | Kenai | Peninsula |
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|   |   |   |   |   |   |   |   |   |   |  |

Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. |   |     |         |                      |        |  |   |   |  |  |  |  |  |
|--|---|-----|---------|----------------------|--------|--|---|---|--|--|--|--|--|
| <b>(A)</b><br>Name and title   | (B) Average hours per week (list any hours for related organizations below dotted line) | box | k, unle | Pos<br>heck<br>ss pe | rson i | than one an r/trustee) Former Highest compensated employee | (D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |  |  |  |  |
| (1) Jane Beck Executive Director   | 40.00   |     |         | х                    |        |  | 98,337  | 0   | 12,112   |  |  |  |  |
| (2) Hayley Norris  |   |     |         |                      |        |  | 30,337  |   | 12,112   |  |  |  |  |
| Int Grant/Fin Ops  | 40.00   |     |         | x                    |        |  | 53,458  | 0   | 1,774  |  |  |  |  |
|  | Moore   |     |         |                      |        |  | 33,430  |   | 2,,,,  |  |  |  |  |
| Chair  | 1.00  | x   |         | x                    |        |  | 0   | o   | 0  |  |  |  |  |
| (4) Conrad Woodhead  |   |     |         |                      |        |  |   |   |  |  |  |  |  |
| Vice Chair   | 1.00  | x   |         | x                    |        |  | 0   | o   | o  |  |  |  |  |
| (5) Rayna Bird   | 0.00  | A   |         | A                    |        |  |   |   |  |  |  |  |  |
| Director   | 1.00  | x   |         |                      |        |  | 0   | 0   | o  |  |  |  |  |
| (6) Millie Johnson   |   | A   |         |                      |        |  |   |   |  |  |  |  |  |
| Director   | 1.00  | x   |         |                      |        |  | 0   | 0   | 0  |  |  |  |  |
| (7)Connie Wirz   | 1.00  |     |         |                      |        |  |   |   |  |  |  |  |  |
| Director   | 0.00  | х   |         |                      |        |  | 0   | 0   | 0  |  |  |  |  |
| (8)  |   |     |         |                      |        |  |   |   |  |  |  |  |  |
|  |   |     |         |                      |        |  |   |   |  |  |  |  |  |
| (9)  |   |     |         |                      |        |  |   |   |  |  |  |  |  |
|  |   |     |         |                      |        |  |   |   |  |  |  |  |  |
| (10)   |   |     |         |                      |        |  |   |   |  |  |  |  |  |
|  |   |     |         |                      |        |  |   |   |  |  |  |  |  |
| (11)   |   |     |         |                      |        |  |   |   |  |  |  |  |  |
|  |   |     |         |                      |        |  |   |   |  |  |  |  |  |

| Part VII Section A. Officer  (A)  Name and title   | (B) Average hours per week  | (do<br>box<br>offi             | not o<br>k, unle      | Pos<br>check<br>ess pe | c)<br>sition<br>more<br>rson<br>lirecto | than o                       | one<br>n an<br>tee) | (D) Reportable compensation from the                | (E)<br>Reportable<br>compensation<br>from related | (F) Estimated amount of other compensation |                                   |                |         |
|--|---|--------------------------------|-----------------------|------------------------|---|------------------------------|---------------------|---|---|--|-----------------------------------|----------------|---------|
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer                | Key employee                            | Highest compensated employee | Former              | organization (W-2/<br>1099-MISC/<br>1099-NEC)       | organizations (W-2/<br>1099-MISC/<br>1099-NEC)    |  | from th<br>ganization<br>ed organ | n and          | S       |
| (12)   |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| (13)   |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| (14)   |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| (15)   |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| (16)   |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| (17)   |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| (18)   |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| (19)   |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| 1b Subtotal  |   |                                |                       |                        |   |                              |                     | 151,795   |   |  | 1                                 | 3,8            | 386     |
| c Total from continuation sh d Total (add lines 1b and 1c) 2 Total number of individuals (i reportable compensation from | ncluding but not  | limit                          | ed to                 |                        |   |                              |                     | 151,795<br>ove) who received more that              | an \$100,000 of                                   |  | 13,886                            |                |         |
| 3 Did the organization list any f employee on line 1a? If "Yes,  | ormer officer, d  | irect                          | or, tr                | r su                   | ch ir                                   | divid                        | dual                |   |   |  | 3                                 | Yes            | No<br>X |
| organization and related orga  | nizations greate  | r tha                          | ın \$1                | 150,0                  | 000?                                    | If "Y                        | es, '               | " complete Schedule J for s                         | such  |  | 4                                 |                | X       |
| <ul><li>individual</li><li>5 Did any person listed on line for services rendered to the company</li></ul>                | 1a receive or ac  | crue<br>Yes.                   | con                   | npen<br>mple           | satio                                   | on fro                       | om a<br>dule        | any unrelated organization <i>J for such person</i> | or individual                                     |  | 5                                 |                | X       |
| Section B. Independent Contract  1 Complete this table for your f  | tors  |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| compensation from the organ  | nization. Report o  | comp                           | pens                  | ation                  | for                                     | the o                        | calei<br>T          | <u>ndar year ending with or w</u>                   | ithin the organization's tax                      | year.                                      |                                   | (C)            |         |
| Name and   | (A)<br>d business address   |                                |                       |                        |   |                              |                     | Descrip   | (B)<br>tion of services                           |  | Cor                               | (C)<br>npensat | ion     |
|  |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
|  |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
|  |   |                                |                       |                        |   |                              |                     |   |   |  |                                   |                |         |
| 2 Total number of independent received more than \$100,000   |   |                                |                       |                        |   |                              |                     | ose listed above) who                               | 0   |  |                                   |                |         |

| Pa   | art V          |   |             | <b>f Revenue</b><br>edule O cor           | ntains          | a resp  | onse or not   | e to any line in     | this Part VIII                         |                                      |  |
|--|----------------|---|-------------|---|-----------------|---------|---------------|----------------------|--|--------------------------------------|--|
|  |                | <u> </u>                                      |             |   |                 | <u></u> |               | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a             | Federated camp                                | paigns      |   | 1a              |         |               |                      |  |                                      |  |
|  | b              | Membership du                                 | 00          |   | 1b              |         |               |                      |  |                                      |  |
| ĘŠ,  | c              | Fundraising eve                               |             |   | 1c              |         |               |                      |  |                                      |  |
| ᅙ  | d              | Related organiz                               |             |   | 1d              |         |               |                      |  |                                      |  |
| i,S  | e              | Government grants (c                          |             |   | 1e              | 2,      | 280,921       |                      |  |                                      |  |
| utior<br>her S   | f              | All other contributions and similar amounts n | , gifts, gr | ants,                                     | 1f              |         | 15,500        |                      |  |                                      |  |
| Ĕŏ   | g              | Noncash contributions lines 1a-1f             |             |   | 1g              | ¢       |               |                      |  |                                      |  |
| Šē   | ۱ ۾            | Total. Add lines                              |             |   |                 |         |               | 2,296,421            |  |                                      |  |
| <u> </u>   | <del>  "</del> | i Otal. Add lines                             | 1a-1        |   |                 |         | Business Code | 2,20,321             |  |                                      |  |
| αυ   | 2a             | Program Se                                    | · rrri a    | os Foos                                   |                 |         | 900099        | 100,680              |  |                                      | 100,680  |
| .≥   | b              |   |             |   |                 |         |               | 200,000              |  |                                      | 200,000  |
| Program Service<br>Revenue                             | ٦              | •       |             |   |                 |         |               |                      |  |                                      |  |
| am   | 4              | •       |             |   |                 |         |               |                      |  |                                      |  |
| <u>p</u> g   | u<br>a         |   |             |   |                 |         |               |                      |  |                                      |  |
| 4  | f              | All other progra                              |             | vice revenue                              |                 |         |               |                      |  |                                      |  |
|  | I              | Total. Add lines                              |             |   |                 |         |               | 100,680              |  |                                      |  |
|  | 3              | Investment inco                               |             |   |                 |         |               |                      |  |                                      |  |
|  |                | other similar am                              | ,           |   | •               | •       |               | 23                   |  |                                      | 23   |
|  | 4              | Income from inv                               |             |   |                 |         |               |                      |  |                                      |  |
|  | 5              | Royalties                                     |             |   |                 | •       |               |                      |  |                                      |  |
|  | •              | rtoyanico                                     |             | (i) Real                                  | · · · · · · · · |         | Personal      |                      |  |                                      |  |
|  | 6a             | Gross rents                                   | 6a          | (/) * * * * * * * * * * * * * * * * * * * |                 | (,      |               |                      |  |                                      |  |
|  | b              | Less: rental expenses                         |             |   |                 |         |               |                      |  |                                      |  |
|  | C              | Rental inc. or (loss)                         | 6c          |   |                 |         |               |                      |  |                                      |  |
|  | d              | Net rental incon                              |             | lnee)                                     |                 |         |               |                      |  |                                      |  |
|  |                | 7a Gross amount from (i) Securities           |             |   |                 | ı       | ) Other       |                      |  |                                      |  |
|  |                | sales of assets                               | 7a          | (i) Godanio                               | ,               | ("      | ) Gallor      |                      |  |                                      |  |
| <u>o</u>   | h              | other than inventory<br>Less: cost or other   | / a         |   |                 |         |               |                      |  |                                      |  |
| ther Revenue   | ~              | basis and sales exps.                         | 7b          |   |                 |         |               |                      |  |                                      |  |
| ě  | _              | Gain or (loss)                                | 7c          |   |                 |         |               |                      |  |                                      |  |
| ž.   | I              | Net gain or (loss                             |             |   |                 |         |               |                      |  |                                      |  |
| Ę  |                | Gross income from                             |             |   |                 |         |               |                      |  |                                      |  |
| O  | "              | (not including \$                             |             | aloning overito                           |                 |         |               |                      |  |                                      |  |
|  |                | of contributions re                           |             | on line                                   |                 |         |               |                      |  |                                      |  |
|  |                | 1c). See Part IV, I                           |             | ono                                       | 8a              |         |               |                      |  |                                      |  |
|  | l b            | Less: direct exp                              |             |   | 8b              |         |               |                      |  |                                      |  |
|  |                | Net income or (                               |             |   |                 |         |               |                      |  |                                      |  |
|  | I              | Gross income fi                               | ,           | _   | T               | ·       |               |                      |  |                                      |  |
|  | ""             | activities. See F                             |             |   | 9a              |         |               |                      |  |                                      |  |
|  | l b            | Less: direct exp                              |             |   | 9b              |         |               |                      |  |                                      |  |
|  | I              | Net income or (                               |             |   |                 |         |               |                      |  |                                      |  |
|  | I              | Gross sales of i                              |             |   |                 |         |               |                      |  |                                      |  |
|  |                | returns and allo                              |             | -   | 10a             |         |               |                      |  |                                      |  |
|  | b              | Less: cost of go                              |             |   | 10b             |         |               |                      |  |                                      |  |
|  | I              | Net income or (                               |             |   |                 |         |               |                      |  |                                      |  |
| <u>s</u>   |                | (   | ,           |   |                 |         | Business Code |                      |  |                                      |  |
| 900  | 11a            |   |             |   |                 |         |               |                      |  |                                      |  |
| an   | b              |   |             |   |                 |         |               |                      |  |                                      |  |
| ese<br>ese   | С              |   |             |   |                 |         |               |                      |  |                                      |  |
| Miscellaneous<br>Revenue                               | d              | All other revenu                              |             |   |                 |         |               |                      |  |                                      |  |
| _  |                | Total. Add lines                              |             |   |                 |         |               |                      |  |                                      |  |
|  |                | Total revenue.                                |             |   |                 |         |               | 2,397,124            | 0                                      | 0                                    | 100,703  |

# Part IX Statement of Functional Expenses

| Sect     | ion 501(c)(3) and 501(c)(4) organizations must countries.  Check if Schedule O contains a respor                              | ·                     |                              | mplete column (A).                  | X                        |
|----------|---|-----------------------|------------------------------|-------------------------------------|--------------------------|
|          | ot include amounts reported on lines 6b, 7b,  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1        | Grants and other assistance to domestic organizations   |                       | СХРОПОСО                     | general expenses                    | охроново                 |
| •        | and domestic governments. See Part IV, line 21  |                       |                              |                                     |                          |
| 2        | Grants and other assistance to domestic   |                       |                              |                                     |                          |
|          | individuals. See Part IV, line 22   | 8,772                 | 8,772                        |                                     |                          |
| 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   | 180,682               | 131,898                      | 48,784                              |                          |
| 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  | 736,753               | 512,109                      | 224,644                             |                          |
| 8        | Pension plan accruals and contributions (include  |                       |                              |                                     |                          |
|          | section 401(k) and 403(b) employer contributions)   | 16,065                | 8,604                        | 7,461                               |                          |
| 9        | Other employee benefits   | 82,599                | 81,846                       | 753                                 |                          |
| 10       | Payroll taxes   | 80,423                | 57,406                       | 23,017                              |                          |
| 11       | Fees for services (nonemployees):   |                       |                              |                                     |                          |
| _        | Management  | 706                   | 200                          | 106                                 |                          |
| b        | Legal   | 796                   | 300                          | 496                                 |                          |
|          | Accounting  | 41,610                | 30,086                       | 11,524                              |                          |
|          | Lobbying Preference fundamining continues Con Part IV line 47   |                       |                              |                                     |                          |
| e        | Professional fundraising services. See Part IV, line 17   |                       |                              |                                     |                          |
| 1        | Investment management fees  Other. (If line 11g amount exceeds 10% of line 25, column   |                       |                              |                                     |                          |
| g        |   | 278,578               | 184,715                      | 93,863                              |                          |
| 12       | (A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion   | 270,370               | 104,713                      | 33,003                              |                          |
| 13       | Office expenses   | 170,542               | 158,875                      | 11,667                              |                          |
| 14       | Information technology  | 835                   | 230,073                      | 835                                 |                          |
| 15       | Royalties   |                       |                              |                                     |                          |
| 16       | Occupancy   | 27,042                | 11,621                       | 15,421                              |                          |
| 17       | Travel  | 291,891               | 283,350                      | 8,541                               |                          |
| 18       | Payments of travel or entertainment expenses  |                       | ,                            | -,-                                 |                          |
|          | for any federal, state, or local public officials   |                       |                              |                                     |                          |
| 19       | Conferences, conventions, and meetings  | 64,794                | 50,552                       | 14,242                              |                          |
| 20       | Interest  |                       |                              |                                     |                          |
| 21       | Payments to affiliates  |                       |                              |                                     |                          |
| 22       | Depreciation, depletion, and amortization   |                       |                              |                                     |                          |
| 23       | Insurance   | 15,662                | 1,323                        | 14,339                              |                          |
| 24       | Other expenses. Itemize expenses not covered  |                       |                              |                                     |                          |
|          | above. (List miscellaneous expenses on line 24e. If   |                       |                              |                                     |                          |
|          | line 24e amount exceeds 10% of line 25, column  |                       |                              |                                     |                          |
|          | (A) amount, list line 24e expenses on Schedule O.)  | 10 050                | 10 010                       | 605                                 |                          |
| a        | Books, Subscriptions, Ref   | 19,856                | 19,219                       | 637                                 |                          |
| b        | · · · · · · · · · · · · · · · · · · ·   |                       |                              |                                     |                          |
| C        | · · · · · · · · · · · · · · · · · · ·   |                       |                              |                                     |                          |
| d        | All other expanses  |                       |                              |                                     |                          |
| e<br>25  | All other expenses  | 2,016,900             | 1,540,676                    | 476,224                             | 0                        |
| 25<br>26 | Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the                               | 2,010,900             | 1,340,010                    | 710,224                             | <u> </u>                 |
|          | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here |                       |                              |                                     |                          |
| DAA      | following SOP 98-2 (ASC 958-720)  |                       |                              |                                     | Form <b>990</b> (2023)   |

|                               |  |                                       |                  | (A)               |          | (B)             |
|-------------------------------|--|---------------------------------------|------------------|-------------------|----------|-----------------|
|                               |  |                                       |                  | Beginning of year | _        | End of year     |
| 1                             |  |                                       |                  | 121,361           | 1        | 499,988         |
| 2                             |  |                                       |                  | 49,333            | 2        | 76,972          |
| 3                             | , ,,,,,,,,,,   |                                       |                  | 180,889           | 3        | 233,050         |
| 4                             | , , , , , , , , , , , , , , , , , , ,                |                                       |                  |                   | 4        | -77,257         |
| 5                             | ,,,,,,,,   |                                       |                  |                   |          |                 |
|                               | trustee, key employee, creator or founder, substa    |                                       |                  |                   | _        |                 |
|                               | controlled entity or family member of any of these   |                                       |                  |                   | 5        |                 |
| . 6                           |  |                                       |                  |                   | _        |                 |
| Assets                        | under section 4958(f)(1)), and persons described     |                                       |                  |                   | 6        |                 |
| 888                           | · · · · · · · · · · · · · · · · · · ·                |                                       |                  | 1,548             | 7        | 1 5/0           |
| `  °                          |  |                                       |                  | 13,610            | 8        | 1,548<br>13,611 |
| 9                             |  |                                       |                  | 13,610            | 9        | 13,611          |
| 10                            | Land, buildings, and equipment: cost or other        | 40-                                   | E2 402           |                   |          |                 |
| Ι.                            | basis. Complete Part VI of Schedule D                | 10a                                   | 53,483<br>51,449 | 2 024             | 40-      | 2 024           |
| '                             | b Less: accumulated depreciation                     | [ 100]                                |                  | 2,034             | 10c      | 2,034           |
|                               | Investments—publicly traded securities               |                                       |                  |                   | 11       |                 |
| 12                            | ,  | 1<br>                                 |                  |                   | 12       |                 |
| 13                            | ,  | 11                                    |                  |                   | 13       |                 |
| 14                            |  |                                       |                  |                   | 14       |                 |
| 15                            | ,              |                                       |                  | 368,775           | 15       | 749,946         |
| 16                            | 3 - \  |                                       |                  | 71,748            | 16<br>17 | 47,578          |
| 17<br>  18                    |  |                                       |                  | 71,740            | 18       | 41,516          |
| 19                            |  |                                       |                  |                   | 19       |                 |
| 20                            |  |                                       |                  |                   | 20       |                 |
| 21                            |  | art IV of Schodulo                    | ·····            |                   | 21       |                 |
|                               |  |                                       | ·                |                   | Z1       |                 |
|                               | trustee, key employee, creator or founder, substa    |                                       | r 35%            |                   |          |                 |
| ≣                             | controlled entity or family member of any of these   |                                       |                  |                   | 22       |                 |
| 뿔   <sub>23</sub>             |  | ed third parties                      |                  |                   | 23       |                 |
| 24                            |  | third parties                         |                  |                   | 24       |                 |
| 25                            |  |                                       |                  |                   |          |                 |
| -"                            | parties, and other liabilities not included on lines |                                       |                  |                   |          |                 |
|                               | of Schedule D  | 11 21). Gomplete i                    | are 70           |                   | 25       |                 |
| 26                            |  |                                       |                  | 71,748            | 26       | 47,578          |
|                               | Organizations that follow FASB ASC 958, che          |                                       |                  | , = , ,           |          | 2.,0.0          |
| S                             | and complete lines 27, 28, 32, and 33.               |                                       |                  |                   |          |                 |
| 토   <sub>27</sub>             |  |                                       |                  | 297,027           | 27       | 679,266         |
| ន្ត   28                      |  | · · · · · · · · · · · · · · · · · · · |                  | - , -             | 28       | 23,102          |
| פ   פ                         | Organizations that do not follow FASB ASC 9          | 58. check her                         |                  |                   |          | - , -           |
| 로                             | and complete lines 29 through 33.                    |                                       |                  |                   |          |                 |
| ნ   <sub>29</sub>             |  |                                       |                  |                   | 29       |                 |
| S   30                        |  | ipment fund                           |                  |                   | 30       |                 |
| SS 31                         |  | ome, or other fund                    | s                |                   | 31       |                 |
| Net Assets or Fund Balances 2 |  |                                       |                  | 297,027           | 32       | 702,368         |
| Z   33                        |  |                                       |                  | 368,775           | 33       | 749,946         |

Form **990** (2023)

| Pa | art 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  | 2,3 |            |             |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 2,0 | <u>16,</u> | <u>900</u>  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3  |     |            | <u> 224</u> |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4  | 2   | <u>97,</u> | <u>027</u>  |
| 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  |     | <u>25,</u> | <u>117</u>  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9  |     |            |             |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |    |     |            |             |
|    | 32, column (B))   | 10 | 7   | 02,        | <u> 368</u> |
| Pa | art XII Financial Statements and Reporting  |    |     |            |             |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                    |    |     | <u></u>    |             |
|    |   |    |     | 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 on           |    |     |            |             |
|    | Schedule O.   |    |     |            |             |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |    | 2a  |            | X           |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |    |     |            |             |
|    | reviewed on a separate basis, consolidated basis, or both.  |    |     |            |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |    |     |            |             |
| b  | Were the organization's financial statements audited by an independent accountant?                              |    | 2b  |            | X           |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |    |     |            |             |
|    | separate basis, consolidated basis, or both.  |    |     |            |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |    |     |            |             |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |    |     |            |             |
|    | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |    | 2c  |            |             |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on   |    |     |            |             |
|    | 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 |    |     |            |             |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |    | 3a  |            | X           |
| 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 on Schedule O and describe any steps taken to undergo such audits         |    | 3b  |            |             |

Form **990** (2023)

## SCHEDULE A (Form 990)

(. c.... ccc)

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.

2022

Open to Public Inspection

Name of the organization

Project GRAD Kenai Peninsula

Employer identification number \*\*-\*\*\*2786

|      |        |                 | FIOJECC GIGHT  | Renar Feninsu.  | та            |                        |                                 | 2700                |  |
|------|--------|-----------------|--|---|---------------|------------------------|---------------------------------|---------------------|--|
| Pa   | art I  | Reas            | on for Public Charity  | / Status. (All organizatio  | ns mus        | t comp                 | lete this part.) See inst       | ructions.           |  |
| The  | orga   | nization is not | t a private foundation becau   | se it is: (For lines 1 through 12,  | , check o     | nly one b              | ox.)                            |                     |  |
| 1    |        | A church, co    | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |   |               |                        |                                 |                     |  |
| 2    | $\Box$ | A school des    | scribed in section 170(b)(1)   | (A)(ii). (Attach Schedule E (Fo   | rm 990).)     |                        |                                 |                     |  |
| 3    | $\Box$ | A hospital or   | a cooperative hospital serv  | ice organization described in <b>s</b> e                                    | ection 17     | 70(b)(1)(              | A)(iii).                        |                     |  |
| 4    | $\Box$ | A medical re    | search organization operate  | ed in conjunction with a hospital   | l describe    | d in sect              | tion 170(b)(1)(A)(iii). Enter t | he hospital's name, |  |
|      |        | city, and stat  | e:   |   |               |                        |                                 |                     |  |
| 5    |        | An organizat    | ion operated for the benefit   | of a college or university owner  | d or oper     | ated by a              | governmental unit described     | l in                |  |
|      |        | section 170     | (b)(1)(A)(iv). (Complete Pa  | rt II.)   |               |                        |                                 |                     |  |
| 6    |        | A federal, sta  | ate, or local government or g  | governmental unit described in  | section       | 170(b)(1)              | )(A)(v).                        |                     |  |
| 7    | X      |                 | ion that normally receives a section 170(b)(1)(A)(vi). (   | substantial part of its support f<br>Complete Part II.)                     | from a go     | vernmen                | tal unit or from the general pเ | ublic               |  |
| 8    |        |                 |  | 170(b)(1)(A)(vi). (Complete Pa  | art II.)      |                        |                                 |                     |  |
| 9    | П      | -               |  | scribed in section 170(b)(1)(A  |               | ated in c              | onjunction with a land-grant    | college             |  |
|      |        |                 |  | of agriculture (see instructions)   |               |                        |                                 |                     |  |
| 10   |        | An organizat    | ion that normally receives (   | 1) more than 33 1/3% of its sup   | port from     | contribu               | tions, membership fees, and     | gross               |  |
|      |        |                 |  | mpt functions, subject to certair   |               |                        |                                 | its                 |  |
|      |        |                 | 0  | nd unrelated business taxable   | `             |                        | ,                               |                     |  |
| 44   |        |                 | =  | 30, 1975. See <b>section 509(a)(</b>  |               |                        | ·                               |                     |  |
| 11   | Н      | _               | - · · · · · · · · · · · · · · · · · · ·  | exclusively to test for public sa   | -             |                        |                                 |                     |  |
| 12   | Ш      | 0               |  | exclusively for the benefit of, to<br>tions described in <b>section 509</b> | •             |                        | , , ,                           | •                   |  |
|      |        |                 |  | scribes the type of supporting of   |               |                        |                                 |                     |  |
|      | а      |                 | =  | perated, supervised, or controlle   | _             |                        | ·                               | =                   |  |
|      |        |                 |  | wer to regularly appoint or elec  | -             |                        | . ,                             | 5 5                 |  |
|      |        |                 |  | complete Part IV, Sections A  | -             | •                      |                                 |                     |  |
|      | b      | Type II.        | A supporting organization s  | upervised or controlled in conn   | ection wit    | h its sup <sub>l</sub> | ported organization(s), by ha   | ving                |  |
|      |        |                 |  | rting organization vested in the  | same pe       | rsons tha              | at control or manage the sup    | ported              |  |
|      |        |                 | • •  | e Part IV, Sections A and C.  |               |                        |                                 |                     |  |
|      | С      | its suppo       | orted organization(s) (see in  | supporting organization operatestructions). <b>You must comple</b>          | te Part I\    | /, Sectio              | ns A, D, and E.                 |                     |  |
|      | d      |                 |  | ed. A supporting organization o   |               |                        |                                 |                     |  |
|      |        |                 |  | e organization generally must s   | -             |                        |                                 | /eness              |  |
|      | _      |                 |  | must complete Part IV, Secti<br>ceived a written determination f            |               |                        |                                 |                     |  |
|      | е      |                 |  | n-functionally integrated suppo   |               |                        |                                 |                     |  |
|      | f      |                 | mber of supported organizat  |   | 3 3           |                        |                                 |                     |  |
|      | g      |                 |  | he supported organization(s).   |               |                        |                                 |                     |  |
| (i)  | Nam    | e of supported  | (ii) EIN   | (iii) Type of organization  | (iv) Is the o | organization           | (v) Amount of monetary          | (vi) Amount of      |  |
|      | org    | ganization      |  | (described on lines 1–10  | listed in you | ır governing           | support (see                    | other support (see  |  |
|      |        |                 |  | above (see instructions))   |               | ment?                  | instructions)                   | instructions)       |  |
| /A\  |        |                 |  |   | Yes           | No                     |                                 | +                   |  |
| (A)  |        |                 |  |   |               |                        |                                 |                     |  |
| (B)  |        |                 |  |   |               |                        |                                 |                     |  |
| (0)  |        |                 |  |   |               |                        |                                 |                     |  |
| (C)  |        |                 |  |   |               |                        |                                 |                     |  |
| (5)  |        |                 |  |   |               |                        |                                 |                     |  |
| (D)  |        |                 |  |   |               |                        |                                 |                     |  |
| (-)  |        |                 |  |   |               |                        |                                 |                     |  |
| (E)  |        |                 |  |   |               |                        |                                 |                     |  |
| ` '  |        |                 |  |   |               |                        |                                 |                     |  |
| Tota | ıl     |                 |  |   |               |                        |                                 |                     |  |

Project GRAD Kenai Peninsula

\*\*-\*\*\*2786

Page 2

Schedule A (Form 990) 2023

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. Public Support Calendar year (or fiscal year beginning in) (c) 2021 (a) 2019 (b) 2020 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 974,184 1,111,313 1,420,282 2,210,564 2,296,421 8,012,764 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 974,184 1,111,313 8,012,764 1,420,282 2,210,564 2,296,421 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) Public support. Subtract line 5 from line 4 8,012,764 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Amounts from line 4 974,184 1,111,313 1,420,282 2,210,564 2,296,421 8,012,764 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from 88 92 92 322 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... 11 Total support. Add lines 7 through 10 8,013,086 Gross receipts from related activities, etc. (see instructions) 12 12 363,223 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 14 100.00% Public support percentage from 2022 Schedule A, Part II, line 14 99.99% 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization X b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 supported 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 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 supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions \_\_\_\_\_\_

Schedule A (Form 990) 2023 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.)

| Sec  | tion A. Public Support   |                    |                      | -                  | •                 |          |           |
|------|--|--------------------|----------------------|--------------------|-------------------|----------|-----------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019           | <b>(b)</b> 2020      | (c) 2021           | (d) 2022          | (e) 2023 | (f) Total |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                    |                      |                    |                   |          |           |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                      |                    |                   |          |           |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513   |                    |                      |                    |                   |          |           |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                    |                      |                    |                   |          |           |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                      |                    |                   |          |           |
| 6    | Total. Add lines 1 through 5   |                    |                      |                    |                   |          |           |
| 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  |                    |                      |                    |                   |          |           |
| 8    | <b>Public support.</b> (Subtract line 7c from line 6.)   |                    |                      |                    |                   |          |           |
| Sac  | tion B. Total Support  |                    |                      |                    |                   |          | <u> </u>  |
|      | ndar year (or fiscal year beginning in)  | (a) 2019           | <b>(b)</b> 2020      | (c) 2021           | (d) 2022          | (e) 2023 | (f) Total |
| 9    | Amounts from line 6  | (a) 2010           | (3) 2020             | (0) 2021           | (4) 2022          | (6) 2020 | (i) rotal |
| 10a  |  |                    |                      |                    |                   |          |           |
| b    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                    |                      |                    |                   |          |           |
| С    | Add lines 10a and 10b  |                    |                      |                    |                   |          |           |
| 11   | Net income from unrelated business activities not included on 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   | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                    |                      |                    |                   |          |           |
| 14   | First 5 years. If the Form 990 is for the o organization, check this box and stop he   |                    |                      | -                  |                   | . , . ,  |           |
| Sec  | tion C. Computation of Public S  |                    | entage               |                    |                   |          |           |
| 15   | Public support percentage for 2023 (line 8   |                    |                      | ımn (f))           |                   | 15       | %         |
| 16   | Public support percentage from 2022 Sch  |                    |                      |                    |                   | 1 4 4    | %         |
|      | tion D. Computation of Investm   |                    |                      |                    |                   |          |           |
| 17   | Investment income percentage for 2023 (  |                    |                      | 13, column (f))    |                   | 17       | %         |
| 18 I | nvestment income percentage from <b>2022</b> S   |                    | II line 17           |                    |                   | 10       | %         |
| 19a  | 33 1/3% support tests — 2023. If the or  | ganization did not |                      |                    |                   |          |           |
|      | 17 is not more than 33 1/3%, check this b  |                    | =                    |                    |                   | =        |           |
| b    | 33 1/3% support tests — 2022. If the or  | =                  |                      |                    |                   |          |           |
|      | line 18 is not more than 33 1/3%, check the  |                    | =                    |                    |                   | =        |           |
| 20   | Private foundation. If the organization d  | id not check a box | x on line 14, 19a, o | or 19b, check this | box and see instr | uctions  |           |

#### Schedule A (Form 990) 2023 Part IV

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disgualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

|          | Yes | No |
|----------|-----|----|
| 1        |     |    |
| •        |     |    |
| 2        |     |    |
| 3a       |     |    |
| 3b       |     |    |
| 3с       |     |    |
| 4a       |     |    |
| 4b       |     |    |
|          |     |    |
| 4c       |     |    |
|          |     |    |
| 5a       |     |    |
| 5b       |     |    |
| 5c       |     |    |
|          |     |    |
| 6        |     |    |
| 7        |     |    |
| 8        |     |    |
|          |     |    |
| 9a<br>oh |     |    |
| 9b<br>9c |     |    |
|          |     |    |
| 90       |     |    |
| 10a      |     |    |

Page 5

| Pai    | Supporting Organizations (continued)   |               |     |     |
|--------|--|---------------|-----|-----|
|        |  |               | Yes | No  |
| 11     | 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 on lines 11b and   |               |     |     |
|        | 11c below, the governing body of a supported organization?   | 11a           |     |     |
|        | A family member of a person described on line 11a above?   | 11b           |     |     |
| С      | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,   |               |     |     |
| Soot   | provide detail in Part VI. ion B. Type I Supporting Organizations  | 11c           |     |     |
| Seci   | ion B. Type i Supporting Organizations   | $\overline{}$ | V   | NIa |
| 4      | Did the gaverning hady members of the gaverning hady efficers esting in their efficial capacity or membership of any or  |               | Yes | No  |
| 1      | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |               |     |     |
|        | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> |               |     |     |
|        |  |               |     |     |
|        | 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 officers, 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? <i>If "Yes," explain in Part</i>   |               |     |     |
|        | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |               |     |     |
|        | supervised, or controlled the supporting organization.   | 2             |     |     |
| Sect   | ion C. Type II Supporting Organizations  |               |     |     |
|        | g c.gg   |               | 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 <b>Part VI</b> how control   |               |     |     |
|        | or management of the supporting organization was vested in the same persons that controlled or managed   |               |     |     |
|        | the supported organization(s).   | 1             |     |     |
| Sect   | ion 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, (i) a written notice describing the type and amount of support provided during the prior tax  |               |     |     |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 on line 2, above, 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 <b>Part VI</b> the role the organization's  |               |     |     |
| Soot   | supported organizations played in this regard.   | 3             |     |     |
|        | ion E. Type III Functionally Integrated Supporting Organizations   |               |     |     |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  The organization satisfied the Activities Test. Complete line 2 below.  | ns).          |     |     |
| a<br>b | The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  |               |     |     |
| C      | The organization's the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI</i> how you supported a governmental entity (see in                             | etructio      | ne) |     |
| 2      | Activities Test. Answer lines 2a and 2b below.   |               | Yes | No  |
| a      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |               | 169 | 140 |
| u      | the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>  |               |     |     |
|        | 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 on line 2a, above, constitute activities that, but for the organization's   |               |     |     |
|        | involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>   |               |     |     |
|        | "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would  |               |     |     |
|        | have engaged in these activities but for the organization's involvement.   | 2b            |     |     |
| 3      | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>  | -             |     |     |
| а      | 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? If "Yes" or "No," provide details in <b>Part VI.</b>  | 3a            |     |     |
| 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 <b>Part VI</b> the role played by the organization in this regard.   | 3b            |     |     |

Project GRAD Kenai Peninsula \*\*-\*\*\*2786 Schedule A (Form 990) 2023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 **5** Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b 1c **c** Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3

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

4

5

Schedule A (Form 990) 2023

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

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|          | t V Type III Non-Functionally Integrated 509(a)(3                         |                             | zations (continu                      | <u>–</u><br>ed) | r age r                                   |  |  |  |
|----------|---|-----------------------------|---------------------------------------|-----------------|---|--|--|--|
| Sec      | Section D – Distributions   |                             |                                       |                 |   |  |  |  |
| 1_       | Amounts paid to supported organizations to accomplish exempt purp         | ooses                       |                                       | 1               |   |  |  |  |
| 2        | Amounts paid to perform activity that directly furthers exempt purpos     | es of supported             |                                       |                 |   |  |  |  |
|          | organizations, in excess of income from activity                          |                             |                                       | 2               |   |  |  |  |
| 3_       | Administrative expenses paid to accomplish exempt purposes of sup         | pported organizations       |                                       | 3               |   |  |  |  |
| 4        | Amounts paid to acquire exempt-use assets                                 |                             |                                       | 4               |   |  |  |  |
| 5_       | Qualified set-aside amounts (prior IRS approval required—provide d        | letails in <b>Part VI</b> ) |                                       | 5               |   |  |  |  |
| 6        | Other distributions (describe in <b>Part VI</b> ). See instructions.      |                             |                                       | 6               |   |  |  |  |
| 7        | <b>Total annual distributions.</b> Add lines 1 through 6.                 |                             |                                       | 7               |   |  |  |  |
| 8        | Distributions to attentive supported organizations to which the organi    | ization is responsive       |                                       | 8               |   |  |  |  |
|          | (provide details in <b>Part VI</b> ). See instructions.                   |                             |                                       |                 |   |  |  |  |
| 9        | Distributable amount for 2022 from Section C, line 6                      |                             |                                       | 9               |   |  |  |  |
| 10       | Line 8 amount divided by line 9 amount                                    |                             |                                       | 10              |   |  |  |  |
| Sec      | ion E – Distribution Allocations (see instructions)                       | (i)<br>Excess Distributions | (ii)<br>Underdistribution<br>Pre-2023 | ıs              | (iii)<br>Distributable<br>Amount for 2023 |  |  |  |
| 1        | Distributable amount for 2023 from Section C, line 6                      |                             |                                       |                 |   |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2023                       |                             |                                       |                 |   |  |  |  |
|          | (reasonable cause required–explain in <b>Part VI</b> ). See instructions. |                             |                                       |                 |   |  |  |  |
| 3        | Excess distributions carryover, if any, to 2023                           |                             |                                       |                 |   |  |  |  |
| a        | From 2018   |                             |                                       |                 |   |  |  |  |
|          | From 2019   |                             |                                       |                 |   |  |  |  |
|          | From 2020   |                             |                                       |                 |   |  |  |  |
| d        | From 2021   |                             |                                       |                 |   |  |  |  |
| е        | From 2022   |                             |                                       |                 |   |  |  |  |
| f        | Total of lines 3a through 3e  |                             |                                       |                 |   |  |  |  |
| g        | Applied to underdistributions of prior years                              |                             |                                       |                 |   |  |  |  |
| h        | Applied to 2023 distributable amount                                      |                             |                                       |                 |   |  |  |  |
| i        | Carryover from 2018 not applied (see instructions)                        |                             |                                       |                 |   |  |  |  |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                    |                             |                                       |                 |   |  |  |  |
| 4        | Distributions for 2023 from   |                             |                                       |                 |   |  |  |  |
|          | Section D, line 7: \$   |                             |                                       |                 |   |  |  |  |
|          | Applied to underdistributions of prior years                              |                             |                                       |                 |   |  |  |  |
| b        | Applied to 2023 distributable amount                                      |                             |                                       |                 |   |  |  |  |
| c        | Remainder. Subtract lines 4a and 4b from line 4.                          |                             |                                       |                 |   |  |  |  |
| 5        | Remaining underdistributions for years prior to 2023, if                  |                             |                                       |                 |   |  |  |  |
|          | any. Subtract lines 3g and 4a from line 2. For result                     |                             |                                       |                 |   |  |  |  |
|          | greater than zero, explain in <b>Part VI.</b> See instructions.           |                             |                                       |                 |   |  |  |  |
| 6        | Remaining underdistributions for 2023. Subtract lines 3h                  |                             |                                       |                 |   |  |  |  |
|          | and 4b from line 1. For result greater than zero, explain in              |                             |                                       |                 |   |  |  |  |
|          | Part VI. See instructions.  |                             |                                       |                 |   |  |  |  |
| 7        | Excess distributions carryover to 2024. Add lines 3j                      |                             |                                       |                 |   |  |  |  |
|          | and 4c.   |                             |                                       |                 |   |  |  |  |
| 8        | Breakdown of line 7:  |                             |                                       |                 |   |  |  |  |
|          | Excess from 2019  |                             |                                       |                 |   |  |  |  |
|          | Excess from 2020  |                             |                                       |                 |   |  |  |  |
|          | Excess from 2021  |                             |                                       |                 |   |  |  |  |
|          | Excess from 2022  |                             |                                       |                 |   |  |  |  |
| е        | Excess from 2023  |                             |                                       |                 |   |  |  |  |

Schedule A (Form 990) 2023

| 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, 2 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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DAA Schedule A (Form 990) 2023

Schedule B (Form 990)

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

OMB No. 1545-0047

Name of the organization

Project GRAD Kenai Peninsula

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

**Schedule of Contributors** 

Employer identification number

\*\*-\*\*\*2786

| Organization type (check one):                                       |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Filers of:   | Section:  |  |  |  |  |  |  |  |
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization   |  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |  |  |  |  |  |  |  |
|  | 527 political organization  |  |  |  |  |  |  |  |
| Form 990-PF  | 501(c)(3) exempt private foundation   |  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |  |  |  |  |  |  |
|  | 501(c)(3) taxable private foundation  |  |  |  |  |  |  |  |
|  | covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See   |  |  |  |  |  |  |  |
| General Rule   |   |  |  |  |  |  |  |  |
|  | iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions.   |  |  |  |  |  |  |  |
| Special Rules  |   |  |  |  |  |  |  |  |
| regulations under sec<br>16b, and that receive                       | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or any one contributor, during the year, total contributions of the greater of (1) \$5,000; or to (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |  |  |  |  |  |  |  |
| contributor, during the literary, or educations                      | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.  |  |  |  |  |  |  |  |
| contributor, during the contributions totaled during the year for ar | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the se to this organization because it received nonexclusively religious, charitable, etc., contributions for eduring the year. |  |  |  |  |  |  |  |
| must answer "No" on Part IV  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it /, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line  |  |  |  |  |  |  |  |

Na

| lame of organization         | Employer identification number |
|------------------------------|--------------------------------|
| Project GRAD Kenai Peninsula | **-***2786                     |
|                              | ·                              |

| Part I     | Contributors (see instructions). Use duplicate copies of  | Part I if additional space is   | needed.  |
|------------|---|---------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| .1         | US Department of Education 400 Maryland Ave, SW Room 4C138 Washington DC 20202                                  | \$ 1,720,273                    | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 2          | SOA Dept of Health and Social Serv 3601 C Street, Suite 790  Anchorage AK 99524                                 | \$ 371,079                      | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)        | (b)   | (c)                             | (d)  |
| No. 3      | Name, address, and ZIP + 4  Kenai Peninsula Borough School District 148 North Binkley street  Soldotna AK 99669 | Total contributions  \$ 160,293 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |   | \$                              | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |   | \$                              | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |   | \$                              | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

#### **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.

Open to Public

Inspection Name of the organization Employer identification number Project GRAD Kenai Peninsula 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 year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ 4 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 Number of states where property subject to conservation easement is located 4 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 year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

| Pa      | art III Organizations Maintain  | ing Collections o        | of Art, Historica      | al Treasures,       | or Other S      | imila   | ar Ass  | ets (c   | ontin    | ued) |
|---------|---|--------------------------|------------------------|---------------------|-----------------|---------|---------|----------|----------|------|
| 3       | Using the organization's acquisition, acce collection items (check all that apply). | ssion, and other record  | ds, check any of the   | following that ma   | ake significant | use o   | f its   |          |          |      |
| а       | Public exhibition   | d 🔲 L                    | ₋oan or exchange p     | rogram              |                 |         |         |          |          |      |
| b       |   | e 📗 (                    | Other                  |                     |                 |         |         |          |          |      |
| С       |   |                          |                        |                     |                 |         |         |          |          |      |
| 4       | Provide a description of the organization's   | s collections and explai | n how they further t   | he organization's   | exempt purpo    | se in l | Part    |          |          |      |
| _       | XIII.   |                          |                        |                     |                 |         |         |          |          |      |
| 5       | During the year, did the organization solic   |                          |                        |                     |                 |         |         |          | Г        | ٦    |
| D,      | assets to be sold to raise funds rather that  |                          | part of the organiza   | tion's collection'? |                 |         |         | Y        | es       | _ No |
| Г       | art IV Escrow and Custodial A Complete if the organizat                             |                          | e" on Form 990         | Part IV line        | 0 or report     | ad ar   | amoi    | ınt on   | Forr     | n    |
|         | 990, Part X, line 21.   | ion answered Te          | 5 0111 01111 990       | , i aitiv, iiiie    | e, or report    | cu ai   | anio    | arit Ori | 1 011    | ''   |
|         | Is the organization an agent, trustee, cust   | odian or other intermed  | diary for contribution | ns or other assets  | not             |         |         |          |          |      |
|         | included on Form 990, Part X?   |                          |                        |                     |                 |         |         | Пү       | es       | No   |
| b       | If "Yes," explain the arrangement in Part >   | (III and complete the fo | ollowing table.        |                     |                 |         |         |          | _        |      |
|         | , ,   | '                        | J                      |                     |                 |         |         | Amour    | nt       |      |
| С       | Beginning balance   |                          |                        |                     |                 | 1c      |         |          |          |      |
| d       | Additions during the year   |                          |                        |                     |                 | 1d      |         |          |          |      |
| е       | Distributions during the year   |                          |                        |                     |                 | 1e      |         |          |          |      |
| f       | Ending balance  |                          |                        |                     |                 | 1f      |         |          |          |      |
| 2a      | Did the organization include an amount or   | n Form 990, Part X, line | e 21, for escrow or    | custodial account   | liability?      |         |         | Y        | es       | No   |
|         | If "Yes," explain the arrangement in Part   | III. Check here if the e | explanation has bee    | n provided on Pai   | t XIII          |         |         |          |          |      |
| Pa      | art V Endowment Funds   |                          | " <b>-</b> 000         | 5 (0/2              | 4.0             |         |         |          |          |      |
|         | Complete if the organizat   |                          |                        |                     |                 |         |         |          |          |      |
| 4.      |   | (a) Current year         | (b) Prior year         | (c) Two years b     | ack (d) Thi     | ee year | s back  | (e) Fou  | r years  | back |
|         | Beginning of year balance   |                          |                        |                     |                 |         |         |          |          |      |
| D       | Contributions   |                          |                        | +                   |                 |         |         |          |          |      |
| C       | Net investment earnings, gains, and   |                          |                        |                     |                 |         |         |          |          |      |
| ч       | losses Grants or scholarships   |                          |                        | _                   |                 |         |         |          |          |      |
|         | Other expenditures for facilities and   |                          |                        |                     |                 |         |         |          |          |      |
| ·       | programs  |                          |                        |                     |                 |         |         |          |          |      |
| f       | Administrative expenses   |                          |                        |                     |                 |         |         |          |          |      |
|         | End of year balance   |                          |                        |                     |                 |         |         |          |          |      |
| 2       | Provide the estimated percentage of the o   | current vear end balanc  | ce (line 1a. column (  | (a)) held as:       |                 |         |         |          |          |      |
| а       | Board designated or quasi-endowment   | _                        | , 3,                   | <i>( )</i>          |                 |         |         |          |          |      |
|         | Permanent endowment %   | )                        |                        |                     |                 |         |         |          |          |      |
| С       | Term endowment %  |                          |                        |                     |                 |         |         |          |          |      |
|         | The percentages on lines 2a, 2b, and 2c s   | should equal 100%.       |                        |                     |                 |         |         |          |          |      |
| 3a      | Are there endowment funds not in the pos  | session of the organiz   | ation that are held a  | and administered    | for the         |         |         |          |          |      |
|         | organization by:  |                          |                        |                     |                 |         |         |          | Yes      | No   |
|         | (i) Unrelated organizations?  |                          |                        |                     |                 |         |         | 3a(i)    | <u> </u> |      |
| _       | (ii) Related organizations?   |                          |                        |                     |                 |         |         | 3a(ii)   | <u> </u> |      |
| b       | If "Yes" on line 3a(ii), are the related organ                                      |                          |                        | ?                   |                 |         |         | 3b       |          |      |
| 4<br>D- | Describe in Part XIII the intended uses of  |                          | owment funds.          |                     |                 |         |         |          |          |      |
| Г       | art VI Land, Buildings, and Ed<br>Complete if the organizat                         |                          | s" on Form 000         | Part IV line        | 11a See F       | orm (   | 390 P   | art Y    | ine '    | 10   |
|         | Description of property   | (a) Cost or other ba     |                        | r other basis       | (c) Accumulate  |         | J30, 15 | (d) Book |          | 10.  |
|         | 2000 property   | (investment)             |                        | ther)               | depreciation    | -       |         | (=) 5001 | · aide   |      |
|         | Land  |                          | (-                     | ,                   |                 |         |         |          |          |      |
| h       | Land<br>Buildings   |                          |                        |                     |                 |         |         |          |          |      |
| c       | Leasehold improvements  |                          |                        |                     |                 |         | 1       |          |          |      |
|         | Equipment   |                          |                        | 53,483              | 51              | , 44    | 9       |          | 2,       | 034  |
|         | Other   |                          |                        | ,                   |                 |         |         |          |          |      |
| Tota    | il. Add lines 1a through 1e. (Column (d) mu   | st equal Form 990, Pa    | rt X, line 10c, colum  | nn (B))             |                 |         |         |          | 2,       | 034  |

| Part VII                            | Investments – Other Securities Complete if the organization answered "Yes" or |                            | line 11h See Form 000 Day               | t X line 12          |
|-------------------------------------|---|----------------------------|---|----------------------|
|                                     | (a) Description of security or category                                       | (b) Book value             | (c) Method of valuation                 |                      |
|                                     | (including name of security)  | (a) Been value             | Cost or end-of-year market              |                      |
| (1) Financial of                    | derivativos   |                            | <u> </u>                                |                      |
|                                     | eld equity interests  |                            |   |                      |
|                                     |   |                            | <del> </del>                            |                      |
| (Λ)                                 |   |                            |   |                      |
| (B)                                 |   |                            |   |                      |
| (C)                                 |   |                            |   |                      |
| (D)                                 |   |                            |   |                      |
| (E)                                 |   |                            |   |                      |
| (F)                                 |   |                            |   |                      |
| (G)                                 |   |                            |   |                      |
| (H)                                 |   |                            |   |                      |
|                                     | nn (b) must equal Form 990, Part X, line 12, col. (B))                        |                            |   |                      |
| Part VIII                           | Investments – Program Related   |                            |   |                      |
|                                     | Complete if the organization answered "Yes" or                                | n Form 990 Part IV         | line 11c See Form 990 Par               | t X line 13          |
|                                     | (a) Description of investment   | (b) Book value             | (c) Method of valuation                 |                      |
|                                     |   | ( )                        | Cost or end-of-year market              |                      |
| (1)                                 |   |                            |   |                      |
| (2)                                 |   |                            |   |                      |
| (3)                                 |   |                            |   |                      |
| (4)                                 |   |                            |   |                      |
| (5)                                 |   |                            |   |                      |
| (6)                                 |   |                            |   |                      |
| (7)                                 |   |                            |   |                      |
| (8)                                 |   |                            |   |                      |
| (9)                                 |   |                            |   |                      |
|                                     | nn (b) must equal Form 990, Part X, line 13, col. (B))                        |                            |   |                      |
| Part IX                             | Other Assets  |                            |   |                      |
| 1 0116 170                          | Complete if the organization answered "Yes" or                                | Form 990 Part IV           | line 11d See Form 990 Par               | t X line 15          |
|                                     | (a) Description   | 11 01111 000, 1 41111      |   | b) Book value        |
| (1)                                 | ( <del>-</del> /  |                            |   | -,                   |
| (2)                                 |   |                            |   |                      |
| (3)                                 |   |                            |   |                      |
| (4)                                 |   |                            |   |                      |
| (5)                                 |   |                            |   |                      |
| (6)                                 |   |                            |   |                      |
| (7)                                 |   |                            |   |                      |
| (8)                                 |   |                            |   |                      |
| (9)                                 |   |                            |   |                      |
|                                     | nn (b) must equal Form 990, Part X, line 15, col. (B))                        |                            |   |                      |
| Part X                              | Other Liabilities   |                            |   |                      |
|                                     | Complete if the organization answered "Yes" or                                | n Form 990. Part IV        | line 11e or 11f. See Form 99            | 90. Part X.          |
|                                     | line 25.  | ,                          |   | ,                    |
| 1.                                  | (a) Description of liability  |                            |   | <b>b)</b> Book value |
| (1) Federal                         | income taxes  |                            |   |                      |
| (2)                                 |   |                            |   |                      |
| (3)                                 |   |                            |   |                      |
| (4)                                 |   |                            |   |                      |
| (5)                                 |   |                            |   |                      |
| (6)                                 |   |                            |   |                      |
| \_/                                 |   |                            |   |                      |
| (7)                                 |   |                            |   |                      |
| (7)                                 |   |                            | ı                                       |                      |
| (8)                                 |   |                            |   |                      |
| (8)<br>(9)                          | on (h) must equal Form 990. Part Y line 25. col. (R))                         |                            |   |                      |
| (8)<br>(9)<br><b>Total.</b> (Column | on (b) must equal Form 990, Part X, line 25, col. (B))                        | ntnote to the organization | s financial statements that reports the | Φ.                   |

| Part XI Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2 a   | Sche | edule D (Form 990) 2023 Project GRAD Kenai Peninsula   | 1              | **-***278              | 36             | Page 4 |
|--|------|--|----------------|------------------------|----------------|--------|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements  |      |  |                |                        |                |        |
| Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  2 Ad lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  1 Total expenses and losses per audited financial statements  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  Complete on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  c Other (Describe in Part XIII.)  c Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  c Other (Describe in Part XIII.)  4 Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25; but not on line 1:  a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IX, line 12.  Part XIII Supplemental Information   |      |  |                |                        |                |        |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants c Other (Describe in Part XIII.) c Add lines 2a through 2d c Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12: a Donated services and use of facilities c Other (Describe in Part XIII.) c Add lines 2a through 2d c Add lines 3a and 4c. (This must equal Form 990, Part I, line 18) c Add lines 4a and 4b c Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 5a through 2d c Add lines 5a t | 1    | <del></del>  |                |                        | 1              |        |
| a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses and losses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) d Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) d Other (Describe in Part XIII.) b Other (Describe in Part XIII.) c Add lines 2a through 2d d Inse 2a through 2d d |      | ***************************************  |                |                        | _              |        |
| b Donated services and use of facilities  c Recoveries of prior year grants d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: b Other (Describe in Part XIII.)  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 11 but not 2b; Part V, line 4; Part X, line 2b; Part X, line 4b; |      |  | 2a             |                        |                |        |
| c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Part XIII Supplemental Information  1 Amounts included on Form 990, Part IX, line 25; b Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part III, line 8a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  1 Part XIII Supplemental Information  1 Total expenses and line 4 Part V, line 4; Part X, l | b    | Donated services and use of facilities   |                |                        |                |        |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rovide 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   | c    | Recoveries of prior year grants  | <del></del>    |                        |                |        |
| e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part VIII, line 7b  4 Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Prior year adjustments 2 Other losses 2 C 2 Other losses 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  1 Total expenses. Add lines 4; Part IX, line 10; Part IXIII Supplemental Information  | d    | Other (Describe in Part XIII.)   |                |                        |                |        |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  | e    | A 1 1 1  |                |                        | 2e             |        |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  5 Part XIII Supplemental Information   |      | •  |                |                        |                |        |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) crowide 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   | _    |  |                |                        |                |        |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) crovide 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   |      | · · · · · · · · · · · · · · · · · · ·  | 4a             |                        |                |        |
| c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part V, line 4; Part  |      |  | I I            |                        | _              |        |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and us |      | Add lines 4e and 4h  |                |                        | 4c             |        |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a  |      |  |                |                        |                |        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a  |      |  |                |                        | er Return      |        |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c 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   |      |  |                |                        |                |        |
| Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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  | 1    | Table on a constitution of the constitution of |                |                        | 1              |        |
| a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c Part XIII Supplemental Information crovide 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    |  |                |                        |                |        |
| b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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  | а    | · · · · · · · · · · · · · · · · · · ·  | 2a             |                        |                |        |
| c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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   | b    | Prior vear adjustments   |                |                        | _              |        |
| d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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   |      | Other leades   | 2c             |                        | _              |        |
| e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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   |      |  | 2d             |                        | _              |        |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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  | е    | Add lines 2a through 2d  |                |                        | 2e             |        |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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  | 3    | Subtract line 2e from line 1   |                |                        |                |        |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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  | 4    | Amounts included on Form 990. Part IX. line 25. but not on line 1:   | . ] ]          |                        |                |        |
| b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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  |      |  | 4a             |                        |                |        |
| c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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   |      |  |                |                        | _              |        |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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   |      | Add lines 4e and 4h  |                |                        | 4c             |        |
| 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   | 5    |  |                |                        | 5              |        |
| 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   | Pa   | rt XIII Supplemental Information   |                |                        |                |        |
| ; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  |      |  | IV, lines 1b a | and 2b; Part V, line 4 | ; Part X, line |        |
|  | ; Pa | ırt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide   | e any additio  | nal information.       |                |        |
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| Schedule D (F | orm 990) 2023 | Project        | GRAD Kena       | i Peninsula | **-***2786 | Page <b>5</b> |
|---------------|---------------|----------------|-----------------|-------------|------------|---------------|
| Part XIII     | Suppleme      | ntai informati | ion (continuea) |             |            |               |
|               |               |                |                 |             |            |               |
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### SCHEDULE I (Form 990)

# **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.

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

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

\*\*-\*\*\*2786

Department of the Treasury Internal Revenue Service Name of the organization

Project GRAD Kenai Peninsula

| P       | art i General information on Grants an   |                    |                            |                        |                    |   |                    |                            |
|---------|--|--------------------|----------------------------|------------------------|--------------------|---|--------------------|----------------------------|
| 1       | Does the organization maintain records to substantiate t   | he amount of the   | grants or a                | essistance, the grante |                    |   |                    | V Vaa                      |
| 2       | the selection criteria used to award the grants or assista<br>Describe in Part IV the organization's procedures for mo | nce?               | of grant fun               | ds in the United State |                    |   |                    | X Yes No                   |
|         | art II Grants and Other Assistance to D  |                    |                            |                        |                    | Complete if the   | organization       | answered "Yes" on Form 990 |
|         | Part IV, line 21, for any recipient that   | received mo        | e than \$                  | 5,000. Part II can     | be duplicated if a | additional space  | e is needed.       |                            |
| 1       | (a) Name and address of organization   | (b) EIN            | (c) IRC section            | (d) Amount of cash     | (e) Amount of      |   | (g) Description of | (h) Purpose of grant       |
|         | or government  | (-)                | section<br>(if applicable) | grant                  | noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | noncash assistance | or assistance              |
| (1)     |  |                    |                            |                        |                    | ,   |                    |                            |
|         |  |                    |                            |                        |                    |   |                    |                            |
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| (5)     |  |                    |                            |                        |                    |   |                    | _                          |
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| (6)     |  |                    |                            |                        |                    |   |                    |                            |
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| (7)     |  |                    |                            |                        |                    |   |                    |                            |
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| (8)     |  |                    |                            |                        |                    |   |                    |                            |
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| (9)     |  |                    |                            |                        |                    |   |                    |                            |
|         |  |                    |                            |                        |                    |   |                    |                            |
| 2       | Enter total number of section 501(c)(3) and government   | organizations list | ed in the li               | ne 1 table             | 1                  | 1   |                    | _                          |

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

| Schedule I (Form 990) 2023 Project G                             | RAD Kenai Penin          |                          | *-***2786                        |   | Page <b>2</b>                         |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| Part III Grants and Other Assistar Part III can be duplicated if |                          |                          | ne organization ansv             | wered "Yes" on Form 990,                              | Part IV, line 22.                     |
| (a) Type of grant or assistance                                  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Scholarships   | 3                        | 8,772                    |                                  |   |                                       |
| 2  |                          |                          |                                  |   |                                       |
| 3  |                          |                          |                                  |   |                                       |
| 4  |                          |                          |                                  |   |                                       |
| 5  |                          |                          |                                  |   |                                       |
| 6  |                          |                          |                                  |   |                                       |
| 7  |                          |                          |                                  |   |                                       |
| Part IV Supplemental Information                                 | Provide the information  | required in Part I. li   | ne 2: Part III. colum            | nn (b): and anv other addit                           | ı<br>ional information.               |
| Part I, Line 2 - Procedo<br>Project Grad reviews sto             |                          |                          |                                  |   |                                       |
| class schedules to deter   | rmine eligibili          | ty. Scholar              | ships awarde                     | d are   |                                       |
| disbursed directly to the  | ne school.               |                          |                                  |   |                                       |
|  |                          |                          |                                  |   |                                       |
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#### SCHEDULE O (Form 990)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public

0

Schedule O (Form 990) 2023

Inspection

Name of the organization Employer identification number \*\*-\*\*\*2786 Project GRAD Kenai Peninsula Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Executive Director and Board Chair review the documents for accuracy. The 990 is available for review to all of the Board. It is available in the office and distributed as requested. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Due to the nature of the Organization, there are rarely conflicts of interest. Any potential conflict of interest would be discussed at a Board meeting. Form 990, Part VI, Line 15a - Compensation Process for Top Official We compare our salaries to those comparable positions in the community to determine correct rates. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation They are available in our office. The public is always welcome to view them. Form 990, Part IX, Line 11q - Other Fees for Services Description Fundraising Tot/Prog Service Mqt & General Program Assistants 17,826 \$ 5,000 Basketball Support

<u>2,</u>417

52,822

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

Schedule O (Form 990) 2023

Page 2

| Name of the organizers  Project |            | ai Peninsula |              | Employer identification **-**2786 | number |
|---------------------------------|------------|--------------|--------------|-----------------------------------|--------|
| Program                         | Events     |              | <br>         |                                   |        |
|                                 | \$         | 17,367       | \$<br>1,105  | \$                                | 0      |
| Speakers                        | S          |              | <br>         |                                   |        |
|                                 | \$         | 12,000       | \$<br>25,000 | \$                                | 0      |
| Contract                        | tual Servi | ices         | <br>         |                                   |        |
|                                 | \$         | 60,309       | \$<br>60,341 | \$                                | 0      |
| Science                         | Olympiads  | 3            | <br>         |                                   |        |
|                                 | \$         | 24,391       | \$<br>0      | \$                                | 0      |
|                                 | Total      |              | <br>         |                                   |        |
|                                 | \$         | 184,715      | \$<br>93,863 | \$                                | 0      |
|                                 |            |              | <br>         |                                   |        |
|                                 | •••••      |              | <br>         |                                   |        |
|                                 | •••••      |              | <br>         |                                   |        |
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|                                 |            |              | <br>         |                                   |        |
|                                 |            |              |              | Page 1 of                         | 1      |

3/31/2025 8:28 AM

FYE: 6/30/2024

**Tax-Exempt Interest on Investments** 

| Description |        |             |           |                   |                |                |
|-------------|--------|-------------|-----------|-------------------|----------------|----------------|
|             |        | Unrelated I | Exclusion | n Postal <i>A</i> | Acquired after | InState        |
|             | Amount | Business    | Code      | Code              | 6/30/75        | Muni (\$ or %) |

\$ 23 14

\$ 23 Total

PROJ2786 Project GRAD Kenai Peninsula \*\*-\*\*2786

3/31/2025 8:29 AM

**Federal Statements** 

FYE: 6/30/2024

# Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description  | <u>E</u> | Total<br>Expenses   | <br>Program<br>Service   | nagement &<br>General                             | <br>Fund<br>Raising |
|--|----------|---|--|---|---------------------|
| Program Assistants Basketball Support Program Events Speakers Contractual Services Science Olympiads | \$       | 22,826<br>55,239<br>18,472<br>37,000<br>120,650<br>24,391 | \$<br>17,826<br>52,822<br>17,367<br>12,000<br>60,309<br>24,391 | \$<br>5,000<br>2,417<br>1,105<br>25,000<br>60,341 | \$                  |
| Total  | \$       | 278,578   | \$<br>184,715  | \$<br>93,863                                      | \$<br>0             |

PROJ2786 Project GRAD Kenai Peninsula 3/31/2025 8:29 AM **Federal Statements** \*\*-\*\*\*2786 FYE: 6/30/2024 Schedule A, Part II, Line 1(e) Description Amount 2,280,921 Government Grants or Contributions 15,500 Other Total 2,296,421 Schedule A, Part II, Line 8(e) Description Amount 23 Total 23