## Form **8868** (Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Type or Name of exempt organization, employer, or other filer, see instructions. **Print** KUAC FRIENDS GROUP 47-4121401 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 755620 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRBANKS, AK 99775-5620 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Return **Application Is For** Return **Application Is For** Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 03 Form 5227 10 Form 4720 (individual) 11 04 Form 6069 Form 990-PF 12 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 13 Form 990-T (trust other than above) 06 Form 5330 (individual) Form 990-T (corporation) 07 Form 5330 (other than individual) 08 Form 1041-A • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of The Organization PO BOX 755620 - FAIRBANKS, AK 99775-5620 Telephone No. 907-474-7491 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_. If this is for the whole group, check this , 20 25 I request an automatic 6-month extension of time until May 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 \_\_\_\_ or JUL 1 , 20 23 , and ending \_\_\_\_ tax year beginning \_\_\_\_\_ JUN 30 2024 If the tax year entered in line 1 is for less than 12 months, check reason: Final return \_\_\_ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 3a b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 0. **3b** c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с

### Extended to May 15, 2025 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2023 calendar year, or tax year beginning $0001$ , $2023$ and $0$	enaing U	UN 30, 2024			
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres	S   KUAC FRIENDS GROUP			• •		
ᆫ	Name change	Doing business as		47-41214	01		
F	initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 755620	Room/suite	E Telephone number 907-474-			
_	termin- ated			G Gross receipts \$ 1,168,979.			
	Ameno			H(a) Is this a group re			
늗	return Applic tion						
	tton pendir	PO BOX 755620, FAIRBANKS, AK 99775-562	20	for subordinates	····· — —		
_				H(b) Are all subordinates in			
		e: KUAC • ORG (insert no.) 4947(a)(1) o	or 527	1	list. See instructions		
	Websit	<u> </u>	l. Van	H(c) Group exemption	State of legal domicile: AK		
P	art i	Summary	•				
	1	Briefly describe the organization's mission or most significant activities: KUAC	FRIEN	DS GROUP AS:	SURES THE		
Governance		FUTURE VITALITY AND EXCELLENCE OF KUAC PU	JBLIC	RADIO AND T	ELEVISION		
Ë	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.		
Š	3			3	12		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			12		
9		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0		
įŧ		Total number of volunteers (estimate if necessary)			450		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Š		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
_	Ť	Not different business taxable from the first own of the act, and the		Prior Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)		1,248,702.	1,168,979.		
JE .		Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,248,702.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,263,049.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Sen o	loa		"ö. 🗀				
ă	ا الم	Total fundraising expenses (Part IX, column (D), line 25)		16,706.	24,187.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,279,755.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	-31,053.	3,693.		
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or		Total accepts (Doubly River 40)		280,744.	284,437.		
SSE	20	Total assets (Part X, line 16)		0.	0.		
te	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	······	280,744.	284,437.		
급	9rt II	Signature Block		200//1441	202/2071		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents and to the hest of m	v knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			, miomodgo and bonon, mio		
<u> </u>	, conc.	t, and complete. Declaration of property (central alan onloss) to based on all information of wh	non proparo	nas any kinomougu.			
e:		Signature of officer	-	Date			
Sig He		GRETCHEN GORDON, EXECUTIVE DIRECTOR					
п <del>u</del>	10	Type or print name and title					
Print/Type preparer's name Preparer's signature Date Check PTIN							
Pai	id		CPA (	1/02/25 if setf-employ			
	eparer	Firm's name RJG, A Professional Corporation		Firm's EIN 9	2-0121157		
	e Only	Firm's address 1100 West Barnette, Suite 102		1.4111 3 2.111 3			
<b>J</b> 01	o omy	Fairbanks, AK 99701		Phone no (9	07)452-4156		
N.4-	nu tha II	RS discuss this return with the preparer shown above? See instructions		1 110110 1101 ( 3	X Yes No		
IVIC	ay uto il	W WINDOWS UND TOURIST THAT A TO PROPERTY SHOWS AND TO COMPANY OF THE MANAGEMENT OF THE PROPERTY OF THE PROPERT	<del> </del>				

	990 (2023) KUAC FRIENDS GROUP	47-4121401	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	KUAC TELLS STORIES THAT WOULD OTHERWISE GO UNTOLD; B		
	ISSUES THAT WOULD OTHERWISE GO OVERLOOKED; PRESENTS		
	WOULD OTHERWISE BE INACCESSIBLE. KUAC EDUCATES EVER		AT
	KUAC, WE CREATE RADIO AND TELEVISION PROGRAMMING THA		
2	Did the organization undertake any significant program services during the year which were not listed on	the	
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		[==]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	vices?Yes	No L
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	= :	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	to others, the total expenses, a	ind
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 1,141,099. including grants of \$ 1,141,099.)		)
	DURING FY24 KUAC FRIENDS GROUP SUPPORTED THE BROADCA		
	FM AND TV, PROVIDING PUBLIC RADIO AND TELEVISION PRO		HOUT
	INTERIOR ALASKA ON ONE RADIO CHANNEL AND SIX TELEVIS	ION CHANNELS TO	
	OVER 100,000 ALASKANS IN THE STATE AND BEYOND.		
	KUAC FRIENDS GROUP SUPPORTS KUAC FM AND KUAC TV'S AB		
	ENTERTAIN AND INSPIRE ALASKANS OF ALL AGES BY PROVID		24
	·	'S BROADCAST	
	SIGNALS ORIGINATE IN FAIRBANKS AND FEED FM TRANSLATO		
	HEALY, NENANA, DELTA JUNCTION, BETTLES, AND EAGLE AN	D TV TRANSLATORS	SIN
	HEALY, NENANA AND DELTA JUNCTION.		
		<u> </u>	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
	·		
<b>4c</b>	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
		·	
		····	
4d	Other program services (Describe on Schedule O.)		

40

(Expenses \$

Total program service expenses

including grants of \$ 1,141,099.

# Form 990 (2023) KUAC FRIENDS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	з		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		х
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 debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, VIII, IX, or X, as applicable.	7.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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 organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		A
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	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10_		<del>                                     </del>
10	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,			<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form **990** (2023)

Pa	TtilV 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		•	
	Schedule K. If "No," go to line 25a	24a		x
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		<del></del>
C		24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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	26		X
27	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			ĺ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,		_	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ľ
_	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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
20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29		128		<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┢┻
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
سننـــ	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No.
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				1
C	The state of the s	1		l
J	(gambling) winnings to prize winners?	10	- 1	

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b** Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? Ωa b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

17

If "Yes," complete Form 6069.

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

KUAC FRIENDS GROUP Form 990 (2023)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	710	respo	100	
	Check if Schedule O contains a response or note to any line in this Part VI			X	
Sec	tion A. Governing Body and Management				
	1.1		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year			1	
	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 0.  Enter the number of voting members included on line 1a, above, who are independent 1b 12			i	
_				i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X	
_	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		<u> </u>	
3		3		x	
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а		8a	X		
b		8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		,		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
	Did the organization have local chapters, branches, or affiliates?	10a		X	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/ 1 1 Tel	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	X		
	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	<b></b>		
C		12c	х	l	
13	Did the organization have a written whistleblower policy?	13	X	$\vdash$	
14	Did the organization have a written document retention and destruction policy?	14	X	$\vdash$	
15	Did the process for determining compensation of the following persons include a review and approval by independent		1. 1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ. ,	
а	The organization's CEO, Executive Director, or top management official	15a	L_ '	X	
	Other officers or key employees of the organization	15b		X	
	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>p</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?	16b		<u> </u>	
	tion C. Disclosure				
17 40	List the states with which a copy of this Form 990 is required to be filled AK  Section 5104 requires on acceptable to make its Forms 1000 (1004 or 1004 A if applicable) 200 and 500 T (ception 501(a))	\	"		
18	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	, avail	adie	
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	LXI Own website LXI Another's website LXI Upon request L Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial		
	statements available to the public during the tax year.	u iu idi	····ai		
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	The Organization - 907-474-7491				
	PO BOX 755620, FAIRBANKS, AK 99775-5620				

# 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 the 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 of					COI	mpe	nsat	ated any current officer, director, or trustee.			
(A)	(B)			((	<b>C)</b>			(D)	(F)		
Name and title	Average	<i>,,</i> ,	not c	Pos	itior	l then	one	Reportable	Reportable	Estimated	
	hours per	box	. unle	ot check more than one inless person is both an r and a director/trustee)			h an	compensation	compensation	amount of	
	week	┝			recto	W/UUS	100)	from	from related	other	
	(list any	Individual trustes or director			1			the	organizations	compensation	
	hours for related	50.0	82		l	sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	agg.	Institutional trustee		E	ubeu		1099-NEC)	1099-1420/	and related	
	below	dag	ffons	ا <sub>ـ</sub> ا	텵	st Co	<b>5</b>	'',		organizations	
	line)		instit.	Officer	Key employee	Highest compensated employee	Former				
(1) BART MAIZE	1.00										
DIRECTOR		X			l			0.	0.	0.	
(2) PATTY KASTELIC	1.00				Т						
DIRECTOR		X						0.	0.	0.	
(3) DANIEL WHITE	1.00				Г	T					
DIRECTOR		X			l			0.	0.	0.	
(4) DERIK STONE	1.00				Г						
VICE PRESIDENT		X		X	l			0.	0.	0.	
(5) DONNA OLESEN	1.00										
DIRECTOR		X			l			0.	0.	0.	
(6) JO HECKMAN	1.00										
DIRECTOR		X			l	ł	l	0.	0.	0.	
(7) MICHAEL HOSTINA	1.00										
DIRECTOR		X						0.	0.	0.	
(8) MIKE POWER	1.00				Г						
DIRECTOR		X						0.	0.	0.	
(9) NATE BAUER	1.00										
PRESIDENT		X		X				0.	0.	0.	
(10) SARAH KELLER	1.00		İ		l	ļ		_	_	_	
SECRETARY	<u> </u>	X		X	_			0.	0.	0.	
(11) SHAWN WIEGAND	1.00	l			ĺ	Ì					
TREASURER	<u> </u>	X		X	_	<u>L</u> .		0.	0.	0.	
(12) TANIA CLUCAS	1.00				l	ŀ					
DIRECTOR		X			_	_	_	0.	0.	0.	
							l				
		L			_	┡	<u> </u>				
		l	l '								
		<u> </u>	┡	_	<u> </u>	$\vdash$	$\vdash$				
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		1									
	l	1				11		<u> </u>	L	l	

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/008	, an	d Hi	ghe	st C	compensated Employe	es (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	do do box, official de servicions		Position  (do not check more the box, unless person is officer and a director/  (respectively)  (respectively)  (respectively)  (respectively)  (respectively)  (respectively)		tion nore than one son is both an rector/trustee)		(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
			E	르	8	2	¥ 5	<u>æ</u>			
										_	
							-	_			
				_				_			
			L	L				_			
1b	Subtotal			<u></u>	<u>L</u>	<u>L</u>		<u>L</u>	0.	0.	
<u>d</u>	Total from continuation sheets to Part Vi							·	0.	0.	
	Total number of individuals (including but n compensation from the organization	ot limited to tr	1056	liste	ed a	bove	e) w	no n	eceived more than \$100	0,000 of reportable	Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-				_	hest compensated emp		3 X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le c	omp	ensa	atior	n and	d otl	her compensation from	the organization	4 X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	any	/ uni	elat	ed organization or indiv	idual for services	5 X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co	•	•							=	sation from
	the organization. Report compensation for  (A)  Name and business			endi ONI		<u>vith</u>	or w	ithir	n the organization's tax (B) Description of s		(C) Compensation
	Traine and business		14/	)III	<u> </u>			1	Description of	SCIVIOUS	
								7	· · · · · · · · · · · · · · · · · · ·		
	Tatal number of index and anti-caster-to	malijalia - bisk -	P	14	al & c	Al	l'	4.5.5	I ahawa waka wa saka da s		
<u> </u>	Total number of independent contractors (i \$100,000 of compensation from the organic	-	ot II	nne	u 10		se 11:	5180	i abovej wno received n	iore than	5 000 (2000)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues ..... 1ь c Fundraising events ..... 10 d Related organizations 1d e Government grants (contributions) 10 f All other contributions, gifts, grants, and 1,168,979. similar amounts not included above Q Noncash contributions included in lines 1a-1f 1a |\$ 1,168,979 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a All other program service revenue g Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory . **Business Code** d All other revenue e Total. Add lines 11a-11d ,168,979 Total revenue. See instructions 12

# Form 990 (2023) KUAC FRIENDS GROUP Part IX Statement of Functional Expenses

Section	501(c)(3) and	i 501(c)(4) organizations must complete all columns.	All other organizations must complete column (	A).

	Check if Schedule O contains a response or note to any line in this Part IX								
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	1,141,099.	1,141,099.	فالقريس والمتاز وتبسيل بسياس والما	<u></u>				
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22			أنشيي وجيوب سيعت عيب بيرجي الم					
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16			(نيريا بالمراجات المراجات	ي من من المنظمة				
4	Benefits paid to or for members				and the second second				
5	Compensation of current officers, directors,								
	trustees, and key employees	i							
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								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
а	Management								
b	Legal								
C	Accounting								
d	Lobbying								
0	Professional fundraising services. See Part IV, line 17			A Theorem Security 1 to 1994 the sec					
f	Investment management fees								
9	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A), amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties				·				
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization		-						
23	Insurance								
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 0.)  BANK FEES	24,187.		24,187.					
a	DARK FEED	24,1074		24,107.					
b									
C d									
u e	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	1,165,286.	1,141,099.	24,187.	0.				
<u>26</u>	Joint costs. Complete this line only if the organization	_,	_,,	22,2010					
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
			<del></del>						

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 277,850. 277,457. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 3.287. 6.587. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 5 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges a 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 280,744. 284,437. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses \_\_\_\_\_ 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties ..... 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Ô. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 280,744. 284,437. 27 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 280,744. 284,437. 32 Total net assets or fund balances \_\_\_\_\_ 32 280,744. 284.437. 33 Total liabilities and net assets/fund balances

Form	1990 (2023) KUAC FRIENDS GROUP	47-4	121401 Page 1
	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	1,168,979
2	Total expenses (must equal Part IX, column (A), line 25)		1,165,286
3	Revenue less expenses. Subtract line 2 from line 1		3,693
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	280,744
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain on Schedule O)		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	284,437
Pa	rt XIII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Sche		Yes No

	Check if Schedule O contains a response or note to any line in this Part XII	•••••		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	المنت		. مقاسما
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	j - 1		
	separate basis, consolidated basis, or both:	i .		
	Separate basis Consolidated basis Both consolidated and separate basis			Maria
b	Were the organization's financial statements audited by an independent accountant?	2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		1	
	consolidated basis, or both:			i .
	Separate basis Consolidated basis Both consolidated and separate basis	المستبا		122
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	За		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)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

CMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

#### KUAC FRIENDS GROUP 47-4121401 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed n your governing document? (i) Name of supported (v) Amount of monetary (vi) Amount of other (II) EIN (iii) Type of organization (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) **Total**

### Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction 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.")	758,323.	958,411.	1246601.	1248702.	1168979.	53810 <u>16.</u>
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	758,323.	958,411.	1246601.	1248702.	1168979.	5381016.
4	Total. Add lines 1 through 3	730,323.	330,411.	1240001.	12407020	1100575.	3301010.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			,	;		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						54,372.
_	column (f)					<u> </u>	5326644.
6	Public support. Subtract line 5 from line 4.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •	3320044.
_	ction B. Total Support	4.1.0040	#1.0000	1 1 2004	/ n 0000	4 ) 2222	(O T-1-1
_	indar year (or fiscal year beginning in)	(a) 2019 758, 323.	(b) 2020 958,411.	(c) 2021 1246601.	(d) 2022 1248702.	(e) 2023 1168979.	(f) Total 5381016.
7	Amounts from line 4	136,323.	330,411.	1240001.	1240/02.	11000770	33010101
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				<del></del>		<u> </u>
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5381016.
11		L					3391010.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the				•		
=	organization, check this box and stor			••••			<u></u>
	ction C. Computation of Publ						98.99 %
	Public support percentage for 2023 (		-			14	
	Public support percentage from 2022					15	
168	33 1/3% support test - 2023. If the	_					
	stop here. The organization qualifies						
	33 1/3% support test - 2022. If the	_					
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes	_	•		, ,		•
	and if the organization meets the fact		•	•	•	vi now the organiz	ZAUOTI
	meets the facts-and-circumstances to	•	•	• ••	•	170 and line 45 in	1004 0*
	10% -facts-and-circumstances tes	_					1U70 UT
	more, and if the organization meets the				•		
10	organization meets the facts-and-circ Private foundation. If the organization		•	•		***************************************	H
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# Schedule A (Form 990) 2023 KUAC FRIENDS GROUP | 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.)

Se	ction A. Public Support	olovi, ploado doll.	pioto i di tini				
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5							
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					in the second second	
Cale	indar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			formath and first to		[ E01/a)/0\	<u>l</u>
14	First 5 years. If the Form 990 is for the	_			*		
Se	check this box and stop here ction C. Computation of Publ						
_	Public support percentage for 2023 (			column (fi)		15	
	Public support percentage from 2022		-			16	%
_	ction D. Computation of Inve	•					
	Investment income percentage for 20					17	%
18	Investment income percentage from	<b>2022</b> Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						Ц
ŧ	b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	Ш

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 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.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 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).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined 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.
- c Did a disqualified 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.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yee   No   No   No   No   No   No   No		rt IV   Supporting Organizations (continued)	.2140	<u> </u>	age 5
11 Has the organization accepted a gift or contribution from any of the following persons?  2 A person who directly or inforticy contribs, either silence in together with persons described on lines 11b and 11b below, the governing body of a supported organization?  5 A Amily member of a person described on line 11a or 11b above?!! "Yes' to fine 11e, 11b, or 11c, provide deated in Pert VI.  5 Cotton B. Type I Supporting Organizations  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, effectively operated, supported, or controlled the arganization and the supported organization and accordibions or restrictions, if any, applied to such power admining that supported organization show the powers to appoint endor remove efficient, directors, or trustees were allocated among the supported organization and accordibions or restrictions, if any, applied to such powers during the surported organization of the supported organization of the supported organization provided organization provided to each of the purposes of the supported organization provided programization of the supported organization of the organization of the organization of the organization of the organization o	<u> </u>	12.13   Cupporting Organizations (continued)		Voc	No
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11c below, the governing body of a supported organization?  b A family member of a person described on in a 11a above?  c A 35% controlled entity of a person described on line 11a or 11b above?!! "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 mines during the tax year? If Vio, "describe in Part VI how the supported organization or difficers, directors, or trustees are activated and the organization of the thrust the unpersonable of the provided grace benefits and organization organization or powers to appoint and/or remove differs, directors, or trustees eaching the fax year.  2 Did the organization operate for the benefit of any supported organization or the frust me supported organization organiz		•			
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Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  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 detail or notification, and (iii) copies of the organization's governing documents in effect on the detail or notification, and (iii) copies of the organization's organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) or (ii) serving on the governing body of a supported organization, in the provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) or (ii) serving on the governing body of a supported organization in Part VI how the organization in Part VI how the organization in Part VI how the organization in the continuous working relationship with the supported organizations).  2 Province or assets at all times during the tax year? If "Yes," describe in Part VI the rob the organization's supported organization's played in this regard.  1 Check the box next to the method that the organization used to salisify the lintegral Part Test during the yeafese instructions)	_				
Section C. Type II Supporting Organizations    Yes   No					
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 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?  2 Were any of the organization's fifcers, directors, or trustees either (i) appointed or elected by the supported organization maintained a close and continuous working relationship with the supported organizationship with the organization maintained a close and continuous working relationship with the supported organizationship and two lor the reganization reganization is resolved organization voloe in the organization was resolved organization voloe in the organization was resolved organizationship with the supported organizationship in the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section 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 yeatsee Instructions).  2 Activities Test. Answer lines 2a and 2b below.  3 Did substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly further the exempt purposes, h				·	
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these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer lines 3a and 3b below.				٠.	1
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			2h		
·· -	3	· ·			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_				l
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	-		За		1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b				
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations			
1						
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		·		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		a service programme			
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	aliv integra	ted Type III supporting orga	nization (see		

Schedule A (Form 990) 2023

instructions).

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
	ion D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish ex		1				
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpos	าร	3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	the organization is responsive	θ				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019			1			
С	From 2020						
d	From 2021		e e e				
	From 2022						
f	Total of lines 3a through 3e						
9	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
i_	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						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if			I			
	any. Subtract lines 3g and 4a from line 2. For result greater			į			
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h	tana Nilaman Araba		:			
	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			Ì			
	and 4c.				· · · · · · · · · · · · · · · · · · ·		
8	Breakdown of line 7:		<u> </u>				
	Excess from 2019		e de <del>Talanta de la composició</del>				
	Excess from 2020						
	Excess from 2021						
	Excess from 2022		·	_			
•	Evenes from 2022			•			

Schedule A (Form 990) 2023

### **Schedule B**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

2023

47-4121401 KUAC FRIENDS GROUP Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. oxdot For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$\_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV. 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 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

**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.

2023

Open to Public Inspection

Name of the organization  KUAC FRIENDS GROUP						Employer identification number $47-4121401$		
Part I General Information on Grants and Assistance								
criteria used to award the grants or assi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
KUAC TV AND FM RADIO FO BOX 755620 FAIRBANKS, AK 99775	92-6000147	501(C)(3)	1,141,099.	0.			SUPPORT OF PUBLIC RADIO AND TELEVISION PROGRAMMING	
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>			ne line 1 table					

dule I (Form 990) 2023 KUAC FRIEND		_			47-4121401	Page
Grants and Other Assistance to Domestic Inc Part III can be duplicated if additional space is r	lividuals. Complete if the needed.	organization ansv	vered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
			-			
· · · · · · · · · · · · · · · · · · ·						
		·				
		0.5		dutation of the form of the second		
IV Supplemental Information. Provide the information.	ation required in Part I, lin	e 2; Part III, colum	in (b); and any other a	dditional information.		

### **SCHEDULE O** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KUAC FRIENDS GROUP

**Employer identification number** 47-4121401

Form 990, Part I, Line 1, Description of Organization Mission:
FOR ALASKA'S INTERIOR AND BEYOND.
Form 990, Part III, Line 1, Description of Organization Mission:
THOUGHT-PROVOKING, TRUSTWORTHY, AND EVEN LIFE-CHANGING - CONNECTING
ALASKA TO THE WORLD AND THE WORLD TO ALASKA.
Form 990, Part III, Line 4a, Program Service Accomplishments:
KUAC'S RADIO CHANNEL IS PROGRAMMED TO MEET THE NEEDS OF ALASKA
COMMUNITIES' DIVERSE INTERESTS. KUAC 89.9 FM IS A TRADITIONAL NPR NEWS
STATION WITH VOLUNTEER/LOCALLY PRODUCED MUSIC PROGRAMS IN THE AFTERNOON
AND EVENINGS. KUAC TV BROADCASTS SIX TELEVISION CHANNELS AND ONE
AUDIO-ONLY CHANNEL (KUAC-FM) ON TELEVISION.
EACH TELEVISION CHANNEL BEYOND THE TRADITIONAL PBS CHANNEL IS FOCUSED
ON AN AREA OF INTEREST OR DEMOGRAPHIC - KUAC'S "WORLD" PROVIDES
DOCUMENTARIES AND SCIENCE, KUAC'S "CREATE" FOCUSES ON HANDICRAFTS,
TRAVEL AND COOKING, KUAC'S "FNX" IS DEVOTED TO NATIVE AMERICAN, ALASKA
NATIVE AND WORLD INDIGENOUS CONTENT, KUAC'S "PBS KIDS" PROVIDES 24 HOUR
PBS KIDS EDUCATIONAL CONTENT, AND FINALLY, 360TV ON KUAC'S 9.9 PROVIDES
ALASKA LEGISLATIVE COVERAGE WHEN THE ALASKA STATE LEGISLATURE IS IN
SESSION.
IN ADDITION TO TRADITIONAL BROADCAST OPTIONS, KUAC FRIENDS GROUP
SUPPORTS THE KUAC KIDS CLUB WITH 371 MEMBERS WHO PARTICIPATE IN
SUIDDORTING KIIAC KIDS PROGRAMMING ENTOV LOCAL EVENTS AND CELEBRATING

Name of the organization  KUAC FRIENDS GROUP	47-4121401
BIRTHDAYS ON-AIR; PRODUCES THE ANNUAL KUAC ART POSTER WHI	CH IS UTILIZED
AS A FUNDRAISER TO SUPPORT KUAC OPERATIONS; AND ENGAGES I	N OTHER
FUNDRAISING ACTIVITIES TO ALLOW KUAC FM AND TV TO CONTINU	E TO PROVIDE
ITS STELLAR PROGRAMMING OPTIONS TO THE LISTENING AND VIEW	ING PUBLIC.
Form 990, Part VI, Section B, line 11b:	
FORM 990 IS REVIEWED BY THE TREASURER BEFORE SIGNING AND	FILING. IT IS
REVIEWED BY THE BOARD AT THE NEXT REGULARLY SCHEDULED MEE	TING
Form 990, Part VI, Section B, Line 12c:	
AT EACH BOARD MEETING BOARD MEMBERS DISCLOSE ANY POTENTIA	L CONFLICTS.
Form 990, Part VI, Section C, Line 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE	TO THE PUBLIC UPON
REQUEST.	
	·