

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



, V)O, Påge **2**

Pa	rt II Balance Sheets (see the instructions					•
	Check if the organization used Schedul	e O to respond to a	ny question in this			<u>· : . [</u>
			1	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[22	35,52
23	Land and buildings				23	
24	Other assets (describe in Schedule O))-		24	
25	Total assets				25	35,52
26	Total liabilities (describe in Schedule O)		<u>-</u>		26	
27	Net assets or fund balances (line 27 of colum				27	35,52
Par	Statement of Program Service Accon	•		, ,		Expenses
\A/ho	Check if the organization used Schedule				(Reg	uired for section
	t is the organization's primary exempt purpose?		programs for startu		501(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomple neasured by expenses. In a clear and concise rons benefited, and other relevant information for e	manner, describe th			othe	nizations; optional for rs.)
28	Obtain access to standard Accelerator program cor	ntent and industry dat	a to develop progran	nming for		
	Launch: Alaska program members and the general	business startup and	l entrepreneur comm	unitles.		
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ □	28a	13,547
29	Establish 501(c)3 not for profit operational status pe					
	by the Board of Directors.	•	•			
	(Grants \$) If this amount	t includes foreign gra	ants check here	▶⊓	29a	850
30	Outreach to the business startup community and th					
	,			İ		1
	(0.1.4		. La			
		t includes foreign gra			30a	78
31	Other program services (describe in Schedule O)				04-	}
22	(Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gra			31a 32	14,475
Par						
ı aı	Check if the organization used Schedule					
	Check if the organization asou concact	(b) Average	(c) Reportable	(d) Health benefits,	ΤĖ	<u> </u>
(a) Name and title		hours per week	compensation contributions to employ (Forms W-2/1099-MISC) benefit plans, and			Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		and componication
Lanc	e Ahern	20			\top	
Mana	aging Director	20)	0	12,500
Jose	ph Morrison	20				
Boar	d President	20)	0	
Kath	erine Jernstrom	10	1	1	1	
Direc)	이	
Nola	n Klouda	10	1	1		
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	kiah Holland	10				
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Director		10	ļ	,	0	0
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