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DLN: 93493135063372

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

Tax-exempt status	Address char  Name char  Initial retur  Terminated  Amended r				
More change   Name change	Name char Initial retur Terminated Amended r	I JONEAU ARTS & HOMANTILES COOM:	D	Employer	identification number
Rame change	Initial retur Terminated Amended r	nange		23-7243	859
Terminated Manufactor Name and supervision in supervision to salest adultions (90.7) \$36-278 / (90.7) \$36-2	Terminated Amended r	nge	E1	Telephone	number
Amended relum Application promises    F Name and address of principal officer   NANCY DECHERREY   350 WHITTER STSUITE 101 NO 101	_ Amended r _	Number and street (or P O box if mail is not delivered to street address)	Room/suite (	(907)58	6-2787
Amenical return Application pending   F Nama and address of principal officer   NANCY DECHERATY   30 WHITTIER ST SUITE 101 NO 101   10 NACY DECHERATY   30 WHITTIER ST SUITE 101 NO 101   10 NACY DECHERATY   30 WHITTIER ST SUITE 101 NO 101   10 NACY DECHERATY   30 WHITTIER ST SUITE 101 NO 101   10 NACY DECHERATY   10 NACY DECHERATION   10 NACY DECHERATION   10 NACY DECHERATY   10 NACY DECHERATION   10 NACY DE	_	350 WHITTIED ST SLITE 101 NO 101		, 5 5	
F. Name and address of principal officer   NACY DECHERNEY   350 WHITTIER ST SUITE 101 NO 101   JUNEAU, AK 9801   501(c)(3)   501(c)(3)   501(c)(4)   4947(a)(1) or   527   1F*No,** attach a list (see instructions)   H(c)   Group exemption number	- Application		G	Gross receip	pts \$ 694,892
NANCY DECHERREY 350 WHITTIER ST SUITE 101 NO 101 JUNEAU, AK 99801  Tax-exempt status	, .ppiication				
NANCY DECHERREY   350 WHITTIER STUTTE 101 NO 101   101		F Name and address of principal officer	H(a) Is this a group i	return for affil	lustes 2 Ves Vo
Tax-exempt status   Solico(3)   Solico ( )     (Insert no )     4947(a)(1) or		NANCY DECHERNEY	i (a) is this a group	recurrior aiii	idles   Tes   TVO
### Website: ► HTTP //WWW JAHC ORG/    Website: ► HTTP //WWW JAHC ORG/   Summary			<b>H(b)</b> Are all affiliat	tes included	d?
Website: ► HTTP //WWW JAHC ORG/   Solic()   ¶ (insert no)   4947(a)(1) or   527		·	•		
Part I Summary  1 Briefly describe the organization's mission or most significant activities THE JUNEAU ARTS & HUMANITIES COUNCIL CULTIVATES VIBRANT ARTS AND CULTURAL OPPORTUNITIES AND IS A LEADER IN BUILDING A STRONG, PROSPEROUS COMMUNITY WHERE CREATIVITY AND INNOVATION THRIVE  2 Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	Tax-exem	npt status	H(c) Group exe	emption n	umber <b>F</b>
The Juneau Arts & Humany  1 Briefly describe the organization's mission or most significant activities THE JUNEAU ARTS & HUMANITIES COUNCIL CULTIVATES VIBRANT ARTS AND CULTURAL OPPORTUNITIES AND IS A LEADER IN BUILDING A STRONG, PROSPEROUS COMMUNITY WHERE CREATIVITY AND INNOVATION THRIVE  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	Website	∷► HTTP //WWW JAHC ORG/			
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1 Briefly describe the organization's mission or most significant activities			L fear or formation	11 1973	In State of legal doffficile. AN
THE JUNEAU ARTS & HUMANITIES COUNCIL CULTIVATES VIBRANT ARTS AND CULTURAL OPPORTUNITIES AND IS A LEADER IN BUILDING A STRONG, PROSPEROUS COMMUNITY WHERE CREATIVITY AND INNOVATION THRIVE  2 Check this box ▶  if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)					
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3 Number of voting members of the governing body (Part VI, line 1a)	ب <u>ا</u>	LEADER IN BUILDING A STRONG, PROSPEROUS COMMUNITY WHERE CREA	TIVITY AND INI	NOVATI	ON THRIVE
3 Number of voting members of the governing body (Part VI, line 1a)	<b>á</b>   -				
3 Number of voting members of the governing body (Part VI, line 1a)	-				
3 Number of voting members of the governing body (Part VI, line 1a)	2 (	Check this box 🛏 if the organization discontinued its operations or disposed of	more than 25% o	of its net	assets
4 Number of independent voting members of the governing body (Part VI, line 1b)		·		1	14
7a Total unrelated business revenue from Part VIII, column (C), line 12	3 4				14
Ta Total unrelated business revenue from Part VIII, column (C), line 12	5 1				31
Ta Total unrelated business revenue from Part VIII, column (C), line 12	6 7				200
Net unrelated business taxable income from Form 990-T, line 34   7b					200
8 Contributions and grants (Part VIII, line 1h)	ı	·			0
8 Contributions and grants (Part VIII, line 1h)		· · · · · · · · · · · · · · · · · · ·	Prior Yea		
9 Program service revenue (Part VIII, line 2g)	8	Contributions and grants (Part VIII line 1h)		+	
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	두 10	, , , ,	<u> </u>		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2 11				
12)				,	
Has Benefits paid to or for members (Part IX, column (A), line 4)		12)	5	36,270	549,168
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$ )	1	22,196	119,399
5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)	14			0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       201,863       216,06         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       512,917       546,65         19 Revenue less expenses Subtract line 18 from line 12       23,353       2,51	ဖွ 15		1	88 858	211 193
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       201,863       216,06         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       512,917       546,65         19 Revenue less expenses Subtract line 18 from line 12       23,353       2,51	₩ = 16a	•	-		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       201,863       216,06         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       512,917       546,65         19 Revenue less expenses Subtract line 18 from line 12       23,353       2,51	<u>ወ</u>   100				
18Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)512,917546,6519Revenue less expenses Subtract line 18 from line 1223,3532,51		- · · · · · · · · · · · · · · · · · · ·		01 963	216.064
19 Revenue less expenses Subtract line 18 from line 12					
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ァボー   Beginning of Current		Revenue less expenses subtrace line to nom line 12	1		
[출   Voer   End of Year	2 de		Year		End of Year
1601	讀 20	Total assets (Part X, line 16)	2	35,737	220,406
20 Total assets (Part X, line 16)		Total liabilities (Part X, line 26)	1	30,808	111,263
20 Total assets (Part X, line 16)	[ 21	Net assets or fund balances Subtract line 21 from line 20	1	04,929	109,143
20 Total assets (Part X, line 16)	21 22	Signature Block			
Beginning of Current End of Year	14 15 33 16a b 17 18 19	Benefits paid to or for members (Part IX, column (A), line 4)	2 5 Beginning of C Year	0 88,858 0 01,863 12,917 23,353 current	21 21 54 End of Year
Teal	语一乙				<u> </u>
20 Total assets (Part X, line 16)	[ ] 21				· · · · · · · · · · · · · · · · · · ·
20 Total assets (Part X, line 16)	P 21			.01,525	100,140
The costs of fand balances outstace line 22 from time 25 from 1 f					
Part II Signature Block  Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	Part III			~	
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an	Part III Inder penali nowledge a		is based on all info	ormation	or which preparer has any
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Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an nowledge.    ******   2012-05-11	Part III Inder penali nowledge a nowledge. Sign	******  Signature of officer  NANCY DECHERNEY EXECUTIVE DIRECTOR Type or print name and title	2012-05 Date	-11	
Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an inowledge.    ******   2012-05-11	Part III Inder penalinowledge a nowledge. Sign	******  Signature of officer  NANCY DECHERNEY EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  ROBERT L REHFELD	2012-05 Date	-11 if self	
Total lassets (Part X, line 16)	Part III Inder penalinowledge anowledge.  Sign Here	******  Signature of officer  NANCY DECHERNEY EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  ROBERT L REHFELD	2012-05 Date	-11 if self	PTIN
Signature Block Inder penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an inowledge.  ******    Signature of officer   Date	Part III Inder penalinowledge a nowledge.  Sign lere	*******    NANCY DECHERNEY EXECUTIVE DIRECTOR   Type or print name and title    Print/Type   preparer's name   ROBERT L REHFELD   ROBERT L ROBERT L REHFELD   ROBERT L	2012-05 Date	-11 if self	PTIN

Par			Program Servic O contains a respo			art III .		
1	Briefly	describe the orga	nnızatıon's mıssıon					
			ITTIES COUNCIL C PEROUS COMMUNI					ES AND IS A LEADER IN
2			ertake any significan 0-EZ?		rvices during th	ne year which v	were not listed on	┌ Yes ┌ No
	If "Yes	," describe these i	new services on Sch	edule O				
3	service	es?	se conducting, or ma		t changes ın ho	w it conducts,	any program	┌ Yes ┌ No
	If "Yes	," describe these	changes on Schedule	e O				
4	Section	n 501(c)(3) and 5	•	ns and section	on 4947(a)(1) t	rusts are requ	program services by ired to report the amo reported	•
4a	(Code		) (Expenses \$	147,002	including grants o	of \$	119,399 ) (Revenue \$	)
	CONST COUNC INCLUE	TTUTENCIES THE CIT CIL WORKED WITH TH DES MAINTAINING CLO	Y & BOROUGH ASSEMBLY E OTHER GROUPS TO DE	CHARGED THE VELOP A FAIR A THE ARTS GROU	COUNCIL WITH MAND EQUITABLE DIS	ANAGING THE REITERIE	DISTRIBUTION OF CITY AR ESS, WHICH IT ADMINISTE	GANIZATIONS TO BENEFIT THEIR TS FUNDING IN 2005 THE ERS ANNUALLY THIS PROCESS ADVICE, COMMUNITY-WIDE
4b	(Code		) (Expenses \$	133,606	ıncludıng grants o	 of \$	) (Revenue \$	96,320 )
	AT NO PERFO IN THE	CHARGE TO A VARIET RMANCES TO ATTEND COMMUNITY GENER	Y OF SOCIAL SERVICE AG THE COUNCIL OFFERS	ENCIES TO ALLO THE HIGHEST QUIDES WORLD MU	OW PEOPLE WHO M JALITY PERFORMA JSIC, FAMILY ENTE	IIGHT OTHERWISI NCES, SELECTED RTAINMENT, CLAS	E BE UNABLE TO ENJOY TH TO AUGMENT THE OFFERI SSICAL AND JAZZ MUSIC, <i>i</i>	ECOUNCIL PROVIDES TICKETS E BENEFITS OF LIVE NGS FROM OTHER PRESENTERS AND PROFESSIONAL DANCE THE
	(Code		) (Expenses \$	81,040	including grants o	of ¢	) (Revenue \$	40,194 )
40	MANAG			ENTER - APPRO	XIMATELY 30,000	PEOPLE VISITED T	THE FACILITY DURING THE	YEAR THE JAHC ALSO SERVES
4d	Other	program services	(Describe in Sched	lule O )				
		nses \$	•	ling grants of	· \$	) (R	evenue \$	)
4e	Total	program service e	xpenses <b>⊧</b> \$	361,64	8			
								Form <b>990</b> (2010

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKHISE OF	reuun eu	<b>SCHEUUICS</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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	Yes	
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\Box$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28 a	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 32			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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).			
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		
}	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0 a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a	response to any question in this Part VI										. 区
	p	-	-	-	-	-	-	-	-	-	-,

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		NO
	Describe in Schedule of the process, it any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
h	taxable entity during the year?	LUG		140
U	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a conviolities Form 990 is required to be filed AK			

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 THE ORGANIZATION 350 WHITTIER ST SUITE 101 NO 101 JUNEAU, AK 99801 (907) 586-2787

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

Check if Schedule O contains a response to any question 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours	Posi t	(( tion ( that a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ANNIE CALKINS BOARD PRESIDENT	1 00	Х		Х				0	0	0
(2) ANDY KLINE BOARD VICE PRESIDENT	1 00	Х		Х				0	0	0
(3) CANDY BEHRENDS BOARD TREASURER	1 00	х		Х				0	0	0
(4) SUE ANN RANDALL BOARD SECRETARY	1 00	х		х				0	0	0
(5) MEGAN BEHNKE BOARD TRUSTEE	1 00	х						0	0	0
(6) JEFF BUSH BOARD TRUSTEE	1 00	х						0	0	0
(7) ANDY KLINE BOARD TRUSTEE	1 00	х						0	0	0
(8) PATRICIA HULL BOARD TRUSTEE	1 00	х						0	0	0
(9) BRIDGET LUJAN BOARD TRUSTEE	1 00	х						0	0	0
(10) JOHN MCCONNOCHIE BOARD TRUSTEE	1 00	х						0	0	0
(11) JESS PARKS BOARD TRUSTEE	1 00	х						0	0	0
(12) ARIEL ROLFE BOARD TRUSTEE	1 00	х						0	0	0
(13) JANET SCHEMPF BOARD TRUSTEE	1 00	х						0	0	0
(14) THERESE THIBODEAU BOARD TRUSTEE	1 00	х						0	0	0
(15) PAUL VOELCKERS BOARD TRUSTEE	1 00	х						0	0	0
(16) NANCY DECHERNEY EXECUTIVE DIRECTOR	40 00			х				54,391	0	1,500

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

	(A) Name and Title	(B) Average hours		(tion that a			all		Repo	( <b>D)</b> ortable ensation m the	(E) Reportable compensation from related		(F) Estima amount o compens	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	ration (W- 9-MISC)	organizations (W- 2/1099- MISC)		from from forganizat relat relat	the Ion and ed
												+		
												$\perp$		
												+		
												+		
												+		
1b	Sub-Total							<u> </u>				+		
c d	Total (add lines 1b and 1c) .							<b> </b>		54,391		0		1,500
2	Total number of individuals (inc \$100,000 in reportable compe	cluding but not lir	nited to	thos	e lıs			) who	receive	d more th	an			
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete So								or highes	t compens	sated employee	3		No
4	For any individual listed on line organization and related organi													110
5	Did any person listed on line 1a	receive or accr	ue com	• pensa	• atıon	• i fro	· · manv	• unre	• • lated ord	anızatıon	or individual for	4		No
	services rendered to the organ										•	5		No
Se	ction B. Independent Co													
1	Complete this table for your fiv \$100,000 of compensation fro			ındep	ende	ent	contra	ctors	that rec	eived moi	e than			
	Na	<b>(A)</b> ame and business ac	dress							Desc	(B) cription of services		(C Comper	
	Total number of independent con \$100,000 in compensation from			not lir	nited	d to	those	liste	d above)	who rece	ved more than			

	•	2010)					Р	age <b>9</b>
Part	VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excludee from tax under sections
								512, 513, or 514
# 달	1a	Federated campaigns	1a					
<u> </u>	Ь	Membership dues	. 1b					
ું.≣	С	Fundraising events	1c					
팔	d	Related organizations	. 1d					
Ř. Ř	е	Government grants (contributions)	1e	225,178				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants similar amounts not included above	, and <b>1f</b>	116,366		İ	<u>.</u>	İ
불	g							
9 E	h	Total. Add lines 1a-1f			341,544			
				Business Code				
eun	2a	CONCERT REVENUES		711130	96,320	96,320		
æ	b							
Program Service Revenue	С							
Ser.	d							
Ē	e							
5	T	All other program service re	venue					
4	1	Total. Add lines 2a-2f			96,320			
	3	Investment income (including			2,689			2,68
	4	and other similar amounts)  Income from investment of tax-ex			2,003			2,00
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents	81,305					
	-	Less rental expenses	65,869					
	С	Rental income or (loss)	15,436					
	d	Net rental income or (loss)			15,436	15,436		
	72	Gross amount	(ı) Securities	(II) O ther				
	/ u	from sales of assets other						
	<b>L</b>	than inventory Less cost or		394				
	, D	other basis and sales expenses		331				
	С	Gain or (loss)		-394				
	d	Net gain or (loss)			-394			-39
ше	8a	Gross income from fundraisi (not including	ng events					
Other Revenue		\$						
æ		of contributions reported on See Part IV, line 18						
ਜੂ ਜ			a	88,946				
ರ	1	Less direct expenses .		20,131	60.015			60.01
		Net income or (loss) from ful	ctivities See Part IV, line 19 . a		68,815			68,81
				ь				
		Net income or (loss) from ga						
	10a	Gross sales of inventory, les	S					
		returns and allowances .	a	84,088				
	ь	Less cost of goods sold .	. b	59,330				
	С	Net income or (loss) from sa	les of inventory 🕨		24,758	24,758		
	4.4	Miscellaneous Revenue		Business Code				
	11a		<u></u>					
	b	·						
	-	:   All other revenue		<del>                                     </del>				
		Total. Add lines 11a-11d		-				
			▶					
	12	Total revenue. See Instructi	ons		549.168	136,514	0	71,11

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D)	
			(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 $$	104,300	104,300		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	15,099	15,099		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	51,500		51,500	
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	143,216	86,892	56,324	_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	6,183	2,780	3,403	
10	Payroll taxes	10,294	4,629	5,665	_
а	Fees for services (non-employees) Management				
b	Legal				
C	Accounting	6,450		6,450	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				_
f	Investment management fees				
g	Other	70,139	60,894	9,245	
12	Advertising and promotion	25,570	16,181	9,389	
13	Office expenses	27,539	1,083	26,456	
14	Information technology	6,597		6,597	
15	Royalties				
16	Occupancy	9,022	9,022		
17	Travel	27,441	27,441		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,106		2,106	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,366	5,227	7,139	
23	Insurance	734		734	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONCERT, OTHER PRODUCTI	28,100	28,100		
b		,	,		
C		ļ			
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	546,656	361,648	185,008	0
26	Joint costs. Check here ► ☐ if following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 18,330 53,580 2 43.831 2 3 3 4 25.609 9,256 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 Notes and loans receivable, net . . . . . . . . . 8 Prepaid expenses and deferred charges . . . . . 10,500 9 10a Land, buildings, and equipment cost or other basis Complete Part 155.036 VI of Schedule D 10a 10b 41.944 125.852 b Less accumulated depreciation . . . . . 10c 113.092 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 20,196 13 35,897 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 235,737 16 220,406 **17** 43,021 17 20,550 Accounts payable and accrued expenses . 18 18 3.500 19 19 23.192 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 84.287 23 Secured mortgages and notes payable to unrelated third parties . . 23 67.521 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 130.808 26 111,263 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 104,929 27 109,143 Temporarily restricted net assets . . . . . 28 28 Fund Permanently restricted net assets . . . . . 29 29 Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 104,929 109,143 33 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 235,737 220,406 34

Pal	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	549,16
2	Total expenses (must equal Part IX, column (A), line 25)	2			546,65
3	Revenue less expenses Subtract line 2 from line 1	3			2,51
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	104,92
5	Other changes in net assets or fund balances (explain in Schedule O)	5			1,70
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	109,14
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•	•	୮	
		-		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b		No
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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As Filed Data -

DLN: 93493135063372

OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization JUNEAU ARTS & HUMANITIES COUNCIL

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

23-7243859

**Employer identification number** 

	organiz			e foundation becaus			-				
1	<u> </u>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u> </u>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the									
4	ı			ty, and state	ed in conjun	ction with a	nospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(III). Er	iter the
5	Γ	_	· ·	erated for the benefit	_	or universit	ty owned or o	perated by a	government	al unit descr	ıbed ın
	_			A)(iv). (Complete Pa	•						
6	<u> </u>			local government or	_						
7	ļ	describ	ed in	at normally receives  A)(vi) (Complete Pa		I part of its	support from	a governme	ntal unit or fi	om the gene	ral public
8	$\vdash$			described in section	•	<b>1)(vi)</b> (Com	nnlete Part II	)			
9	<u> </u>		•	at normally receives			•	•	hutions mem	hershin fees	and aross
-	•	_		ities related to its ex							_
				oss investment incoi	•	=					
			_	janization after June				-		<b>,</b>	
LO	Г	•	-	, ganized and operated	-			-	· ·		
1		_		ganized and operated	· ·	-	•			o carry out th	ne purposes of
		one or i	more public	y supported organiza	ations descri	bed ın secti	on 509(a)(1)	orsection	509(a)(2) S		
				bes the type of supp							III O.b.
_	_		Type I	<b>b</b>   Type II			- Functional	-			III - Other
e	ı			ox, I certify that the on managers and oth							
			509(a)(2)	on managers and ou	ier than one	or more pub	niciy supporte	sa organizat	lons describ	ed III Section	303(a)(1)01
f				received a written de	etermination	from the IR	S that it is a <sup>-</sup>	Гуре I, Тур	e II or Type :	III supportin	g organızatıo <u>n,</u>
			his box	000					. 6 1 1 -		Г
g			rugust 17, 2 ig persons?	2006, has the organi	zation accep	ted any gift	or contribution	on from any	ortne		
				rectly or indirectly c	ontrols, eithe	er alone or to	ogether with p	oersons des	cribed in (ii)		Yes No
		and (III)	) below, the	governing body of th	e the suppor	ted organiza	ation?			11g(	i)
		(ii) a fa	mily membe	er of a person describ	bed ın (ı) abo	ve?				11g(i	ii)
		(iii) a 3	5% control	led entity of a persoi	n described i	n (ı) or (ıı) a	bove?			<b>11</b> g(i	ii)
h		Provide	the following	ng information about	the supporte	d organizati	ion(s)				<u> </u>
				( <u>)</u>			T		<u> </u>		<del></del>
				(iii) Type of	(iv)		(v)		(vi)	)	
	(i)			organization	Is the organizati		Did you not	ify the	Is th		()
	Name	of	(ii)	(described on	col (ı) lıst		organizati		organizat		(vii) A mount of
	suppor		EIN	lines 1 - 9 above	your gove		col (ı) of suppor		col (ı) org ın the U		support
0	rganıza	ation		or IRC section <b>(see</b>	docume	nt?	Suppor	('	I III the o	5 '	''
				instructions))	Yes	No	Yes	No	Yes	No	1
				_							

Total

# 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.)

S	ection A. Public Support		and to quanty t				
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ection A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	280,111	175,583	231,797	331,123	341,544	1,360,158
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	140,935	170,852	197,324	174,895	180,409	864,415
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	421,046	346,435	429,121	506,018	521,953	2,224,573
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						C
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						
8	Add lines 7a and 7b <b>Public Support</b> (Subtract line 7c  from line 6)						2,224,573
Se	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	(e) 2010	(f) Total
9	ın) A mounts from line 6	421,046	346,435	429,121	506,018	521,953	2,224,573
10a	Gross income from interest, dividends, payments received on	2,811	1,409	1,436	79,060	83,994	168,710
	securities loans, rents, royalties and income from similar sources	2,011	1,409	1,430	79,000	03,994	100,710
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	2,811	1,409	1,436	79,060	83,994	168,710
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,008	250				3,258
13	Total support (Add lines 9, 10c,	426,865	348,094	430,557	585,078	605,947	2,396,541
1.4	11 and 12)	,	,		,	<i>'</i>	
14	First Five Years If the Form 990 is check this box and stop here	for the organization	n s first, secona,	tnira, fourth, or f	irth tax year as a	sectionsU1(c)(3	) organization,
Se	ection C. Computation of Pub						
15	Public Support Percentage for 201	0 (line 8 column (f	) divided by line :	L3 column (f))		15	92 820 %
16	Public support percentage from 20	09 Schedule A, Pa	rt III, line 15			16	95 370 %
Se	ection D. Computation of Inv						
17	Investment income percentage for				(f))	17	7 040 %
18	Investment income percentage fro					18	4 230 %
19a	33 1/3% support tests—2010. If th		not check the bo		line 15 is more t	han 33 1/3% and	line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported **▶**▽ organization

33 1/3% support tests—2009. 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%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493135063372

OMB No 1545-0047

Open to Public

## **SCHEDULE D**

(Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

en al i	Revenue Service F Attach to Fo	orm 990. F See separate instructions.			riishec	don
	ne of the organization AU ARTS & HUMANITIES COUNCIL		Employ	er identificati/	on numbe	er
				43859		
Pai	Organizations Maintaining Donor Ac		unds or	Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b)	Funds and oth	er accou	ınte
	Total number at end of year	(a) Donor advised funds	(6)	T unus anu oti	iei accou	ilits
	Aggregate contributions to (during year)					
	Aggregate contributions to (during year)  Aggregate grants from (during year)					
	Aggregate yants non (during year) Aggregate value at end of year					
			<u> </u>			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		ior advise	d	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			ourpose	┌ Yes	┌ No
ar	<b>Conservation Easements.</b> Complete	ıf the organization answered "Yes" t	o Form 🤉	990, Part IV,	lıne 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certified h	nistoric structu		a
				Held at the E	nd of the	Year
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfer the taxable year  Number of states where property subject to conservations.		ed by the	organization du	ırıng	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of vi	olations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp					
	Amount of expenses incurred in monitoring, inspecti			he year 🟲 \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial				
ari	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Othe	r Similar A	ssets.	
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furth			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
	If the organization received or held works of art, histo	orical treasures or other similar assets fo	or financis	· ·		
	following amounts required to be reported under SFA		, mialicio	ar gam, provide	circ	
a	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

Assets included in Form 990, Part X

Par	<b>TIT</b> Organizations Maintaining Co	llections of Art	, His	tori	cal Tre	easu	res, or C	the	<u>r Similar</u>	Asse	ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	_		_			llectio	า	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	/ furthei	r the o	raanizatior	ı's ex	cempt purpo	sein		
	Part XIV						_			.50 111		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiz	zation			es" to For			·
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						r other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able		г		Г		_	
							-			Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							<b>1</b> f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	<i>'</i>										
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior `	Year	<b>(c)</b> Tw	o Years Back	(d)	Three Years B	ack (e	Four Y	ears Back
1a	Beginning of year balance	20,196						-				
b	Contributions	13,800			20,000			_		_		
С	Investment earnings or losses	2,167			298			_				
d	Grants or scholarships							_				
е	Other expenditures for facilities and programs											
f	Administrative expenses	266			102							
g	End of year balance	35,987			20,196							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held	and a	dmınıstere	d for	the			
	organization by								-		Yes	No
	(i) unrelated organizations			•				•		3a(i)	Yes	<u> </u>
	(ii) related organizations							•		3a(ii)	<u> </u>	No
ь	If "Yes" to 3a(II), are the related organizatio							٠	[	3b		<u> </u>
4	Describe in Part XIV the intended uses of th					20 0	1.37 1	10				
	t VI Investments—Land, Building:	s, and Equipme	<b>nτ.</b> 5	ee r	orm 99	90, Pa						
Par				- 1								
Par	Description of investment				) Cost or sis (invest		(b)Cost or basis (oth		(c) Accumi deprecia		( <b>d)</b> Bo	ook value
			•								( <b>d)</b> Bo	ook value
1a	Description of investment										( <b>d</b> ) Bo	ook value
1a b	Description of investment		· · ·				basis (oth		deprecia		(d) Bo	98,962
1a b c	Description of investment  Land		· · ·				basis (oth	er)	deprecia	tion	(d) Bo	
1a b c	Description of investment  Land		· · ·				basis (oth	er)	deprecia	tion	(d) Bo	

(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990, Part X, line :	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(1) BENEFICIAL INTEREST IN JUNEAU COMMUNITY	(B) Book value	Cost or end-o	f-year market value
FOUNDATION	35,897		(
Total (Column (h) should equal Form 990, Part X, col (R) line 13.)	35.897		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line	35,897 e 15.		
((-,	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Descript  Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Descript  Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X,	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) Descript  Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X,	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X, 1  (a) Description of Liability	6 15. tion  5.)		(b) Book value

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
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		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete tional information		

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	, ,	THE ORGANIZATION TRANSFERRED THE FUNDS TO THE JUNEAU COMMUNITY FOUNDATION PRIMARILY FOR INVESTMENT PURPOSES DISTRIBUTIONS ARE STRICTLY
		FOR THE BENEFIT OF JAHC

DLN: 93493135063372

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public **Inspection** 

Name of the organization JUNEAU ARTS & HUMANITIES COUNCIL							Employer identification number		
JUNEAU ARTS & HUMANITIES	COUNCIL					23-7243859			
Part I Fundraising Ac	<b>tivities.</b> Complet	e if the o	rganıza	tion answered "Yes"	to Form	n 990, Part IV	, line 17.		
<ul> <li>Indicate whether the organian</li></ul>	olicitations s a written or oral agre i Form 990, Part VII st paid individuals or	eement with ) or entity entities (f	e f g h any ind in conne	Solicitation of non Solicitation of government Special fundraising  Invidual (including office action with professional agreement)	n-goverr vernmen ng event ers, direc fundrais ents und	nment grants t grants s tors, trustees ing services? der which the fui			
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) fundraise custoe contr contribu Yes	erhave dy or ol of	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
			•						
3 List all states in which the licensing	organization is regis	stered or lı	censed t	o solicit funds or has be	een notif	ied it is exempt	from registration or		

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organizati 990-EZ, line 6a. List	on answered "Yes" to events with gross rec	Form 990, Part IV, lı eıpts greater than \$5	ne 18, or reported ,000.
			(a) Event #1  WEARABLE ARTS	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
Ф			(event type)		(total number)	+
Revenue	1	Gross receipts	62,889	9		62,889
<del>2</del>	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	62,889	9		62,889
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	6,831	ı e		6,831
ă	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	13,569	9		13,569
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		20,400
	11	Net income summary Combine Ii	nes 3 and 10 ın column (	d)	•	42,489
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes	┌ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶</u>	
9	Ent	er the state(s) in which the organiza	ation operates gaming ac	tivities		
a b		the organization licensed to operate				
10a b		re any of the organization's gaming   Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable of	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b></b>		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (	see 
	Identifier	ReturnReference	Explanation	

Schedule I (Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990 OMB No 1545-0047

2010

DLN: 93493135063372

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

IIINEAII ARTS & HIIMANITIES	COUNCIL					' '					
						23-7243859					
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  Describe in Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.  1(a) Name and address of organization or government  (b) EIN  (c) IRC Code section if applicable grant  (d) Amount of cash assistance  (d) Amount of cash assistance  (d) Amount of cash assistance  (d) Amount of non-cash ass											
the selection criteria used	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.  Describe in Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.  (a) Name and address of organization or government  (b) EIN  (c) IRC Code section if applicable  (c) IRC Code section if applicable  (d) Amount of cash grant  (e) Amount of non-cash assistance  (b) EIN  (b) EIN  (c) IRC Code section if applicable  (c) IRC Code section grant  (d) Amount of cash assistance  (e) Amount of non-cash assistance  (b) EIN  (b) EIN  (c) IRC Code section grant  (c) IRC Code section if applicable  (d) Amount of cash assistance  (e) Amount of non-cash assistance  (b) EIN  (c) IRC Code section if applicable  (e) Amount of non-cash assistance  (b) EIN  (b) Method of valuation on non-cash assistance  (c) Description of non-cash assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (c) Purpose of grant or assistance  (b) EIN  (b) Purpose of grant or assistance  (c) Purpose of grant or assistance  (c) Purpose of grant or assistance  (d) Amount of cash assistance  (e) Amount of non-cash assistance  (b) EIN  (d) Purpose of grant or assistance  (e) Amount of non-cash assistance  (f) Method or valuation  (h) Purpose of grant or assistance  (h) Purpose o										
Form 990, Part I	V, line 21 for any r	ecipient that received	l more than \$5,000.	Check this box if r	no one recipient rece	ived more than \$5,0					
organization	<b>(b)</b> EIN		` '	cash	valuation (book, FMV, appraisal,		1				
(1) PERSEVERANCE THEATRE914 THIRD STREET DOUGLAS,AK 99824	92-0071124	501(C)(3)	53,000				ENHANCE ARTS AND HUMANITIES IN				
(2) JUNEAU JAZZ & CLASSICSPO BOX 022152 JUNEAU,AK 99802	94-3053060	501(C)(3)	13,000				ENHANCE ARTS AND HUMANITIES IN				
Does the organization maintain the selection criteria used to a Describe in Part IV the organization Part II Grants and Other A Form 990, Part IV, linguistrated if addition duplicated if addition or government  1) PERSEVERANCE STREET COUGLAS, AK 99824  2) JUNEAU JAZZ & STREET COUGLAS, AK 99824  2) JUNEAU JAZZ & STREET COUGLAS, AK 99802  3) JUNEAU SYMPHONYPO STREET STREET SOUGLAS, AK 99802	92-0177037	501(C)(3)	12,000				ENHANCE ARTS AND HUMANITIES IN				
							3				
				Cat No 50055P			nedule I (Form 990) 2010				

rt III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) DIRECT SCHOLARSHIPS TO LOCAL ARTISTS AND TEACHERS FOR EDUCATIONAL AND PROFESSIONAL ENDEAVORS	36	15,099			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
		SCHEDULE I, PART I, LINE 2 GRANT APPLICANTS COMPLETE AN APPLICATION PACKAGE THAT INCLUDES
MONITORING GRANTS		DETAILS OF THEIR PLANNED ACTIVITIES, AND VERIFICATION OF COMPLIANCE WITH ALL STATE AND FEDERAL
IN THE U S		REQUIREMENTS FOR NOT-FOR-PROFIT ORGANIZATIONS AT THE CONCLUSION OF THE GRANT PERIOD,
		GRANTEES COMPLETE AN EVALUATION WHICH IS REVIEWED BY THE INITIAL GRANT ADJUDICATORS TO
		CONFIRM THAT THE GRANTEES COMPLETED THE WORK THEY SET OUT TO DO

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135063372

**Employer identification number** 

OMB No 1545-0047

2010

Open to Public Inspection

**SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

lala maisia m	Datum	French and the	_
			23-7243859
JUNEAU ARTS & HUMANITIES COUNCIL			

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ORGANIZATION'S FORM 990 WILL BE REVIEWED BY EXECUTIVE DIRECTOR AND BOARD TREASURER PRIOR TO FILING

Identifier	Return Reference	Explanation
	, ,	THE ORGANIZATION MAKES ITS FORMS 990 AND 1023 AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation			
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS 1,702			

**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493135063372

OMB No 1545-0172

Form 4562

Attachment Department of the Treasury ► Attach to your tax return. ► See separate instructions. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** JUNEAU ARTS & HUMANITIES COUNCIL FORM 990 PAGE 10 23-7243859 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount See the instructions for a higher limit for certain businesses 500,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election . . . **16** Other depreciation (including ACRS) . 12.366 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ 39 yrs S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L ΜМ S/L c40-year 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 12,366 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	<u>nforma</u>	ition (C	aution	: See t	he ir	<u>ıstruct</u>	ions for	· limits	for pa	sseng	ier au	tomot	<u>iles</u>
<b>24a</b> Do you have eviden	ice to support	the business/in	vestment ι	use claime	d? ┌ Yes	Гио		24	<b>b</b> If "Yes	" is the e	ev idence	written?	Гү	s L N	<b>o</b>
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	Cost o	<b>d)</b> r other sis	ner (e) Basis for depreciation (business/investment use only)		<b>(f)</b> Recovery period	<b>(g)</b> Metho Conven	d/	<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost		
<b>.5</b> Special depreciation allo	•	· · · ·	erty placed	ın service	during the	tax year	and u	sed more		25					
6 Property used more			husiness	LISE					1.4						
or roperty used more	1 11 11 11 11	%	business	, 450											
		%													
<b>7</b> Duamanti,		%													
<b>7</b> Property used 50%	or less in a	quanned bus	siness us	e	1		I		S/L -	1					
		%							S/L -						
		%							S/L -				4		
<b>28</b> Add amounts in co						ne 21, p	age	1.	28			_			
<b>29</b> Add amounts in co	olumn (ı), lın						•	•			29				
	<b>6</b>		ction B												
omplete this section you provided vehicles to													se vehic	les	
				_	a)	(b		T .	(c)		(d)		e)		f)
<b>30</b> Total business/inv year ( <b>do not</b> includ			ring the	Vehi	icle 1	Vehic	le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle
						1		-		_					
<b>31</b> Total commuting r															
<b>32</b> Total other person	nal(noncomm	nuting) miles	drıven												
33 Total miles driven	during the y	ear Add line	s 30												
through 32 . <b>34</b> Was the vehicle av	· · · ·	orconaluca		V	l Na	   Y	N.	V	No.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N <sub>a</sub>	V	T No.	V	TN
		iersonai use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
during off-duty hou <b>35</b> Was the vehicle us		· · · ·	 han 50/a		+								<del> </del>		$\vdash$
owner or related p		by a more t													
<b>36</b> Is another vehicle	available fo	r personal us	se? .												
Section	on C—Que	stions for	Emplo	yers W	ho Pro	vide V	ehi	cles fo	or Use	by Th	eir Er	nploy	ees	<u> </u>	
nswer these question % owners or related				eption to	comple	tıng Sec	tion	B for ve	hicles u	sed by	employ	ees wh	o <b>are</b>	not mo	re tl
37 Do you maintain a employees?				nibits all	personal	use of	vehic	les, inc	luding c	ommuti	ng, by	your	Y	'es	No
					-	-	-					-			
38 Do you maintain a employees? See th															
<b>9</b> Do you treat all us	e of vehicles	s by employe	es as pei	rsonal us	e? .										
<b>10</b> Do you provide movehicles, and retai	re than five	vehicles to y	our empl			ormation	fron	n your e	mployee	s abou	t the us	e of th	e 🗀		
11 Do you meet the re				· ·	· ·	 netratioi	n uce	.2 (500	· ·		•	•	-		
Note: If your answ	•		•					•		,		•	$\vdash$	-	
		, 39, 40, 01 -	+115 16:	5, 40 110	Comple	te Secti	оп в	ioi tile	Covered	venicie	:5				
Part VI Amo	rtization	(b)								(0)	1				
(a) Description of c	osts	Date amortizatio begins	n	A mort a mo		С	(d) ode ction (e) A mortizat period o percenta		tızatıor ıod or	or Amor			<b>(f)</b> tization for is year		
<b>12</b> A mortization of co	sts that bea	<del></del>	ur 2010	tax vear	(see ins	truction	s)				•				
			1	,	,		-,								
			-						+						
<b>I3</b> Amortization of co	sts that beg	an before vo	ur 2010 t	tax vear						43					
14 Total Add amount	=	•		•	• •	•	- '	•		44	+				