

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



Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

30.2012

| | | 2011 calendar year, or tax year beginning ${ m JUL}$ 01 , 2011, and ϵ | JUN 30, 20 12 | | | | | |
|------------|------------------|--|--|---------------------------------------|--------------------------------|--|--|--|
| B Che | ck if licable | C Name of organization | | D Employ | er identification number | | | |
| | ress ch | ADECHANCE THE | | | | | | |
| Nan | ne char | nge | 27-1342836 | | | | | |
| Initia | al retur | Number and street (or P O box, if mail is not delivered to street address) | Room/suite | | ne number | | | |
| Terr | nınated | PO BOX 6224 | | 907-738-2174 | | | | |
| 1 1 | ended r | u | | F Group E | xemption | | | |
| App pen | lication ding | SITKA AK 99835 | | Number | > | | | |
| G Acc | counti | ng Method X Cash Accrual Other (specify) ▶ | | H Check▶ | If the organization is not | | | |
| l We | bsite | : ▶ | | required to attach Schedule B | | | | |
| J Tax | -exer | npt status(check only one) - X 501(c)(3) 501(c)() ◀ (Insert no) 4947(a) | | (Form 990, 990-EZ, or 990-PF) | | | | |
| K Che | | | | | | | | |
| ΑF | orm 9 | 90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be | required (see ins | structions) E | But if the organization choose | | | |
| to fi | le a re | eturn, be sure to file a complete return | | | | | | |
| L Add | lines | 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 | or more, or if | | | | | |
| total a | ssets | (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of | Form 990-EZ | ▶ \$ | 32,874. | | | |
| Par | t I | Revenue, Expenses, and Changes in Net Assets or Fund Bala | inces (See | the instruction | ons for Part I) | | | |
| | | Check if the organization used Schedule O to respond to any question in this Part | 1 | , | | | | |
| | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 31,185. | | | |
| | 2 | Program service revenue including government fees and contracts | | 2 | 1,500. | | | |
| | 3 | Membership dues and assessments | | 3 | | | | |
| | 4 | Investment income | | 4 | 14. | | | |
| | 5 a | Gross amount from sale of assets other than inventory 5a | | | | | | |
| | b | Less cost or other basis and sales expenses 5b | | ~ 1 | | | | |
| | _ c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5 | 5a) | 5c | | | | |
| Revenue | 6 | Gaming and fundraising events | | | | | | |
| i vei | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | |
| 8 | t | Gross income from fundraising events (not including \$ | of contribu | ıtıons | | | | |
| | | from fundraising events reported on line 1) (attach Schedule G if the sum | | | | | | |
| | | of such gross income and contributions exceed \$15,000) | ******** | , , , , , , , , , , , , , , , , , , , | | | | |
| | c | : Less direct expenses from gaming and fundraising events 6c | | | | | | |
| | C | I Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and | | | | | | |
| | 7 a | Gross sales of inventory, less returns and allowances 7a | 17 | | | | | |
| | | Less cost of goods sold | | | | | | |
| | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | ~~~~ | 7 c | 175. | | | |
| | 8 | Other revenue (describe in Schedule O) | - / | 8 | 000074 | | | |
| | 9 | | <u>o/</u> | ▶ 9 | 32,874. | | | |
| | 10 | Grants and similar amounts paid (list in Schedule 0) | 10 | | | | | |
| | 11 | Benefits paid to or for members | efits hald to or for members | | | | | |
| ses | 12 | Salaries, other compensation, and employee benefits $GDEN$ | 12 | 4 010 | | | | |
| ens | 13 | Professional fees and other payments to independent contractors | 13 | 4,810. | | | | |
| Expenses | 14 | Occupancy, rent, utilities, and maintenance | 14 | 115. | | | | |
| | 15 | Printing, publications, postage, and shipping | 15 | 17. | | | | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 18,169. | | | | |
| | 17 | Total expenses. Add lines 10 through 16 | | ▶ 17 | 23,111. | | | |
| Ŋ | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 9,763. | | | |
| set | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must | agree with | 19 | 5,142. | | | |
| Net Assets | | end-of-year figure reported on prior year's return) | year figure reported on prior year's return) | | | | | |
| Net | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | 14.005 | | | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | | ▶ 21 | 14,905. | | | |
| For P | aper | work Reduction Act Notice, see the separate instructions. | | | Form 990-EZ (2011) | | | |

| Balance Sheets. (see Check if the organization us | | • | this Part II | | | П |
|--|--|---------------------------------------|---|-----------------------------------|-------------|---|
| Oneck if the organization us | sed Scriedale O to resp | bond to any question in | · · · · · · · · · · · · · · · · · · · | ning of year | (B) | End of year |
| 2 Cash, savings, and investments . | | | | 142.22 | | 14,905 |
| 3 Land and buildings | | | | 23 | 1 | |
| 4 Other assets (describe in Schedule | O) | | | 24 | | |
| 25 Total assets | | | | 5,142.25 | | 14,905 |
| 26 Total liabilities (describe in Schedi | ıle O) | | | 26 | | · |
| 7 Net assets or fund balances (line | • | t agree with line 21) . | 5 | 5,142.27 | | 14,905 |
| Part III Statement of Program | <u>``</u> | | | | | · . |
| Check if the organization us | | - | | ÍПI | ı | Expenses |
| What is the organization's primary exem | not purpose? ART I | MEDIA FOR SO | CIAL AWAREN | VESS (F | • | or section 501(c)(3) |
| Describe the organization's program semeasured by expenses. In a clear and of | rvice accomplishments | for each of its three lar | gest program services | s, as | | (4) organizations and I7(a)(1) trusts, |
| measured by expenses. In a clear and o benefited, and other relevant informatio | concise manner, descr n for each program titl | ibe the services provide e | a, the number of pers | ions of | ptional for | |
| 28 TO USE COMMUNITY A | ARE AND STO | RYTELLING FO | R SOCIAL | | | 1,07 |
| AWARENESS AND CHAI | | | | | | |
| | | | | - | | |
| (Grants \$ 32,190.) | If this amount include | es foreign grants, check | here | ▶ 28 | 8a | 24,123. |
| 29 | The trib difficulty in old de | o toronghi grantor ancon | | | | • |
| | | | | | 1 | |
| - | | · · · · · · · · · · · · · · · · · · · | | | | |
| (Grants \$ | If this amount include | es foreign grants, check | here | ▶ | 9a | |
| 30 | II tills amount molade | 23 Torcigit grants, check | | | - | |
| | | | | | | |
| | | | | | | |
| (Cronto \$ | If this amount include | es foreign grants, check | horo | - 3ı | 0a | |
| (Grants \$) Other program services (describe in | | es loreign grants, check | | | Ua | |
| . • | • | Sa farajan aranta jahaak | horo | | 1a | |
| 2 | | es foreign grants, check | | | 32 | 24,123. |
| 32 Total program service expenses Part IV List of Officers, Directors | <u> </u> | | one oven if not comp | : | | |
| Check if the organization us | | | | ensaled (see t | HE HISU | |
| Check if the organization of | sea Schedule O to les | (b) Average | (a) Reportable | (d) Contribution | ons to | (e) Estimated |
| (a) Name and add | ress | hours per week devoted to position | (For, W-2/1099-MISC) (If not paid, enter-0-) | employee benefit & deferred co | | amount of other compensation |
| ANDREW MILLER | | PRESIDENT | (minet pere) | | | |
| SITKA | AK 99835 | 1 | i o | | | |
| SARAH FERRENCY | | VICE-PRES | - | | | |
| SITKA | AK 99835 | 1 | 0 | | | |
| SPENCER SEVERSON | - Int 33000 | SECRETARY | | | | |
| PO BOX 622 SITKA | AK 99835 | 1 | 0 | | | l |
| ANDREW THOMS | 7111 33033 | TREASURER | <u> </u> | | | |
| 722 BIORKA SITKA | AK 99835 | 1 | 0 | | | |
| 722 BIORRA SIIRA | AR 33033 | | | - | | · · · · · · · · · · · · · · · · · · · |
| | | | | Ì | | |
| | | | | + | | - |
| | | | 1 | 1 | |] |
| | | | | + | | |
| | | | | 1 | | |
| | | | | | | |
| | - | | | 1 | | [|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | - | 1 | | | |
| | | | | | | 1 |
| BCA | | | | · | Foi | rm 990-EZ (2011 |
| | | | | | | |

Page 3

| Pa | Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruc | tions f | or | <u></u> |
|----------|--|---------|---------------|--|
| | Part V) Check if the organization used Schedule O to respond to any question in this Part V. | | , | Д. |
| | | r — | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each | 1 | | Х |
| 34 | activity in Schedule O . Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the | 33 | | |
| 34 | amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O | | | |
| | (see instructions) | 34 | | Х |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | Х |
| b | If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O | 35b | | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? | | | |
| | If "Yes," complete applicable parts of Schedule N | 36 | <u></u> . | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | لگـــا |
| b | Did the organization file Form 1120-POL for this year? | 37b | | |
| 38 a | | ئـــــا | | |
| _ | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | - 7 | X |
| 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| a | Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 | | | 3 3 3 |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | 1.30 |
| 40a | | · " |) | |
| | section 4911▶ , section 4912 ▶ , section 4955 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction | , | 1 | 1 |
| | during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its | | | |
| | prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| С | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization | | (5 T | elena, |
| | managers or disqualified persons during the year under sections 4912, 4955, and 4958 . | | - m | 1 41 |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by | K | | |
| | the organization | | \$ ~ | |
| е | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | نگنے | 157 E] |
| 44 | If "Yes," complete Form 8886-T | 40e | | Х |
| 41 | List the states with which a copy of this return is filed ► AK The organizations books are in care o► ANN B WILKINSON Telephone no ► 907 | -74 | 7-2 | 702 |
| 42a | Located at \triangleright C/O PO BOX 6224 AK SITKA | | 1 4 | 702 |
| ь | | | | |
| _ | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 42b | | Х |
| | If "Yes," enter the name of the foreign country ▶ | 7. Cai | 10 B | , " |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | |
| | and Financial Accounts. | لتثنا | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U S? | 42c | <u></u> | X |
| | If "Yes," enter the name of the foreign country ▶ | | | _ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | ▶ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | T., | |
| | | . 1 | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | 440 | لــــــا | X |
| . | Form 990-EZ | 44a | ļ | <u> </u> |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| С | | 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | 1-10 | | |
| u | explanation in Schedule O | 44d | | ~~ ~ - |
| 45a | | 45a | | X |
| 45b | | | | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | \$· % | المسترية | 1 |
| | Form 990-EZ (see instructions) | 45b | | X |

BCA

Page 4

Form **990-EZ** (2011)

| | | | | | | | | 1 | 162 | NO NO |
|----------------|----------|--|--|---|---------------------------------------|---|------------------|---------------------------|----------|----------|
| | | organization engage, directly or indit ates for public office? If "Yes," comple | • • • | gn activitie | s on behalf of | or in opposition to |) | 46 | | X |
| Part | | Section 501(c)(3) organizat | | 947(a)(1 |) nonexen | pt charitable | trusts | | | |
| | | All paction 501(a)(2) organizations of | nd cortion 4047(a)(1) no | novomnt o | haritable true | to must answer a | .octiona | 47 40b | | |
| | | All section 501(c)(3) organizations a and 52, and complete the tables for | , , , , | mexempt c | mantable trus | is must answer qu | estions | 47-490 | | |
| | | Check if the organization used Sche | | y question | ın this Part VI | | | | <u> </u> | |
| | | | | | | | | | Yes | No |
| | | organization engage in lobbying acti | | 501(h) elec | tion in effect o | furing the tax | | 47 | | X |
| | • | f "Yes," complete Schedule C, Part II organization a school as described in | | If "Yes " or | omnlete Scher | Jule F | • | 47 | | X |
| | | organization make any transfers to a | , , , , , , , , | | | | | 498 | | X |
| | | " was the related organization a sect | • | | | | | 491 | 5 | |
| | | ete this table for the organization's fiv | • | | | | rustees a | and key er | nployee | s) who |
| | each re | eceived more than \$100,000 of comp | ensation from the organi | zation If th | nere is none, e | T | | | | |
| (a | - | e and title of each employee | (b) Title and average hours per week devoted to position | comp | portable pensation 2/1099-MISC) | (d) Health benefits contributions to emp benefit plans, and de compensation | loyee ferred | (e) Estimated of other co | | |
| NON | | paid more than \$100,000 | | ` | | | | | | |
| | | | 1 | | | | | | | |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | _ | | | | | | | |
| | | | | - | | | | | | |
| | | | | | | | { | | | |
| cc | mpens | e this table for the organization's five sation from the organization. If there is and address of each independent con | s none, enter "None " | · | | e of service | | c) Compe | | |
| NON | E | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | ı | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ——— | | | | | | | 1 | | | |
| f To | otal nur | mber of other independent contractor | s each receiving over \$1 | 00,00Ω | | | | | | |
| | | rganization complete Schedule A? N | |) organizati | ons and 4947 | '(a)(1) nonexempt | | ₩ | | |
| | | e trusts must attach a completed Sch | | <u> </u> | | | . • | X Yes | | No |
| | | of perjury, I declare that I trave examined this retu plete Declaration of preparer (other than officer) | | | | e best of my knowledge | and belief, | it is true, | | |
| | 1 | | | | | C | <u></u> | a,) | - | |
| Sign | ı | | | | | TP. | > 10 | <u> </u> | | |
| Here | | Signature of officer | | TT E | REASUREI | Date | / | | | |
| | | ANDREW THOMS Type or print name and title | | | CHOUKE | X | | | | |
| | | Print/Type preparer's name | Preparer's sign | ature | Da | | heck | if PTIN | 1 | |
| Paid | | J R DAPCEVICH | GA D | 1 | | /25/2012 s | ت elf-employe | | 0441 | |
| Prepa Use C | | | CCOUNTING | *VICE | INC | | | 92-01 | | |
| Jag C | /illy | Firm's address • 221 LINCOLN SITKA AK 998 | ST R35- | | | Phon | e no | 907-7 | 4/-1 | .040 |
| May t | he IRS | discuss this return with the preparer | | uctions | | | | ▶ X Ye | es | No |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number 27-1342836 ARTCHANGE INC Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other b | Type II | Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? . 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (v) Did you (vi) Is the (vii) Amount of (ii) EIN (iii) Type of organization (i) Name of supported (iv) Is the organorganization (described on lines 1-9 notify the organization in support ization in col organization in col (i) above or IRC section (i) listed in your (see instructions)) governing col (i) of your organized support? in the US? Yes Yes Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 31185. 75880. 44695. include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to 220. 175. 395. the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business 1500. 1500. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 44915. 32860. 77775. Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 77775. Public support (Subtract line 7c from line 6 Section B. Total Support (e) 2011 Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (f) Total 77775. 9 Amounts from line 6 44915. 32860. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 14. 30. 16. sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,1975 16. 14. 30. Add lines 10a and 10b . 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) ... 77805. 44931. 32874. 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.96 % 15 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 99.96 16 % Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 0.0417 % 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . 0.04 % Investment income percentage from 2010 Schedule A, Part III, line 17. 18 19a 33 1/3 % support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is X not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. . . b 33 1/3 % support tests - 2010. 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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **2011**

> Open to Public Inspection

Name of the organization **Employer identification number** ARTCHANGE 27-1342836 EXPLANATION REGARDING FISCAL YEAR FILING ARTCHANGE, INC. HAD ORIGINALLY ADOPTED A FISCAL YEAR OF JULY 1ST TO JUNE 30TH REGARDING THEIR OPERATING CYCLE. SEE AN ATTACHED COPY OF THEIR ARTICLES OF INCORPORATION WITH RESPECT TO THIS STATUS.

BYLAWS

OF

ARTCHANGE, INC

Article I - Offices

Section 1. Registered Office and Registered Agent.

The registered office shall be located at 412 DeArmond Street and may be changed by a resolution of the Board of Directors and filed with the State of Alaska.

Section 2. Principal Office.

The principal office of the Corporation in the State of Alaska shall be located in Sitka, Alaska The Corporation may have other offices, either within or outside the State of Alaska, as determined by the Board of Director.

Article II - Membership

Section 1. Membership Eligibility.

Unless otherwise established by the Board of Directors, the Corporation shall have no members.

Article III - Board of Directors

Section 1. General Powers.

The affairs of the Corporation shall be managed by its Board of Directors ("Board").

Section 2. Number, Tenure, and Qualifications.

The number of Directors is three, with each serving a staggered term. At the first meeting of the Board of Directors the Directors shall draw lots for a two year term, a three year term and a four year term. Each director will serve the term drawn. All subsequently elected directors shall be elected to a three-year term and shall serve until their successor has been elected and qualified. The Board shall be at least three and no more than 9 members.

No amendment of these Bylaws reducing the number of Directors shall reduce the terms of any incumbent Director. The Directors shall be selected by the Board at its annual meeting.

Section 3. <u>Term Limits.</u> No individual may serve more than <u>3</u> consecutive terms as Director, unless the Board takes an active vote to suspend this provision of the by-laws in the best interests of the organization and to record in the minutes exactly why the temporary bylaw suspension was voted.

Section 4. Annual Meetings.

The Annual Meeting of the Board of Directors shall be held without notice other than this Bylaw, on the 21st of December, at 412 DeArmond Street for the purpose of electing directors

Section 2. Checks, Drafts, Etc.

All checks, drafts or orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Corporation, shall be signed by the officer or officers, agent or agents of the Corporation and in a manner determined by resolution of the Board of Directors.

Section 3. Deposits.

All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies or other depositories as the Board of Directors may select.

Section 4. Gifts.

The Board of Directors or its designee may accept on behalf of the Corporation any contribution, gift, bequest or devise for the general purposes or for any special purpose of the Corporation so long as the contribution, bequest or devise is consistent with the gift acceptance policy adopted by the Board of Directors. In the absence of a gift acceptance policy, the Board shall exercise due diligence in determining that acceptance of the contribution, gift, bequest or device is in the best interest of the Corporation.

Article VIII - Books and Records

The Corporation shall keep correct and complete books and records of accounts and shall keep minutes of the proceedings of its Board of Directors and committees having any of the authority of the Board of Directors.. All books and records of the Corporation may be inspected by any Director, or his or her agent or attorney, for any proper purpose at any reasonable time.

Article IX - Fiscal Year

The fiscal year of the Corporation shall begin on the 1st day of July and end on the 30th day of June in each year.

Article X - Indemnification

Section 1. Duty to Indemnify.

Subject to the sections below, the Corporation shall defend, indemnify and hold harmless any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the Corporation) by reason of or arising from the fact that the person is or was a director, officer, employee or agent of the Corporation against costs and expenses (including attorney's fees) of the suit, action or proceeding, judgments, fines, and settlements actually and reasonably incurred in connection with the action, suit or proceeding if:

(i) the person acted in good faith and in a manner the person reasonably believed to be in or not opposed to the best interests of the Corporation and, with respect to a criminal action or proceeding, did not know and had no reasonable cause to believe the conduct was unlawful, or

Detail Sheet

Name: ARTCHANGE INC

ID: 27-1342836

Description: PAGE 1, LINE 16 - OTHER EXPENSES

| Туре | Amount |
|--|-----------|
| ADVERTISING/MEETING COSTS | 358. |
| TRAVEL/LODGING/PER DIEM | 3,288. |
| ART/MURAL/OFFICE/MEDIA/MISC SUPPLIES | 2,013. |
| STIPENDS/HONORIUMS | 5,200. |
| PROJECT MEDIA SUPPLIES & EQUIPMENT | 778. |
| MEDIA ACCESSORIES/SUPPORT | 5,492. |
| POST PRODUCTION GEAR/SUPPLIES | 1,040. |
| TOST TRODUCTION CHARACTERISTS | 1,010. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | . 18,169. |
| © 2011 CCH Small Firm Services All rights reserved | USWDET\$1 |