

### 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



## **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)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2007 calendar year, or tax year beginning 7/1/2007 and ending 6/30/2008 C Name of organization D Employer identification number Check if applicable Please use IRS Address change ART MUSEUM OF GREATER LAFAYETTE, INC 35-0828754 label or Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number print or type Initial return 102 SOUTH 10TH STREET 765-742-1128 See Specific City or town State or country **ZIP + 4** F Accounting method: Termination Cash Instruc Other (specify) Amended return 47905 AFAYETTE Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates Are all affiliates included? ► X 501(c) ( 3 ) < (insert no ) Organization type (check only one) (If "No," attach a list. See instructions.) if the organization is not a 509(a)(3) supporting organization and its gross Is this a separate return filed by an organization receipts are normally not more than \$25,000. A return is not required, but if the organization chooses covered by a group ruling? to file a return, be sure to file a complete return Group Exemption Number ► Check X I if the organization is not required Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 323,711 to attach Sch B (Form 990, 990-EZ, or 990-PF) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions) Part I Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds. 1a **b** Direct public support (not included on line 1a) 1b 83,142 c Indirect public support (not included on line 1a). 1c 0 d Government contributions (grants) (not included on line 1a). e Total (add lines 1a through 1d) (cash \$ 83,142 noncash \$ 1e 83,142 2\_ Program service-revenue including government fees and contracts (from Part VII, line 93) 2 55.097 Membership dues and assessments . 3 70,008 4 Interest on savings and temporary cash investments 4 18,047 6 Dividends and interest from securities 5  $\Leftrightarrow$ 6 a Gross rents 6a SCANNED MAR **b** Less: rental expenses CEIVED 6b c Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe 0 8 a Gross amount from sales of assets other 8 (A) Securities (B) Other than inventory 8a b Less: cost or other basis and sales expenses 이 8b Gain or (loss) (attach schedule) DEN. UT 8c d Net gain or (loss) Combine line 8c, columns (A) and (B) 8d 0 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) . 9a 66,571 **b** Less direct expenses other than fundraising expenses 9b 17,430 c Net income or (loss) from special events Subtract line 9b from line 9a 9c 49,141 10 a Gross sales of inventory, less returns and allowances 10a 26,018 **b** Less: cost of goods sold 10b 26 c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a 10c 25.992 11 Other revenue (from Part VII, line 103) . . . 11 4,828 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 306,255 13 Program services (from line 44, column (B)) 13 80,946 14 Management and general (from line 44, column (C)) 14 143,150 15 Fundraising (from line 44, column (D)) . 15 30,060 16 Payments to affiliates (attach schedule) 16 0 17 Total expenses. Add lines 16 and 44, column (A) 17 296,503 18 Assets Excess or (deficit) for the year. Subtract line 17 from line 12 18 9,752 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 640,689 20 Other changes in net assets or fund balances (attach explanation) . 20 Š Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 650.441

Part	Statement of All organizations must complete Functional Expenses organizations and section 4947(					
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule)	1 1				
	(cash \$ 0 noncash \$ 0	\				
	If this amount includes foreign grants, check here			0		
22 6		22a	0			
22 D	Other grants and allocations (attach schedule)	. 1				
	(cash \$ 0 noncash \$ 0		1			
	If this amount includes foreign grants, check here ▶	22b	0	0		
23	Specific assistance to individuals (attach		i	!		
	schedule)	23	0	0		
24	Benefits paid to or for members (attach	1.1				
	schedule)	24	0	0		
25 a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A	25a	47,979	23,989	11,995	11,99
b	Compensation of former officers, directors,					
	key employees, etc listed in Part V-B	25b	0	0	0	
C	Compensation and other distributions, not					
	included above, to disqualified persons (as	1 1	ļ			
	defined under section 4958(f)(1)) and persons	1 1	•			
	described in section 4958(c)(3)(B)	25c	0	0	0	
26	Salaries and wages of employees not included	1 1				
	on lines 25a, b, and c	26	52,092	279	2,527	6,939
27	Pension plan contributions not included on					
	lines 25a, b, and c	27	0			
28	Employee benefits not included on lines					
	25a – 27	28	0			
29	Payroll taxes	29	8,994		8,994	
30	Professional fundraising fees	30	0			
	Accounting fees	31	0			
32	Legal fees	32	0			
33	Supplies	33	1,677		1,677	
34	Telephone	34	0			
35	Postage and shipping	35	4,053		4,053	
36	Occupancy	36	27,839		27,839	
37	Equipment rental and maintenance	37	0			
38	Printing and publications	38	1,661		1,661	
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	0			
	Interest	41	4,187		4,187	
	Depreciation, depletion, etc (attach schedule)	42	47,141	0	47,141	(
	Other expenses not covered above (itemize)	1 1			j	
	See attached statement	43a	100,880	56,678	33,076	11,126
b,		43b	0	0	0	
C		43c	0	0	0	
d ,		43d	0	0	0	
e		43e	0	0	0	(
f ,		43f	0	0	0	
g		43g	0	0	0	
44	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing	1 1				
	columns (B)–(D), carry these totals to lines	1 1	1			
	13–15)	44	296,503	80,946	143,150	30,060
Joint (	Costs. Check ▶ If you are following SOP 98-2			· · · · · · · · · · · · · · · · · · ·	<del></del>	
Are any	joint costs from a combined educational campaign and fundraising s	olicitation	reported in (B) Pr	ogram services?	<b>▶</b> □,	Yes X No
	enter (i) the aggregate amount of these joint costs \$		(ii) the amount al	-		
	amount allocated to Management and general \$		(iv) the amount	-		

### Part III Statement of Program Service Accomplishments (See the instructions )

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	<del></del>	Program Service
What is the organization's primary exempt purpose?	► ART COLLECTIONS - EXHIBITS - EDUCATION	Expenses
All organizations must describe their exempt purpose achie	evements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of clients served, publications issued, etc. Discuss achieve	ments that are not measurable (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1)
organizations and 4947(a)(1) nonexempt charitable trusts i	nust also enter the amount of grants and allocations to others )	trusts, but optional for others)
a ACQUISITION, EXHIBITIONS AND PRESERVAT	TION OF WORKS OF ART	
ART EDUCATION THROUGH VARIOUS CLASS	ES AND PROGRAMS	
		_
(Grants and allocations \$	0) If this amount includes foreign grants, check here	
_		
		$\neg$
<del></del>	0) If this amount includes foreign grants, check here	<u> </u>
С		
(Grants and allocations \$	0) If this amount includes foreign grants, check here	ק ,
_		
<b>~</b>		
	***************************************	
(Grants and allocations \$	0) If this amount includes foreign grants, check here	
e Other program services (attach schedule)		
(Grants and allocations \$	0) If this amount includes foreign grants, check here	]} o
f Total of Program Service Expenses (should eq	ual line 44, column (B), Program services)	80,946

Form 990 (2007)

Par	t IV	Balance Sheets (See the instructions)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	in the d	escription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			185,688	45	158,920
	46	Savings and temporary cash investments	42,527	46	7,345		
							"
	47 a	Accounts receivable	47a	0			
	b	Less: allowance for doubtful accounts	47b	0	952	47c	0
	48 a	Pledges receivable .	48a	0			
		Less allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable	-			49	
	50 a	Receivables from current and former officers, dire	ectors,	trustees, and	<del></del>		
		key employees (attach schedule)			0	50a	0
	b	Receivables from other disqualified persons (as defined	d under	section			
ţ		4958(f)(1)) and persons described in section 4958(c)(3)				50b	
Assets	51 a	Other notes and loans receivable (attach	, , ,	· · · · · · · · · · · · · · · · · · ·			
Ä		schedule)	51a	ام			
	ь	Less: allowance for doubtful accounts	51b	0	0	51c	0
	52	Inventories for sale or use	<u> </u>		8,756		8,743
	53	Prepaid expenses and deferred charges .		· · · ·	4,833		4,833
		Investments—publicly-traded securities		X Cost FMV	224,926		225,656
		• •					
		Investments—other securities (attach schedule)		CostFMV _	0	54b	0
	55 a	Investments—land, buildings, and	1				
	_	equipment basis	55a	0			
	b	Less accumulated depreciation (attach					
		schedule) .	55b	0	0		0
	56	Investments—other (attach schedule)	ı· ı		0	56	0
		Land, buildings, and equipment basis	57a	1,112.923		- y	
	ь	Less: accumulated depreciation (attach					
		schedule)	57b	754,308	285,544	57c	358,615
	58	Other assets, including program-related investme					
		(describe ► See attached statement	1,044		1,029		
	59	Total assets (must equal line 74) Add lines 45 to	hrough	58	754,270		765,141
	60	Accounts payable and accrued expenses	•		3,753		10,464
	61	Grants payable	•			61	·
	62	Deferred revenue				62	
ities	63	Loans from officers, directors, trustees, and key e	employ	ees (attach			
ij		schedule)			0		0
Liabili		Tax-exempt bond liabilities (attach schedule)	•		0		0
_		Mortgages and other notes payable (attach scheen			101,244		99,976
	65	Other liabilities (describe ► See attached state	ement	)	8,584	65	4,260
		T ( 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	66	Total liabilities. Add lines 60 through 65	<u> </u>		113,581	66	114,700
	Orga	nizations that follow SFAS 117, check here ▶	X an	d complete lines			
88		67 through 69 and lines 73 and 74					
<u>ک</u>	67	Unrestricted			391,503	67	599,888
aga	68	Temporarily restricted			202,204	68	3,571
<u> </u>	69	Permanently restricted		<u> </u>	46,982	69	46,982
Ē	Orga	nizations that do not follow SFAS 117, check h					
교		complete lines 70 through 74.					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		70			
ا ا	71	Paid-in or capital surplus, or land, building, and e	quipme	ent fund .		71	
SS	72	Retained earnings, endowment, accumulated inc				72	
ا ب	73	Total net assets or fund balances. Add lines 67					
욷		70 through 72. (Column (A) must equal line 19 as					
		equal line 21)		` '	640,689	73	650,441
ļ	74	Total liabilities and net assets/fund balances		<b></b>	754 270		765 141

Form **990** (2007)

Part I	V-A	Reconciliation of Revenue per A	Audited Financial St			<del></del>		See the
a	Total	revenue, gains, and other support per	audited financial staten	nents			а	323,445
b	Amou	unts included on line a but not on Part I	, line 12:	,	,			
1		nrealized gains on investments .			b1	-266		
2		ted services and use of facilities	•		b2			
3		veries of prior year grants			<u>b3</u>		ļ	
4	Other	r (specify)	- <i></i>		١			
					b4	]0	<del> </del>	
_				• -	•	•	<u>b</u>	-266
C		act line <b>b</b> from line <b>a</b>	on line ni				<u> </u>	323,711
d 1		ints included on Fart i, line 12, but not it tment expenses not included on Part I,			d1	l		
2					<u> </u>			
_	Othici				d2	l 0		
	Add I	ines d1 and d2					d	1 0
e		revenue (Part I, line 12) Add lines c				•	е	323,711
Part I	_	Reconciliation of Expenses per		tatements W	ith E	Expenses per Re	turn	
а	Total	expenses and losses per audited finar	icial statements				а	313,959
b	Amou	unts included on line a but not on Part I	, line 17.	ı				
1		ted services and use of facilities .			b1			
2		year adjustments reported on Part I, lir	ne 20 .		b2			
3		•			b3	<u> </u>		
4	Othe	r (specify)				ļ		
					b4	0	<u></u>	_
		ines b1 through b4					<u>_b</u>	0.10.050
C		act line <b>b</b> from line <b>a</b>				•	<u> </u>	313,959
d 1		unts included on Part I, line 17, but not tment expenses not included on Part I,			d1	l		
•		tment expenses not included on Part I, (specify)		<del></del> -	<u> </u>		å	<u> </u>
_	Other				d2	0	IX	
	Add I	ines d1 and d2			42	ı <u> </u>	d	o
e		expenses (Part I, line 17) Add lines of	and <b>d</b>				e	313,959
Part V		Current Officers, Directors, Trus						
		trustee, or key employee at any time of						
			(B)	(C) Compensation	on (	D) Contributions to emple	oyee	(E) Expense account
		(A) Name and address	Title and average hours per week devoted to position	(If not paid,		benefit plans & deferre	ed	and other allowances
	GDE	GG WILLIAM Str 102 S 10TH STREET		enter -0)	+-	compensation plans		· · · · · · · · · · · · · · · · · · ·
		<u>YETTE</u> <u>ST IN</u> ZIP 47905	Hr/WK 1		0		0	,
		DL PURDY Str 102 S. 10TH STREET			╣	<u> </u>		0
		YETTE <u>st</u> IN zip 47905	Hr/WK 1		o		0	o
	_	SHIPLEY Str 102 S 10TH STREET	Title TREASURER		┪			
		YETTE ST IN ZIP 47905	Hr/WK 1		0		0	0
		IY TROUT str 102 S 10TH STREET			Ť-			
		YETTE ST IN ZIP 47905	Hr/WK 1		o		0	o
		ADLER str 102 S 10TH STREET	Title DIRECTOR	-				
		YETTE ST IN ZIP 47905	Hr/WK 1		o		0	0
		N BELLINGE Str 102 S 10TH STREET	Title DIRECTOR		┪			
		YETTE ST IN ZIP 47905	Hr/WK 1		o		0	o
		BUSCH Str 102 S. 10TH STREET	Title DIRECTOR		1	<del></del>		
		YETTE ST IN ZIP 47905	Hr/WK 1		o		0	0
		AN CHAVERS Str 102 S 10TH STREET	Title DIRECTOR		<del> </del>			
		YETTE ST IN ZIP 47905	Hr/WK 1		o		0	0
	_	IRYN CLARK Str 102 S. 10TH STREET	Title DIRECTOR		1			
		YETTE ST IN ZIP 47905	Hr/WK 1		0		0	0
	_	ABETH DOVE Str 102 S 10TH STREET	Title DIRECTOR					
			Hr/WK 1		0		0	0

	ART MUSEUM OF GREATER LA			35-0828754			Page (
Part						Yes	No
75 a	Enter the total number of officers, directors, a	nd trustees permitted to	vote on organizat	ion business at board	$\Box$		
	meetings		<b>.</b>	18			
b	Are any officers, directors, trustees, or key en	ployees listed in Form	990, Part V-A, or h	nighest compensated			
	employees listed in Schedule A, Part I, or high	nest compensated prof	essional and other	independent			İ
	contractors listed in Schedule A, Part II-A or II	-B, related to each other	er through family o	r business			
	relationships? If "Yes," attach a statement tha	t identifies the individua	als and explains the	e relationship(s) .	75b		Χ
С	Do any officers, directors, trustees, or key em	ployees listed in Form	990, Part V-A, or h	ighest			
	compensated employees listed in Schedule A	, Part I, or highest com	pensated profession	onal and other			
	independent contractors listed in Schedule A,	Part II-A or II-B, receiv	e compensation fro	om any other			ĺ
	organizations, whether tax exempt or taxable,	that are related to the	organization? See	the instructions for			
	the definition of "related organization".				75c		_X
_	If "Yes," attach a statement that includes the i		the instructions				
	Does the organization have a written conflict of			<u> </u>	75d	X	Ĺ
Part	V-B Former Officers, Directors, Trustees,				•	-	
	officer, director, trustee, or key employe	<del></del>			•	•	nat
	person below and enter the amount of o	compensation or other l	benefits in the appi	opriate column. See the ins	truction	ıs.)	
			(C) Compensation	(D) Contributions to employee	(E)	Expens	e
	(A) Name and address	(B) Loans and Advances	(if not paid,	benefit plans & deferred		nt and o	
Name	e N/A Str		enter -0-)	compensation plans	allo	owances	<u>i</u>
Cit		-					
	e N/A Str						
Cit		-					
	e N/A Str					-	
City							
Name	e N/A Str						
City							
Name	e N/A Str						
Cıty							
	e N/A Str	_					
Cıty		<del> </del>					
	e N/A Str	-					
City			1				
City		-					
	N/A Str	-					
City		1					
	N/A Str						
City		1					
Part '	Other Information (See the instruct	ions)				Yes	No
76	Did the organization make a change in its activ		nducting activities?	If "Yes," attach a			
	detailed statement of each change				76		X
77	Were any changes made in the organizing or	governing documents b	out not reported to t	the IRS?	77		Х
	If "Yes," attach a conformed copy of the chang	jes.			Ť	,·	
78 a	Did the organization have unrelated business	gross income of \$1,000	or more during the	e year covered by			
	this return?				78a		X
b	If "Yes," has it filed a tax return on Form 990-7	Γ for this year? .			78b	N/A	
79	Was there a liquidation, dissolution, termination	n, or substantial contra	ction during the ye	ar? If "Yes," attach			
	a statement				79		X
80 a	Is the organization related (other than by asso						
	common membership, governing bodies, trust					1	
	organization?				80a	Х	
b	If "Yes," enter the name of the organization	LAFAYETTE ART AS	SOCIATION FOUN	DATION			
			<u></u>		]	ļ	
81 a	Enter direct and indirect political expenditures.			1			
	Did the organization file Form 1120-POL for the	•	,		81b	I	
			<u>.</u>	• • •	ן מוט ן		Х

Part	VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	<b>82</b>	a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount	.   3	_	<del>  ^</del>
	as revenue in Part I or as an expense in Part II.		l	
	(See instructions in Part III )		. 1	
83 a	Did the organization comply with the public inspection requirements for returns and exemption application	ns? 83	a X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83	b X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	. 84	a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	ļ		
	or gifts were not tax deductible?	. 84		
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<u>85</u>		
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	. 85	b N/A	<del> </del>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the			
^	organization received a waiver for proxy tax owed for the prior year.  Dues, assessments, and similar amounts from members	-	-	j -
	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . 85f N/A			İ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	. 85	g N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85	<del></del>	1 14//	†
	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	. 85	n N/A	
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12 86a			<u> </u>
b	Gross receipts, included on line 12, for public use of club facilities . 86b		1	ļ
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a		*.	
b	Gross income from other sources (Do not net amounts due or paid to other		*	
	sources against amounts due or received from them )		}	<u>                                     </u>
-88-a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections	-		
h	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88	3	X_
U	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI			
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	▶ 88	<del>'</del>	<u>X</u>
<b>55 u</b>	control 4011 NIA continu 4012 NIA			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89	<u> </u>	Х
С	Enter. Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958 ▶ NA		1	
	Enter. Amount of tax on line 89c, above, reimbursed by the organization . ▶ NA			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction?	89		<u> </u>
T	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	. 89	<u> </u>	X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holding at any time during the year?		<u> </u>	ļ
9N 2		. 89	j N/A	
	Number of employees employed in the pay period that includes March 12, 2007 (See			
		90ь		
91 a	The books are in care of ► Name KENDALL SMITH Telephone no		-1128	
	Located at ► 102 N 10TH STREET City LAFAYETTE ST IN ZIP + 4 ► 4790		-1120	
b	At any time during the calendar year, did the organization have an interest in or a signature or other autho			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	911	,	X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	<		.
	and Financial Accounts.			ļ ,

	AKT WOSEDWIOF G	KEATER LAFATE	<u> </u>	VC		_ 35-0626754		
Part \	Other Information (continued)						Y	es No
c	At any time during the calendar year, did the of "Yes," enter the name of the foreign country					<del>-</del>	91c	Х
92	Section 4947(a)(1) nonexempt charitable trust				1041 —Check b			
02	and enter the amount of tax-exempt interest re					►   92  N/A	•	
Part \					<del>, , , , , , , , , , , , , , , , , , , </del>	92 N/A		
				<u>_</u>	Fortuna de la comp	540 540 544		<u>(E)</u>
	Enter gross amounts unless otherwise	Unrelated busin	ness inco	ome	Excluded by section	on 512, 513, or 514	- Re	(E) elated or
ındıcat	tea	(A)		B)	(C)	(D)		pt function
93	Program service revenue	Business code	Am	ount	Exclusion code	Amount		ncome
	ART PROGRAMS		ļ		01			9,354
b	EXHIBITION / SPONSORSHIPS		ļ		01			45,743
С			ļ <u> </u>					
d		_	ļ					
е		<u> </u>						
f	Medicare/Medicaid payments		<u> </u>					
g	Fees and contracts from government agencies		ļ				_	
94	Membership dues and assessments		<u> </u>	_	03	70,00		
95	Interest on savings and temporary cash investments	········	<b>.</b>		14	18,04	7	
96	Dividends and interest from securities							
97	Net rental income or (loss) from real estate		<b></b>		·			
	debt-financed property							
b	not debt-financed property					<u> </u>		
98	Net rental income or (loss) from personal property			_		<u> </u>		
99	Other investment income				<u> </u>			
100	Gain or (loss) from sales of assets other than inventory		L	_				
101	Net income or (loss) from special events			_	02	49,14	1	
102	Gross profit or (loss) from sales of inventory				05	25,99	2	
103	Other revenue a ART LEAGUE INCOME		<u> </u>		41	4,18	6	
	ROOM RENTAL		<u> </u>		41	8	0	
С	MISCELLANEOUS				41	56	2	
d								
е		<del></del>						
104	Subtotal (add columns (B), (D), and (E))	w		0		168,01	6	55,097
105	Total (add line 104, columns (B), (D), and (E))					▶		223,113
	Line 105 plus line 1e, Part I, should equal the a							
Part V	Relationship of Activities to the A	ccomplishment	of Exe	empt P	urposes (See	the instruction	s.)	
Line N ▼	<ul> <li>Explain how each activity for which income is of the organization's exempt purposes (other</li> </ul>	reported in column ( than by providing fur	(E) of Pa	rt VII cor uch purp	ntributed important	tly to the accomp	ishmeni	:
93A						<u> </u>		
93B								
		· · · · · · · · · · · · · · · · · · ·						
Part I	Information Regarding Taxable Su	bsidiaries and	Disreg	arded	Entities (See t	the instruction	s )	
	(A)	(B)	T				Ť	(E)
	Name, address, and EIN of corporation,	Percentage	of	Matria	(C)	(D)	End	l-of-year
	partnership, or disregarded entity	ownership inte		Natur	e of activities	Total income		ssets
			%					0
			%				5	0
			%					. 0
			%					0
Part X	Information Regarding Transfers	Associated with	Perso	nal Be	nefit Contract	s (See the ins	tructio	ns)
(a) Dir	the organization, during the year, receive any funds, dire							s X No
							=	=
Note:	d the organization, during the year, pay premiul f "Yes" to <b>(b),</b> file Form 8870 <b>and</b> Form 4720	ns, directly or indi	rectly, c	n a per	sonai benefit coi	ntract'	Ye	s X No
11016. /	1 100 to (b), me rount boro and Form 4720	(SEE IIISHUCHONS).						

Part /	is a controlling organization			Somplete omy il the	organiza	aliOH
			(-)()		Yes	No
106	Did the reporting organization mal the Code? If "Yes," complete the s	-	-	section 512(b)(13) of		х
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amoun	(D) t of trans	fer
а						
b						
С						
	Totals					0
					Yes	No
107	Did the reporting organization reconstruction for 512(b)(13) of the Code? If "Yes," of the Code? If "Yes," of the Code?					
	(A)	(B)	(C)		(D)	
	Name, address, of each controlled entity	Employer Identification Number	Description of transfer	Amoun	t of trans	fer
а					,	
b						
С			-			
	Totals					0
108	Did the organization have a bindin rents, royalties, and annuities desc			ring the interest,	Yes	No
	Under penalties of perjury, I declare that I ha	eve examined this return, including	g accompanying schedules and sta	atements, and to the best of r	ny knowled	ge
Please Sign Here	and belief, it is true, correct, and complete it	SHIPUSY	TREASURER	2/11/pq	knowledge	
Paid Preparei	Preparer's signature EDWARD OPPER	MAN, CPA	Date Check if self- 1/30/2009 employed	Preparer's SSN or P00109128	PTIN (See Ge	n Inst X)
Use Only	If self-employed).	O OPPERMANDEPA SSUTH STREET, LAFAY	ETTE, IN 47905	EIN ► 20-3955  Phone no ► 765-588		

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

Department of the Treasury

Internal Revenue Service Name of the organization Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

**Employer identification number** 

ART MUSEU	M OF GREATER LAFAYETTE, INC.			35-0828754	
Part I	Compensation of the Five High				nd Trustees
	(See page 1 of the instructions L	ist each one If there a	re none, enter "N	lone ")	
(a) Name	and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE ,					· · · · · · · · · · · · · · · · · · ·
Total number of	of other employees paid over \$50,000	0			
Part II-A	Compensation of the Five High	nest Paid Independen	t Contractors fo	r Professional Se	ervices
	(See page 2 of the instructions L	_ist each one (whether	individuals or firm	ns) If there are no	ne, enter "None ")
(a) Nam	ne and address of each independent contractor p			of service	(c) Compensation
NONE ,					
		·			
				-	
professional se		0	<u> </u>		
Part II-B	Compensation of the Five High (List each contractor who perform firms If there are none, enter "No	ned services other than	n professional ser		
(a) Nam	ne and address of each independent contractor p		· · · · · · · · · · · · · · · · · · ·	of service	(c) Compensation
NONE	to und dealess of south independent contractor p	ald Histo train 400,000	(6) 1)20	JI SELVICE	(c) Compensation
,					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		· · · · · · · · · · · · · · · · · · ·			
Total number of	f other contractors receiving over			I	

Par	Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	_1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a	ļ	х
þ	Lending of money or other extension of credit?	2b		х
С	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<u>2d</u>	<u> </u>	х
е	Transfer of any part of its income or assets?	2e		x
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments )	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	ļ	x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 <u>d</u>		x
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		Х
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		х
d	Enter the total number of donor advised funds owned at the end of the tax year	<b>-</b>		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<b>-</b>		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	<b>-</b>		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	<b>-</b>		

Part IV	Reason for Non-Private	Foundation S	<b>tatus</b> (See pages 4 thr	ough 8 of the	instructions)				
certify the	at the organization is not a private f	oundation becaus	e it is (Please check only C	NE applicable bo	)x )				
5	A church, convention of churches	s, or association of	f churches Section 170(b)(1	)(A)(ı)					
6	A school Section 170(b)(1)(A)(ii)	(Also complete F	Part V)						
7	A hospital or a cooperative hospit	tal service organiz	ation Section 170(b)(1)(A)(i	u)					
8	A federal, state, or local governm	ent or governmen	tal unit Section 170(b)(1)(A	)(v)					
9	A medical research organization	operated in conju				pital's name, city,			
	and state		<u>City</u>	ST	Country				
10	An organization operated for the I (Also complete the Support Scho			rated by a govern	nmental unit Sect	ion 170(b)(1)(A)(iv)			
11 a 🔲	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
11 ь 🔲	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
12 X	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controll requirements of section 509(a)(3)	Check the box th		porting organizat		meets the			
	Provide the following info	ormation about	the supported organiz	ations. (See pa	age 8 of the inst	ructions)			
(a) Name(s) of supported organization(s)		(b)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz governing d	pported on listed in porting ation's	(e) Amount of support			
				Yes	No				
							C		
							0		
						<del></del>			
			·				0		
							· · · · · ·		
Γotal	· · ·				•		0		

	te: You may use the worksheet in the instructions			•			_			
	lendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total			
15	Gifts, grants, and contributions received (Do									
•	not include unusual grants See line 28)	365,116	122,796	56,196	90,4	439	634,547			
16	Membership fees received	55,894	50,948	26,181	30,4		163,448			
17	Gross receipts from admissions, merchandise									
	sold or services performed, or furnishing of	]	ŀ			ŀ				
	facilities in any activity that is related to the					1				
	organization's charitable, etc., purpose	33,473	22,384	69,009	67,	108	191,974			
18	Gross income from interest, dividends,									
	amounts received from payments on securities									
	loans (section 512(a)(5)), rents, royalties,					- 1				
	income from similar sources, and unrelated									
	business taxable income (less section 511	1				- }				
	taxes) from businesses acquired by the			İ						
	organization after June 30, 1975	51,540	49,202	4,310	10,0	087	115,139			
19	Net income from unrelated business									
	activities not included in line 18						(			
20	Tax revenues levied for the organization's									
	benefit and either paid to it or expended on	ŀ								
	its behalf					_				
21	The value of services or facilities furnished to									
	the organization by a governmental unit									
	without charge Do not include the value of									
	services or facilities generally furnished to the									
	public without charge					_				
22	Other income Attach a schedule Do not					-	_			
	include gain or (loss) from sale of capital assets	500.000								
23	Total of lines 15 through 22	506,023	245,330	155,696	198,0		1,105,108			
24	Line 23 minus line 17 Enter 1% of line 23	472,550 -	222,946	86,687	130,9	_	<del>913,13</del> 4			
25		5,060	2,453	1,557	1,8	981				
26	Organizations described on lines 10 or 11:	a Enter 2% of a	mount in column (	e), line 24	<b>▶</b> 2	6a				
	Prepare a list for your records to show the name of ar									
	governmental unit or publicly supported organization)	whose total gifts fo	r 2003 through 20	06 exceeded the		_				
	amount shown in line 26a Do not file this list with y		ne total of all these	e excess amount	· ·	6b				
	Total support for section 509(a)(1) test Enter line 24,				► <u>  2</u>	6c				
•	d Add Amounts from column (e) for lines 18	19		<del>-</del>	_					
	22	26b	· <del></del>	_		6d				
	Public support (line 26c minus line 26d total)	ivided by line 20-	(do			6e				
	Public support percentage (line 26e (numerator) d			<del></del>		6f	0 00%			
27	prepare a list for your records to show the name of, as	Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year								
l	For any amount included in line 17 that was received to show the name of, and amount received for each yi \$5,000 (Include in the list organizations described in After computing the difference between the amount redifferences (the excess amounts) for each year	ear, that was more lines 5 through 11b eceived and the larg	than the larger of , as well as individ ier amount describ	(1) the amount of luals ) <b>Do not file</b> ped in (1) or (2), e	on line 25 for a continuous this list with the sum and the sum	the ye	ear or (2) u <b>r return</b> .			
,		634,547 16			(2003)					
•	17 191,974 20	<u>004,047</u> 18 21	103,440	<u>-</u>	<u>▶</u>   2.	7c	989,969			
•		line 27b total		_		7d	<u>909,908</u>			
	Public support (line 27c total minus line 27d total)			_		7e	989,969			
f	Total support for section 509(a)(2) test Enter amount	from line 23. colum	ın (e)	27f   1,	105,108	+	200,000			
	Public support percentage (line 27e (numerator) d		, ,			/g	89 58%			
	Investment income percentage (line 18, column (e			enominator))		7h	10 42%			
28	Unusual Grants: For an organization described in line									

a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of

the nature of the grant Do not file this list with your return. Do not include these grants in line 15

35-0828754

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that			
	makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
		,		
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
			ļ	.
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
-	If you answered "Yes" to either 34a or b, please explain using an attached statement		_	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
_				

				LAFAYETTE, INC		328754	Page
Pa	rt VI-A Lobbying Expenditures by (To be completed ONLY by	-				ictions)	
Che	ck <b>a</b> if the organization belongs to an all					nited control" provi	sions apply
	- Limits on Lot	•	•			(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	opinion (gr	assroots lobbying	3)	36		
37	Total lobbying expenditures to influence a legis	lative body	(direct lobbying)		37		
38	Total lobbying expenditures (add lines 36 and 3	37)			38	0	
39	Other exempt purpose expenditures				39		<del></del>
40	Total exempt purpose expenditures (add lines 3	•			40	0	
41	Lobbying nontaxable amount Enter the amount if the amount on line 40 is—		-				
	Not over \$500,000		bying nontaxable the amount on line				
	Over \$500,000 but not over \$1,000,000			excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000		•	excess over \$1,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000	) plus 5% of the	excess over \$1,500,0	· —		
	Over \$17,000,000	\$1,000,0	00				
42	Grassroots nontaxable amount (enter 25% of li	ne 41)			42	o	
43	Subtract line 42 from line 36 Enter -0- if line 42				43	0	
44	Subtract line 41 from line 38 Enter -0- if line 41	I is more th	ian line 38		44	0	
	Caution: If there is an amount on either line 43	3 or line 44.	vou must file Fo	rm 4720			
				nder Section 5	01(b)		
	(Some organizations that made	_			` '	olumns below	
	See the instru	ctions for li	nes 45 through 5	0 on page 13 of the	instructions)		
			Lobi	ying Expenditur	es During 4-Ye	ear Averaging P	eriod
	Calendar-year (or		(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in)		2007	2006	2005	2004	Total
45	Lobbying nontaxable amount						(
46	Lobbying ceiling amount (150% of line 45(e))			1 <b>.</b>	ġ.	ŷ	(
47	Total lobbying expenditures						(
48	Grassroots nontaxable amount						(
49	Grassroots ceiling amount (150% of line 48(e))					<u> </u>	(
50	Grassroots lobbying expenditures						(
Pai	t VI-B Lobbying Activity by Nonel	ecting P	ublic Chariti	es			
	(For reporting only by organiz	ations th	at did not con	nplete Part VI-A)	(See page 14	of the instruct	ions)
Durin	ig the year, did the organization attempt to influer				•		
	opt to influence public opinion on a legislative ma				any	Yes No	Amount
а	Volunteers		, 3			X	
þ	Paid staff or management (Include compensation	on in exper	ses reported on	lines c through h.)		X	
С	Media advertisements					X	
d	Mailings to members, legislators, or the public					X	
e	Publications, or published or broadcast stateme					X	
f	Grants to other organizations for lobbying purpo					X	
g h	Direct contact with legislators, their staffs, gove		•	•		X	
il i	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through		, lectures, or any	other means		X	<del></del>
•	If "Yes" to any of the above, also attach a stater		ı a detailed desci	ription of the lobbying	a activities	L	

# Part VII Information Regarding Transfers

- all	. VIII		-	age 14 of the instructions.	)	ai ilabie		
51					ing with any other organization described in	section		
-					27, relating to political organizations?		r	T
а		•	g organization to a	noncharitable exempt organiza	tion of		Yes	No
	• •	Cash				51a(i)	<del></del> -	-
	• •	Other assets				a(ii)	<u> </u>	
b	Other	transactions				ł		
		<del>-</del>		oncharitable exempt organization	1	b(i)		ļ.,
	(ii)	Purchases of assets t	from a noncharita	ble exempt organization		b(ii)		Ļ
	(iii)	Rental of facilities, eq	juipment, or other	assets		b(iii)		
	(iv)	Reimbursement arran	ngements			b(iv)	ļ	ļ
	(v)	Loans or loan guaran	tees			b(v)		
	(vi)	Performance of service	ces or membersh	p or fundraising solicitations		b(vi)		<u> </u>
С			_	other assets, or paid employees			L.,	
đ	of the	goods, other assets,	or services given	by the reporting organization If	Column (b) should always show the fair mark the organization received less than fair mark e goods, other assets, or services received			
(	(a)	(b)		(c)	(d)			
Lın	e no	Amount involved	Name of nor	charitable exempt organization	Description of transfers, transactions, and sh	arıng arranç	gement	ts
				_				
				·-·				
				<del></del>				
				<del></del>				
			<del>                                     </del>					
						<del></del>		
		<del> </del>						
	descr	ibed in section 501(c)	of the Code (other	ed with, or related to, one or mo or than section 501(c)(3)) or in se	re tax-exempt organizations ction 527?	☐ Yes	X	] No
D	IT Ye	s," complete the follow	ving schedule	T				
		(a) Name of organizatior		(b) Type of organization	(c) Description of relationship			
		Marile of Organization		rype or organization	Description of relationship	<del></del>		
		<del>.</del>						
		<del></del>				<del></del>		
			<u> </u>					
		· · · · · · · · · · · · · · · · · · ·						
	-	<del></del> -	·	<del>                                     </del>				
			<del></del>					
		· ·	· · · · · · · · · · · · · · · · · · ·					
		<u> </u>						·
				-				

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	39,185 <b>1</b>	
2 Membership dues and assessments (contributions from the public)	2	
3 Commercial co-venture	3	
4 Special events contributions (Line 9 - Special Events)	0 4	
5 GRANTS	43,957 <b>5</b>	
6	6	
7	7	
8	8	
9	9	
10 Total	83,142 10	0
Line 1c - Indirect public support	<del></del>	
Line 1d - Government contributions (grants)		

Line 9 (990) - Special Events and Activities

1	Special event name	Event A BLOCK PARTY	Event B CHICAGO TOUF	Event C RISK EVENT	All others	Totals
1a	Number of special events				H OF THE EQU	
2	Gross receipts	5,500	2,115	25,943	33,013	66,571
3	Less contributions			<del></del>	3	30
4	Gross revenue	5,500	2,115	25,943	33,013 4	66,571
5	Less direct expenses	100	1,986	5,814	9,530	17,430
6	Net income or (loss)	5,400	129	20,129	23,483	49,141

Line	e 10 (990) - Gross Profit from Sale of Inventory	26,018	26	25,992
-	. Category	Gross Sales	Cost of Goods Sold	Net
1	GIFT SHOP ITEMS	26,018	26	25,992
2				0
3				0
_ 4				0
5				0
6				0
7				0
8				0
9				0
10				0
11_				0
12				0
13				0
14				0
_15_				0
16				0
17				
18				0
19				0
20				0

Part	II, Line 43 (990) - Other Expenses	100,880	56,678	33,076	11,126
		(A)	(B) Program	(C) Management	<b>(D)</b>
	Description	Total	services	and general	(D) Fundraising
- 1	ADVERTISING AND MARKETING	3,190		3,190	
2	ART LEAGUE	7,550	7,550		
3	ARTIST COMMISSION	16,696	16,696		
4	BANK FEES	1,869		1,869	
5	BOARD MEETING	151		151	
6	CURATOR OF COLLECTIONS AND EXHIBITIONS	7,062	7,062		
7	CURATOR OF EDUCATION	4,154	4,154		
8	MEMBERSHIP	5,474			5,474
9	EXECUTIVE DIRECTOR EXPENSES	885		885	
10	EXHIBITIONS	14,303	14,303		
11	GRANT EXPENSES	5,652			5,652
12	INFORMATION TECHNOLOGY	7,445		7,445	
13	INSURANCE	15,014	6,900	8,114	
14	MEMBERSHIP DUES AND FEES	1,643		1,643	
15	MISCELLANEOUS	83		83	
16	MUSEUM STORE	13	13		
17	PROFESSIONAL FEES	9,696		9,696	
18		Ō			
19		0			
20		0			

Part IV, Line 47 (990) - Accounts Receivable

	Accounts r	eceivable	Allowance for dou	btful accounts
•	Beginning	End	Beginning	End
1 1	952			
2				
3 . 3				
4				
5				
6				
7				
8				
9				
1010				
11 Total accounts receivable 11	952	0	0	0

Part IV, Line 54a (9	990) - Investments -	<b>Publicly-Traded</b>	<b>Securities</b>
----------------------	----------------------	------------------------	-------------------

Check one box below to indicate how securities are reported:		
X· Cost		
End of year market value (FMV)		
	0	224,926

			0		225,656
		Number of shares/	Value at time of	Beginning balance book value	Ending balance book value
<u> </u>	Securities at end of year	face value	donation	Cost	Cost
1	CERTIFICATED OF DEPOSITS			221,892	161,995
2	VARIOUS EQUITIES			3,034	63,661
3					
4					0
5					0
6					0
7					0
8					0
9					0
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18					0
19					0
20					0

# Part IV, Line 57 (990) - Land, Buildings, and Equipment

L				1,112,923	707,167	754,308	992,711	358,615
		Land	Buildings		Beginning	Ending	_	
		(net of any	and		Accumulated	Accumulated	Beginning	Ending
	Category or Item	amortization)	Equipment	Cost/Other Basis	Depreciation	Depreciation		Balance
-	LAND	×		7,203			203	7,203
7	BUILDING		×	955,738	576,830	000'609		346,738
က	FURNITURE AND IMPROVEMENTS		×	149,982		145,308	147,222	4.674
4							0	0
ည							0	0
ဖ			}				0	0
_							0	0
80							0	0
တ							0	0
5							0	0
7							0	0
12							0	0
73							0	0
4							0	0
15							0	0
16							0	0
4							0	0
18							0	0
19							0	0
20							0	0
			ָן 					

Part IV, Line 58 (990) - Other Assets

Part	IV, Line 36 (990) - Other Assets	1,044	1,029
	Description	Beginning	End
1	ACCRUED INTEREST	15	
2.	CASH SURRENDER VALUE OF LIFE INSURANCE	1,029	1,029
3			
- 4			
5			
6			
7			
8			
9			
10			

S
ш
AYETTE
LAFAYET
4
2
1 OF GREATER L
Ä
쭚
<u>پ</u>
S
긆
ŝ
Σ
<b>ART MUSEL</b>
ч

Part	Part IV, Line 64b (990) - Mortgages and Other Notes	ages and	Other Notes Payable	100,000	101,244	926'66		
		Check If lender Is		Original	Balance due beginning	Balance due		- ,
	Lender's name	a	Security provided	 amount	of year	end of year	Date of note	Date of note   Maturity date
-	LAFAYETTE ART ASSOCIATION F	×	NONE	100,000	20,000	50,000	2/1/2005	
2	LAFAYETTE BANK AND TRUST	×	REAL ESTATE		51.244	49.976		
3					-			
4								
5								
9								
7								
8								
6								
9								
11								
12								
13								
14								
15								
16								
17								
18								

9
=
쁜
É
8
ĄĘ
E
₹
띴
8
P.
Σ
$\Xi$
S
Ĭ
$\leq$
AR

	ŭ			1	İ	Π	<u> </u>	<u> </u>	Ī	Τ	Γ	1	1		<u> </u>	1	<u> </u>
Relationship to Insider	SUPPORTING	BANKER															
nder's Title																	
FMV of consideration	NONE	UNKNOWN															
Description of consideration																	
	NONE	REAL ESTATE															
Purpose of loan		7 4100% PURCHASE REAL ESTATE															
Interest rate		7 4100%															
Repayment terms		MONTHLY PAY															

Part IV, Li	ine 65 (990) - Other Liabilities	
	Description	

Part	iv, Line 65 (990) - Other Liabilities	8,584	4,260
	Description	Beginning	End
	ACCRUED EXPENSES	7,995	3,671
2.	AGENCY ACCOUNT FOR LAFAYETTE ARTS CONSORTIUM	589	589
3			
- 4			
5			
6			
7			
8			
9			
10			

Part VI, Line 80b (990) - Organization Relations

<u> </u>		Please 0	Check "X"
	Organization Name	Exempt	Non-Exempt
1	LAFAYETTE ART ASSOCIATION FOUNDATION	Х	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part VI, Line 91a (990) - Books in Care of

Name		<del></del>	Phone Number	
KENDALL SMITH			765742-1128	
Address			Foreign Country	
102 N 10TH STREET				
City, Town, or Post Office	State	Zıp Code		
LAFAYETTE	ļiN	47905		

Part VII, Line 93 (990) - Program Service Revenue

<u> </u>	irt vii, Lille 93 (990) - Prog	Unrelated bus		Exclu	ided by section 512, 5	13, or 514
		(A)	(B)	(C)	(D)	(E) Related or exempt
	Program Service Revenue	Business code	Amount	Exclusion code	Amount	function income
а	ART PROGRAMS			01		9,354
b	EXHIBITION / SPONSORSHIPS			01		45,743
С						
d						
е						
f		<del> </del>			<del></del>	<u> </u>
g		<del>                                     </del>		<del>                                     </del>		<del> </del>
h		<del>                                     </del>	·	+		<del> </del>
1		<del></del>		<del></del>		<del></del>
J		<del>                                     </del>		<del></del>	·····-	<del>-</del>
k		+		+	<del></del>	<del></del>
m		<del>                                     </del>	<del></del> -	+		+
n						
0		† · · · · · · · · · · · · · · · · · · ·				
р		1 -	·	<del>                                     </del>		
q				1		<u> </u>
ŗ						
s						
t						
u			<u> </u>			
٧						
W		<del> </del>		<b></b>		
X						
У		<del> </del>	<del>-</del>	<del>- </del>	<del></del>	<b></b>
Z						

Part VII, Line 103 (990) - Other Revenue

	Unrelated t	ousiness income	E	xcluded by section 512, 513,	or 514
	(A)	(B)	(C)	(D)	(E) Related or exempt
Other Revenue Description	Business code	Amount	Exclusion code	Amount	function income
			41	4,186	
			41	80	
MISCELLANEOUS			41	562	
			_		
			<u> </u>		
		<u>.                                    </u>			
	<u>-</u>			<del>- ·</del>	
			_		
			<del> </del>		<del></del>
		_	-	—	<del>,</del>
		-	<u> </u>		
			<del> </del>		···
		· · · · · · · · · · · · · · · · · · ·			
					·
		-			
			†		
	· · ·		1		
		. (A)  Other Revenue Description Business code  ART LEAGUE INCOME  ROOM RENTAL	Other Revenue Description Business code Amount  ART LEAGUE INCOME  ROOM RENTAL	.         (A)         (B)         (C)           Other Revenue Description         Business code         Amount         Exclusion code           ART LEAGUE INCOME         41           ROOM RENTAL         41	Column Column

Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

lait	A III (220	- Relationship of Activities to the Accomplishment of Exempt Pulposes
		Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment
	Line No.	of the organization's exempt purposes (other than by providing funds for such purposes)
1	· 93A	VARIOUS ART PROGRAMS/CLASSES FOR THE ENHANCEMENT OF THE COMMUNITY
2	93B	FEES FOR AND SPONSORSHIPS OF VARIOUS ART EXHIBITIONS
3.		
4		
5	<del></del>	
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17	-	
18		
19	<u></u>	
20		
		······································

During the year, did the organization engage in a transaction with a related party?  Yes XNo  If "Yes," please provide a detailed statement explaining the transaction(s).			
Line No	Explanation		
		-	
			*
		<del>-</del>	