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Form **990**

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)

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

OMB No 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning **7/01/04**, and ending **6/30/05**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ART MUSEUM OF GREATER LAFAYETTE, INC

Number and street (or P O box if mail is not delivered to street address)

102 SOUTH 10TH STREET

Room/suite

City or town, state or country, and ZIP + 4

LAFAYETTE

IN 47905-1173

D Employer identification no.

35-0828754

E Telephone number

765-742-1128

F Accounting method: Cash

Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates Yes No

H(c) Are all affiliates included? Yes No

(If "No," att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: **HTTP://WWW.GLMART.ORG/**

J Organization type

(check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000

The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **322,821**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a **26,424**

b Indirect public support

1b **29,772**

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ **56,196** noncash \$)

1d **56,196**

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 **69,009**

3 Membership dues and assessments

SEE STATEMENT 1

3 **26,181**

4 Interest on savings and temporary cash investments

4 **4,276**

5 Dividends and interest from securities

5 **34**

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

6,712

8a

b Less cost or other basis and sales expenses

2,034

8b

c Gain or (loss) (attach schedule)

4,678

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

SEE STMT 2

8d **4,678**

9 Special events and activities (attach schedule). If any amount is from gaming, check here

a Gross revenue (not including \$ of)

commodities reported on line 1a)

9a **160,413**

b Less: direct expenses other than fundraising expenses

9b **86,599**

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c **73,814**

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 **234,188**

13 Program services (from line 44, column (B))

13 **255,602**

14 Management and general (from line 44, column (C))

14 **72,694**

15 Fundraising (from line 44, column (D))

15 **76,846**

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 **405,142**

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 **-170,954**

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 **522,162**

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 3

20 **-4,074**

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 **347,134**

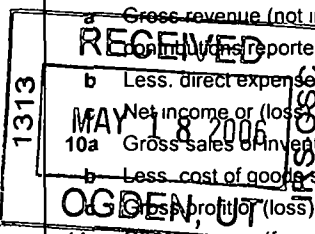
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Part II Statement of

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

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	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals STMT 4	1,380	1,380			
24	Benefits paid to or for members					
25	Compensation of officers, directors, etc	55,566	13,892	22,226	19,448	
26	Other salaries and wages	153,376	96,179	15,198	41,999	
27	Pension plan contributions					
28	Other employee benefits	11,804	5,455	2,439	3,910	
29	Payroll taxes	15,861	7,329	3,277	5,255	
30	Professional fundraising fees					
31	Accounting fees	3,500		3,500		
32	Legal fees					
33	Supplies	21,719	18,615	2,868	236	
34	Telephone	7,905	4,251	3,654		
35	Postage and shipping	5,734	3,715	531	1,488	
36	Occupancy	21,389	19,247	1,071	1,071	
37	Equipment rental and maintenance	9,099	2,276	6,823		
38	Printing and publications	11,536	11,353		183	
39	Travel	3,510	3,510			
40	Conferences, conventions, and meetings	2,006		2,006		
41	Interest	3,662	3,662			
42	Depreciation, depletion, etc (attach schedule)	43,229	38,907	2,161	2,161	
43	Other expenses not covered above (itemize) a	43a				
	b SEE STATEMENT 5	43b	33,866	25,831	6,940	
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	405,142	255,602	72,694	76,846

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

ART COLLECTION, EXHIBITS, EDUCATION

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

a **ACQUISITION, EXHIBITIONS, PRESERVATION, EDUCATION BY MUSEUM**

(Grants and allocations \$ _____) **255,602**

b

(Grants and allocations \$ _____)

c

(Grants and allocations \$ _____)

d

(Grants and allocations \$ _____)

e Other program services (attach schedule)

(Grants and allocations \$ _____)

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

255,602

Part IV Balance Sheets (See page 25 of the instructions.)

Note:		(A)	(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year	End of year
45	Cash-non-interest-bearing	150	45
46	Savings and temporary cash investments	67,697	46 116,144
47a	Accounts receivable		
b	Less allowance for doubtful accounts	47b 352	47c
48a	Pledges receivable		
b	Less allowance for doubtful accounts	48a 48b	48c
49	Grants receivable	152	49 152
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)		
b	Less allowance for doubtful accounts	51a 51b	51c
52	Inventories for sale or use	15,314	52 15,402
53	Prepaid expenses and deferred charges	4,159	53 4,658
54	Investments-securities SEE STATEMENT 6 <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	130,823	54 68,020
55a	Investments-land, buildings, and equipment basis		
b	Less accumulated depreciation (attach schedule)	55a 55b	55c
56	Investments-other (attach schedule)		56
57a	Land, buildings, and equipment: basis	57a 950,088	
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 7	57b 617,125	57c 340,112
58	Other assets (describe SEE STATEMENT 8)	4,355	58 1,048
59	Total assets (add lines 45 through 58) (must equal line 74)	563,114	59 538,387
60	Accounts payable and accrued expenses	26,460	60 35,768
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	14,492	64b 155,485
65	Other liabilities (describe)		65
66	Total liabilities (add lines 60 through 65)	40,952	66 191,253
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	459,779	67 283,768
68	Temporarily restricted	20,217	68 21,200
69	Permanently restricted	42,166	69 42,166
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		70
71	Paid-in or capital surplus, or land, building, and equipment fund		71
72	Retained earnings, endowment, accumulated income, or other funds		72
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	522,162	73 347,134
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	563,114	74 538,387

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.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization LAFAYETTE ART ASSOCIATION FOUNDATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		X
82a	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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	N/A	
c	Dues, assessments, and similar amounts from members		
d	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)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a 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)		
88	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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed IN		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	8
91	The books are in care of DARLENE EVANS Telephone no 765-742-1128 Located at LAFAYETTE, IN ZIP + 4 47905-1173		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 10				69,009	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			3	26,181	
95 Interest on savings and temporary cash investments			14	4,276	
96 Dividends and interest from securities			14	34	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			2		
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			41	4,662	16
101 Net income or (loss) from special events			2	73,814	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	177,976	16
105 Total (add line 104, columns (B), (D), and (E))					177,992

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

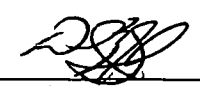
Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature  Date **5/11/06** Check if self-employed Preparer's SSN or PTIN (See Gen Instr W) **P00031402**

Firm's name (or yours if self-employed), address, and ZIP + 4 **DANIEL Z. BLOMEKE, CPA
2637 YEAGER ROAD, STE 1
WEST LAFAYETTE, IN 47906-1337** EIN **35-1576500** Phone no **765-463-7239**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ART MUSEUM OF GREATER LAFAYETTE, INC

35-0828754

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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 empl ben plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

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

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>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.)</p> <p>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.</p>		X
<p>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)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** 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)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	90,439	104,739	49,791	68,333	313,302
16 Membership fees received	30,425	41,964	45,198	38,294	155,881
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	67,108	61,560	97,482	68,071	294,221
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,087	21,323	16,683	23,622	71,715
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets STMT 11				6,032	6,032
23 Total of lines 15 through 22	198,059	229,586	209,154	204,352	841,151
24 Line 23 minus line 17	130,951	168,026	111,672	136,281	546,930
25 Enter 1% of line 23	1,981	2,296	2,092	2,044	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	10,939
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	546,930
d Add: Amounts from column (e) for lines: 18 <u>71,715</u> 19 _____ 22 <u>6,032</u> 26b _____	26d	77,747
e Public support (line 26c minus line 26d total)	26e	469,183
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	85.7848%

27 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: N/A

(2003)	(2002)	(2001)	(2000)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A

(2003)	(2002)	(2001)	(2000)
--------	--------	--------	--------

c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare 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

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
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?			
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?			
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? 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?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
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:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)				
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? 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			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check a	if the organization belongs to an affiliated group	Check b	if you checked "a" and "limited control" provisions apply
Limits on Lobbying Expenditures			
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	(a) Affiliated group totals
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	(b) To be completed for ALL electing organizations
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2004
For calendar year 2004, or tax year beginning 7/01/04 , and ending 6/30/05		

Name ART MUSEUM OF GREATER LAFAYETTE, INC	Employer Identification Number 35-0828754
---	---

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) LAFAYETTE SAVING BANK	
(2) LAFAYETTE SAVING BANK	
(3) LAFAYETTE ART ASSOCIATION FOUNDATION	SUPPORTING ORGANIZATION
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	6/01/03	12/01/07	MONTHLY \$384	6.000
(2)	9/23/04		LINE OF CREDIT	6.500
(3)	100,000	2/04/05		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) REAL ESTATE	ADDITION
(2) LINE OF CREDIT	CASH FLOW
(3)	CASH FLOW
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) MORTGAGE	14,492	10,654
(2) NONE		44,831
(3) NONE		100,000
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	14,492	155,485

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
GUILD FEES	\$ 1,149
MEMBERSHIP DUES	1,191
LECTURE	3,436
FROG FOLLIES	815
MEMBERSHIP	<u>19,590</u>
TOTAL	<u>\$ 26,181</u>

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
PUBLICLY TRADED SECURITIES					\$ 6,712	\$ 2,034	\$	\$ 4,678
TOTAL					\$ 6,712	\$ 2,034	\$ 0	\$ 4,678

Federal Statements**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
UNREALIZED GAINS (LOSSES)	\$ -4,071
ROUNDING	-3
TOTAL	<u>\$ -4,074</u>

35-0828754

Federal Statements

FYE: 6/30/2005

Statement 4 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Amount
SCHOLARSHIP	\$ 1,380
TOTAL	<u>\$ 1,380</u>

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
BANK FEES	1,969		1,969	
SOFTWARE	30		30	
HOSPITALITY & PUBLIC RELA	597			597
HOSPITALITY & PUBLI RELAT	498			498
DUES TIPP ART FEDERATION	230	230		
DUES AM ASSO MUS	480	480		
DUES ASSO OF MIDWEST MUS	75	75		
DUES ASSO INDIANA MUS				
DUES				
ADVERTISING MARKETING	798	798		
INSURACNE LIABILITY	7,260	7,260		
INSURANCE PREM COLLECTION	4,200	4,200		
MISCELLANEOUS	629	629		
ARTIST COMMISSION	-74	-74		
MARKETING	-81	-81		
CAPTIAL IMPROVEMENTS MUSE				
VENDING MACHING	99	99		
DUES & FEES	60	60		
LECTURES & PROGRAMS	3,078	3,078		
LIBRARY				
ACQUISTIONS	315	315		
RESTRICTED GRANT				
INSTALLATION	1,161	1,161		
PUBLICITY	1,041	1,041		
RECEPTION EXP				
PERMANENT COLLECTIONS	3,552	3,552		
LUNCH AL	1,704	1,704		
COMPUTER REPAIRS	4,750		4,750	
SERVICE FEE PR	191		191	
DUES MUSEUM STORE ASSC	125	125		
SMITHSONIAN	468	468		
TRIP PHILADELPHIA 2004	500	500		
DONATION TO ART MUSEUM AL	211	211		
TOTAL	<u>\$ 33,866</u>	<u>\$ 25,831</u>	<u>\$ 6,940</u>	<u>\$ 1,095</u>

Federal Statements**Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE BONDS			
SSB INVESTMENT	59,722	331	COST
SSB PERM COLLECTION	67,432	66,431	COST
SSB INVESTMENTS UNREALIZE	3,110		MARKET
SSB PERM COLL UNREALIZED	559	-403	MARKET
SSB-SWORD		1,661	COST
	<u>130,823</u>	<u>68,020</u>	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
CAPITAL IMPROVEMENTS				
COMMUNITY ROOM	\$ 415,781		\$ 420,469	
FURNITURE & FIXTURES	271,328		271,328	
REAL ESTATE	115,957		147,349	
DEPR CAPITAL IMPROVEMENTS	103,739		103,739	
DEPR COMM ROOM		242,722		264,120
DEPR F & F		138,355		146,963
DEPR REAL ESTATE		89,080		102,303
LAND		103,739		103,739
	7,203		7,203	
TOTAL	<u>\$ 914,008</u>	<u>\$ 573,896</u>	<u>\$ 950,088</u>	<u>\$ 617,125</u>

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
ACCRUED INTEREST RECEIVAB	\$ 925	\$ 66
LOAN FEES	180	180
DEPOSIT	2,500	
ACCUM AMORT	-51	-103
CASH SURRENDER VALUE OF L	801	905
TOTAL	<u>\$ 4,355</u>	<u>\$ 1,048</u>

Federal Statements

Statement 9 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
BERG, MONA	WEST LAFAYETTE IN 47906	231 TAMiami TRIAL	DIR	2+	0	0	0
CLAPPER, BRENDA	LAFAYETTE IN 47902	PO BOX 1535	DIR	2+	0	0	0
CLARK, KATHRYN	BROOKSTON IN 47923	PO BOX 413	DIR	2+	0	0	0
DECKER, LISA	LAFAYETTE IN 47904	2400 SOUTH STREET	DIR	2+	0	0	0
HART, CARRIE	LAFAYETTE IN 47905	4539 FOXMOOR LANE	SECT	4+	0	0	0
JORGENSEN, CHERYL	LAFAYETTE IN 47909	3594 BROOKSIDE DRIVE	PRES	4+	0	0	0
LINDSEY, ROBERT	LAFAYETTE IN 47905	1709 TEAL ROAD	DIR	2+	0	0	0
LONG, AMY	LAFAYETTE IN 47905	722 HIGHLAND AVE	DIR	2+	0	0	0
MARGERUM, SONJA	WEST LAFAYETTE IN 47906	112 SEMINOLE DRIVE	V PRES	4+	0	0	0
MULLINS, KATHLEEN	WEST LAFAYETTE IN 47906	144 CREIGHTON RD	DIR	2+	0	0	0
POXON, JEFF	LAFAYETTE IN 47905	1920 DURKEES RUN CT	TRES	4+	0	0	0
SAMMONS, CHRISTINE	LAFAYETTE IN 47905	1741 REDWOOD LANE	DIR	2+	0	0	0
SCHRECKENGAST, KELLY	LAFAYETTE IN 47905	1621 SKYLINE ROAD	DIR	2+	0	0	0
SHORT, CHARLIE	WEST LAFAYETTE IN 47906	19 SPRING VALLEY	DIR	2+	0	0	0
VAUGHAN, SARA BETH	LAFAYETTE IN 47905	703 CNETRAL AVE	DIR	2+	0	0	0
REKER, LESLEY	LAFAYETTE IN 47905	102 S 10 TH STEET	EX DIRECTOR	40+	50,555	4,000	0

35-0828754

Federal Statements

FYE: 6/30/2005

Statement 10 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
MEETING & LUNCHES		\$	41	\$ 781	\$
STORE			41	6,440	
VENDING MACHINE			41	241	
MISC INCOME			2	395	
ADMISSIONS			2	1,561	
STUDIO SUPPLIES			2	1,271	
STUDIO TUITION			2	38,357	
WORKSHOP AL			2	1,539	
RENT SHOOK			16	2,064	
INDIANA NOW			2	4,458	
CARNIVALE			2	10,350	
NEW ARTIST			2	1,500	
H/B ST LOUIS			2	52	
TOTAL		\$ 0		\$ 69,009	\$ 0

Federal Statements**Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
	\$ _____	\$ _____	\$ _____	\$ <u>6,032</u>
TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>6,032</u>

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2004

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No **67**

Name(s) shown on return

ART MUSEUM OF GREATER LAFAEYETTE, INC

Identifying number

35-0828754

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I 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 page 2 of the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
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 2003 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 2005 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	43,224

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	0
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 8 of the 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 and on the appropriate lines of your return Partnerships and S corporations-see instr	22	43,224
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

ART MUSEUM OF GREATER LAFAYETTE, INC 35-0828754

Form 4562 (2004)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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-Depreciation and Other Information (Caution: See page 9 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)									25		
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)											
		%									
		%									
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)											
		%					S/L-				
		%					S/L-				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles-See page 2 of the instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	31 Total commuting miles driven during the year											
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
43 Amortization of costs that began before your 2004 tax year				43	52
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report				44	52

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box



Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Form section for Name of Exempt Organization (ART MUSEUM OF GREATER LAFAYETTE, INC), Employer identification number (35-0828754), and address (102 SOUTH 10TH STREET, LAFAYETTE IN 47905-1173).

Check type of return to be filed (File a separate application for each return)

Grid of checkboxes for return types: Form 990 (checked), Form 990-T, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

● The books are in the care of

Telephone No

FAX No

● If the organization does not have an office or place of business in the United States, check this box



● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... If this is for the whole group, check this box ... If it is for part of the group, check this box ... and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 5/15/06
5 For calendar year or other tax year beginning 7/01/04, and ending 6/30/05
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
7 State in detail why you need the extension: SEE STATEMENT 1

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: CPA Date: 2/13/06

Notice to Applicant-To Be Completed by the IRS

Options for IRS approval: We have approved this application, We have not approved this application (with 10-day grace period), We have not approved this application (no grace period), We cannot consider this application because it was filed after the extended due date.

Director: [Handwritten Signature] By: [Handwritten Signature] Date: 5/11/06

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form section for alternate mailing address: Name DANIEL Z BLOMEKE, CPA, Address PO BOX 2065, WEST LAFAYETTE IN 47996-2065

Federal Statements

Statement 1 - Form 8868, Page 2, Line 7 - Explanation for Extension

THE ORGANIZATION HAS EXPERIENCED SOME FINANCIAL DIFFICULTIES AND HAS LAID OFF ALL BUT A COUPLE OF EMPLOYEES. THE BOOKKEEPER IS WORKING PART TIME AND IS HAVING PROBLEMS CLOSING THE BOOKS AT YEAREND. WE WOULD LIKE TO COMPLETE THE AUDIT BEFORE FILING THE TAX RETURN SO THAT THE FINANCIALS AND THE RETURN ARE IN AGREEMENT.

