

**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.

**A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12**

- Check if applicable:
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization** ART MUSEUM OF GREATER LAFAYETTE, INC.  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 102 SOUTH 10TH ST  
 City or town, state or country, and ZIP + 4  
 LAFAYETTE IN 47905

**D Employer identification number**  
35-0828754  
**E Telephone number**  
765-742-1128  
**G Gross receipts \$** 492,904

**F Name and address of principal officer:**  
 SUE HOLDER-PRICE  
 102 SOUTH 10TH STREET  
 LAFAYETTE IN 47905

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** WWW.GLMART.ORG  
**H(c) Group exemption number** ▶

**K Form of organization:**  Corporation  Trust  Association  Other ▶  
**L Year of formation:** 1952 **M State of legal domicile:** IN

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE A CENTER OF ART IN LAFAYETTE, INDIANA TO PROMOTE, FOSTER, AND ENCOURAGE INTEREST IN ART IN THE COMMUNITY THROUGH ART COLLECTIONS, EXHIBITIONS, LECTURES, INSTRUCTION, AND SOCIAL ACTIVITIES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>114</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>479,425</b>	Current Year <b>281,978</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>60,305</b>	<b>72,065</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>995</b>	<b>3,402</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>56,800</b>	<b>49,060</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>597,525</b>	<b>406,505</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>245</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>205,473</b>	<b>211,742</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>314,608</b>	<b>213,292</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>520,081</b>	<b>425,279</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>77,444</b>	<b>-18,774</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>782,457</b>	End of Year <b>743,883</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>35,914</b>	<b>24,338</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>746,543</b>	<b>719,545</b>

**Part II Signature Block**

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.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: DEBRA A HOPPES  
 Preparer's signature: DEBRA A HOPPES  
 Date: 11/15/12  
 Check  if self-employed PTIN: P00238604  
 Firm's name: HUTH THOMPSON LLP  
 Firm's EIN: 35-2055043  
 Firm's address: LAFAYETTE, IN 47902-0970  
 Phone no.: 765-428-5000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:  
**TO PROVIDE A CENTER OF ART IN LAFAYETTE, INDIANA TO PROMOTE, FOSTER, AND ENCOURAGE INTEREST IN ART IN THE COMMUNITY THROUGH ART COLLECTIONS, EXHIBITIONS, LECTURES, INSTRUCTION, AND SOCIAL ACTIVITIES.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **292,434** including grants of \$ **245** ) (Revenue \$ **72,065** )  
**ACQUISITION, EXHIBITIONS, PRESERVATION OF WORKS OF ART, AND ART EDUCATION THROUGH VARIOUS CLASSES AND PROGRAMS**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** **292,434**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<b>X</b>	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

Table with columns for question number and description. Includes questions 17, 18, 19, and 20.

LAFAYETTE IN 47905 765-742-1128

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

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>KENDALL SMITH II</b> EXECUTIVE DIRECTOR	40.00	X		X				60,938	0	0
(2) <b>ELIZABETH LOCKREY</b> DIRECTOR	1.00	X						0	0	0
(3) <b>TOM ADLER</b> SECOND VICE PRESIDEN	1.00	X		X				0	0	0
(4) <b>RITA COX</b> DIRECTOR	1.00	X						0	0	0
(5) <b>SCOTT BANFIELD</b> DIRECTOR	1.00	X						0	0	0
(6) <b>SUSAN CARR</b> DIRECTOR	1.00	X						0	0	0
(7) <b>RICHARD HAMRLIK</b> SECRETARY	1.00	X						0	0	0
(8) <b>SUE HOLDER-PRICE</b> PRESIDENT	1.00	X		X				0	0	0
(9) <b>DEBRA HOPPES</b> TREASURER	1.00	X		X				0	0	0
(10) <b>LOWELL HORWEDEL</b> DIRECTOR	1.00	X						0	0	0
(11) <b>BRUNO MOSER</b> DIRECTOR	1.00	X						0	0	0
(12) <b>JIM SONDGERTH</b> DIRECTOR	1.00	X						0	0	0
(13) <b>ADAM HENSON</b> DIRECTOR	1.00	X						0	0	0
(14) <b>MARIANNE ROSE</b> DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) <b>JEFF LOVE</b> VICE PRESIDENT	1.00	X		X				0	0	0
(16) <b>RENEE THOMAS</b> DIRECTOR	1.00	X						0	0	0
(17) <b>KATHY TROUT</b> DIRECTOR	1.00	X						0	0	0
(18) <b>MARY JO SPARROW</b> DIRECTOR	1.00	X						0	0	0
(19) <b>SARAH SCHWARTZ</b> EX-OFFICIO	1.00	X						0	0	0
(20) <b>NANCY STONE</b> DIRECTOR	1.00	X						0	0	0
(21) <b>INGE MARESH</b> DIRECTOR	1.00	X						0	0	0
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								<b>60,938</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>60,938</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	63,570				
	<b>c</b> Fundraising events	<b>1c</b>	70,489				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	147,919				
	<b>g</b> Noncash contributions included in lines 1a-1f:	\$	29,049				
	<b>h Total.</b> Add lines 1a-1f		281,978				
<b>Program Service Revenue</b>	<b>2a</b> EDUCATION INCOME	Busn. Code 611600	59,980	59,980			
	<b>b</b> SOUTHERN INDIANA TOUR	713990	12,085	12,085			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		72,065				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		432			432	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	37,561				
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.		30,159	4,432			
	<b>c</b> Gain or (loss)		7,402	-4,432			
	<b>d</b> Net gain or (loss)		2,970			2,970	
	<b>8a</b> Gross income from fundraising events (not including \$ 70,489 of contributions reported on line 1c). See Part IV, line 18	a	68,677				
		<b>b</b> Less: direct expenses	b	35,031			
<b>c</b> Net income or (loss) from fundraising events		33,646			41,658		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	a						
	<b>b</b> Less: direct expenses	b					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	a	28,362					
	<b>b</b> Less: cost of goods sold	b	16,777				
<b>c</b> Net income or (loss) from sales of inventory		11,585	11,585				
Miscellaneous Revenue		Busn. Code					
<b>11a</b> OTHER INCOME- ART LEAGUE		900099	3,833	3,833			
<b>b</b> OTHER INCOME: MISCELLANEOUS IN		900099	-4	-4			
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			3,829				
<b>12 Total revenue.</b> See instructions.			406,505	87,479	0	45,060	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	245	245		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	61,500	61,500		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	136,973	136,973		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,269	9,819	3,450	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	1,000		1,000	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	7,318	1,457	5,861	
13	Office expenses	21,758	2,829	18,929	
14	Information technology	2,245		2,245	
15	Royalties				
16	Occupancy	36,316		36,316	
17	Travel	792		792	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,233		7,233	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,496	1,361	37,135	
23	Insurance	15,100	7,553	7,547	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>EVENT EXPENSES</b>	29,049	29,049		
b	<b>CURATOR OF COLLECTIONS EX</b>	24,482	24,482		
c	<b>GRANT EXPENSES</b>	5,057		5,057	
d	<b>EVENT EXPENSES: EVENT - LO</b>	4,544	4,544		
e	All other expenses	19,902	12,622	7,280	
25	Total functional expenses. Add lines 1 through 24e	425,279	292,434	132,845	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

			(A)		(B)
			Beginning of year		End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest bearing .....	<b>93,295</b>	<b>1</b>	<b>151,113</b>
	<b>2</b>	Savings and temporary cash investments .....	<b>94,532</b>	<b>2</b>	<b>12,724</b>
	<b>3</b>	Pledges and grants receivable, net .....	<b>159,549</b>	<b>3</b>	<b>34,200</b>
	<b>4</b>	Accounts receivable, net .....	<b>5,000</b>	<b>4</b>	<b>7,765</b>
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b>	Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b>	Inventories for sale or use .....		<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges .....	<b>5,464</b>	<b>9</b>	<b>2,013</b>
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>1,204,120</b>		
	<b>b</b>	Less: accumulated depreciation .....	<b>10b</b> <b>766,874</b>	<b>326,562</b>	<b>10c</b> <b>437,246</b>
	<b>11</b>	Investments—publicly traded securities .....	<b>96,731</b>	<b>11</b>	<b>97,498</b>
	<b>12</b>	Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b>	Intangible assets .....		<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 .....	<b>1,324</b>	<b>15</b>	<b>1,324</b>
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>782,457</b>	<b>16</b>	<b>743,883</b>	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses .....	<b>14,855</b>	<b>17</b>	<b>26,247</b>
	<b>18</b>	Grants payable .....		<b>18</b>	
	<b>19</b>	Deferred revenue .....	<b>21,059</b>	<b>19</b>	<b>-1,909</b>
	<b>20</b>	Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 .....	<b>35,914</b>	<b>26</b>	<b>24,338</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets .....	<b>476,549</b>	<b>27</b>	<b>596,896</b>
	<b>28</b>	Temporarily restricted net assets .....	<b>214,457</b>	<b>28</b>	<b>70,788</b>
	<b>29</b>	Permanently restricted net assets .....	<b>55,537</b>	<b>29</b>	<b>51,861</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> .....	<b>746,543</b>	<b>33</b>	<b>719,545</b>	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> .....	<b>782,457</b>	<b>34</b>	<b>743,883</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>406,505</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>425,279</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-18,774</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>746,543</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	<b>-8,224</b>
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	<b>719,545</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	<b>X</b>	
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **ART MUSEUM OF GREATER LAFAYETTE, 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.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>500,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,000,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	<b>13</b>	

**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.) (See instructions)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>38,496</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2011	<b>17</b>	<b>0</b>
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2011 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> 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 instructions	<b>22</b>	<b>38,496</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **ART MUSEUM OF GREATER LAFAYETTE, INC.** Employer identification number **35-0828754**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83,142	392,903	244,465	516,888	281,978	1,519,376
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	200,238	158,435	56,126	84,008	100,427	599,234
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513		76,057	127,060	15,489	68,677	287,283
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	283,380	627,395	427,651	616,385	451,082	2,405,893
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons			4,666	28,174	19,998	52,838
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b			4,666	28,174	19,998	52,838
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,353,055

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	283,380	627,395	427,651	616,385	451,082	2,405,893
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,047	11,383	5,243	995	432	36,100
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	18,047	11,383	5,243	995	432	36,100
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,828	8,693	2,824	2,664	3,829	22,838
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	306,255	647,471	435,718	620,044	455,343	2,464,831

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	95.47%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	96.45%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	1%

**19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



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

**PART III, LINE 12 - OTHER INCOME DETAIL**

**OTHER INCOME** \$ 22,838

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>ART MUSEUM OF GREATER LAFAYETTE, INC.</b>	Employer identification number <b>35-0828754</b>
--	---

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? .....  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) Assets included in Form 990, Part X ..... ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	55,537	78,289	68,782	46,982	
<b>b</b> Contributions				20,435	
<b>c</b> Net investment earnings, gains, and losses		184	9,507	1,365	
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	3,676	22,935			
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	51,861	55,537	78,289	68,782	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  100.00 %
  - c** Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No                                  |
|------------------------------------|-----|-------------------------------------|
| <b>(i)</b> unrelated organizations |     | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  |     | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		7,203		7,203
<b>b</b> Buildings		1,180,784	766,874	413,910
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		16,133		16,133
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				437,246

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 1A - TERMS FOR NOT REPORTING ASSETS PER SFAS 116**

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND DONATIONS SINCE THE MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS

**Part XIV** Supplemental Information (continued)

ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACQUISITION  
OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN APPROPRIATE NET ASSET  
CLASSES.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED WITH THE EARNINGS PROVIDING  
FOR CARE OF THE PERMANENT COLLECTION.

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2011**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**ART MUSEUM OF GREATER LAFAYETTE, INC.**

Employer identification number  
**35-0828754**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- .....
- .....
- .....
- .....
- .....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Table with 5 columns: Revenue, Direct Expenses, (a) Event #1 (HEART OF ART FU), (b) Event #2 (UNDER THE OAKS), (c) Other events (2), and (d) Total events. Rows include Gross receipts, Less: Charitable contributions, Gross income, Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, and summary rows for Direct expense and Net income.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 5 columns: Revenue, Direct Expenses, (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, and (d) Total gaming. Rows include Gross revenue, Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, and Net gaming income summary.

9 Enter the state(s) in which the organization operates gaming activities:
a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain:



- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a		%
b An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **ART MUSEUM OF GREATER LAFAYETTE, INC.**  
Employer identification number: **35-0828754**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	<input checked="" type="checkbox"/>	15	7,369	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	<input checked="" type="checkbox"/>		21,680	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29 0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		<input checked="" type="checkbox"/>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ART MUSEUM OF GREATER  
LAFAYETTE, INC.**

Employer identification number

**35-0828754****FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

ANY PERSON MAY BECOME A MEMBER OF THE ASSOCIATION BY PAYING THE ANNUAL DUES OF THE ART MUSEUM OF GREATER LAFAYETTE, INC FOR THE CLASS OF MEMBERSHIP DESIRED, AS THE SAME MAY BE PRESCRIBED FROM TIME TO TIME BY THE BOARD OF DIRECTORS. ALL PERSONS NOW MEMBERS OF THE ASSOCIATION SHALL CONTINUE TO BE MEMBERS SO LONG AS THEY COMPLY WITH SAID REGULATIONS AND PAY SAID REGULAR MEMBERSHIP DUES.

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

MEMBERS OF THE ART MUSEUM OF GREATER LAFAYETTE ELECT THE DIRECTORS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

RETURN REVIEWED BY BOARD PRIOR TO FILING.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED ANNUALLY BY THE PERSONNEL AND FINANCE COMMITTEE AS WELL AS THE EXECUTIVE COMMITTEE.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

DOCUMENTS AVAILABLE UPON REQUEST.

**FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION**

CORRECTION OF PRIOR YEAR EQUITY \$421

UNREALIZED LOSSES -\$55

BOOK/TAX STOCK SALE DIFFERENCE -\$8,590

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ART MUSEUM OF GREATER  
LAFAYETTE, INC.**

Employer identification number

**35-0828754**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>LAFAYETTE ART ASSOCIATION FOUNDATIO 102 SOUTH 10TH STREET 31-1085558 LAFAYETTE IN 47901</b>	<b>ARTS</b>	<b>IN</b>	<b>501C3</b>	<b>11A</b>	<b>N/A</b>		<b>X</b>
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) .....							
(2) .....							
(3) .....							
(4) .....							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Sale of assets to related organization(s)		X
<b>g</b> Purchase of assets from related organization(s)		X
<b>h</b> Exchange of assets with related organization(s)		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>n</b> Sharing of paid employees with related organization(s)		X
<b>o</b> Reimbursement paid to related organization(s) for expenses		X
<b>p</b> Reimbursement paid by related organization(s) for expenses		X
<b>q</b> Other transfer of cash or property to related organization(s)		X
<b>r</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Area with horizontal dotted lines for supplemental information.

Year Ended: June 30, 2012

35-0828754

ART MUSEUM OF GREATER  
LAFAYETTE, INC.  
102 SOUTH 10TH ST  
LAFAYETTE, IN 47905

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>								
2	4 DRAWER LATER FILE	6/01/83	390		390	5 MO 150DB	390	0
3	FURNITURE	11/01/86	122		122	5 MO S/L	122	0
4	6019 FOLDING CHAIRS	5/13/88	1,500		1,500	7 MO S/L	1,500	0
5	LECTURN W/ SOUND	5/31/88	820		820	7 MO S/L	820	0
6	DESK W/ CENTER DRAWER	5/31/88	1,780		1,780	7 MO S/L	1,780	0
7	CREDENZA	5/31/88	1,852		1,852	7 MO S/L	1,852	0
8	TABLE 30X30X30	5/31/88	351		351	7 MO S/L	351	0
9	BOOK CASE	5/31/88	472		472	7 MO S/L	472	0
10	CENTER UNIT DESK	5/31/88	845		845	7 MO S/L	845	0
11	LATERAL FILE 2	5/31/88	1,844		1,844	7 MO S/L	1,844	0
12	STACK CHAIRS	5/31/88	8,370		8,370	7 MO S/L	8,370	0
13	SIDE ARM CHAIRS	5/31/88	854		854	7 MO S/L	854	0
14	3 DRAWER LATERAL FILE 4	5/31/88	2,852		2,852	7 MO S/L	2,852	0
15	2 BOOKCASES	5/31/88	612		612	7 MO S/L	612	0
16	RIGHT HAND FILE CABINET	5/31/88	969		969	7 MO S/L	969	0
17	KITCHEN CABINETS	5/31/88	1,356		1,356	7 MO S/L	1,356	0
18	4 PRINT CABINETS	10/12/89	600		600	7 MO S/L	600	0
	Sold/Scrapped: 1/01/12							
19	MAT CUTTER	3/10/94	678		678	7 MO S/L	678	0
20	DISH WASHER	10/23/96	3,557		3,557	7 MO S/L	3,557	0
21	CHILDRENS FURNITURE	7/30/97	765		765	7 MO S/L	765	0
	Sold/Scrapped: 1/01/12							
22	PEOPLE COUNTERS	9/28/97	820		820	7 MO S/L	820	0
23	POTTERY WHEEL	6/19/98	733		733	7 MO S/L	733	0
24	PEDESTALS FOR GALLERIES	7/30/98	1,969		1,969	7 MO S/L	1,969	0
25	PLEXIGLASS COVERS	8/01/98	1,771		1,771	7 MO S/L	1,771	0
26	2 POTTERY WHEELS	12/06/99	1,455		1,455	7 MO S/L	1,455	0
27	POTTERY TABLE	1/05/02	1,985		1,985	7 MO S/L	1,985	0
28	SCANNER	5/01/02	399		399	5 MO S/L	399	0
	Sold/Scrapped: 1/01/12							
29	RAFFLE CAGE	7/01/02	291		291	5 MO S/L	291	0
30	LIGHTING	12/31/02	6,576		6,576	7 MO S/L	6,576	0
31	TELEPHONE SYSTEM	6/23/03	4,449		4,449	5 MO S/L	4,449	0
32	KILN	6/30/03	2,089		2,089	7 MO S/L	2,089	0
33	TABLE & SKIRTING	2/03/04	2,363		2,363	5 MO S/L	2,363	0
34	ICE MACHINE	6/02/04	1,283		1,283	5 MO S/L	1,283	0
	Sold/Scrapped: 1/01/12							
35	PAPER CUTTER	6/09/04	236		236	5 MO S/L	236	0
36	CABINETS	6/14/04	288		288	5 MO S/L	288	0
	Sold/Scrapped: 1/01/12							
37	CART TV WIDE BODY	7/26/04	389		389	5 MO S/L	383	6
	Sold/Scrapped: 1/01/12							
38	EASELS	7/26/04	170		170	5 MO S/L	167	3
39	COUNTER GIFT SHOP	8/11/04	2,581		2,581	7 MO S/L	2,581	0
40	BLINDS	8/30/04	119		119	7 MO S/L	63	9
	Sold/Scrapped: 1/01/12							
41	DISPLAY 23" APPLES	9/23/04	1,799		1,799	5 MO S/L	1,709	90
	Sold/Scrapped: 1/01/12							
42	COMPUTERS APPLE IBOOK	9/23/04	6,993		6,993	5 MO S/L	6,993	0
	Sold/Scrapped: 1/01/12							
43	TOUCH SCREEN	10/21/04	2,986		2,986	5 MO S/L	2,986	0
44	SOFTWARE- QB POINT OF SALE	10/21/04	606		606	3 MO S/L	606	0
45	SCANNER-NIKON COOL	10/21/04	570		570	5 MO S/L	532	38
	Sold/Scrapped: 1/01/12							
46	TELEPHONE	10/12/06	672		672	7 MO S/L	168	96
47	COMPUTER & MAIN SERVER	9/04/07	1,437		1,437	5 MO S/L	1,005	144
	Sold/Scrapped: 1/01/12							
48	UPGRADE APPLE	10/10/07	214		214	5 MO S/L	150	43
49	TECH SUPPORT SOFTWARE	10/28/07	331		331	3 MO S/L	275	56
50	BATTERY B/U FOR SERVER	10/31/07	297		297	5 MO S/L	207	60
51	HARD DRIVE FOR COMPUTER	11/07/07	69		69	5 MO S/L	49	14
52	SURGE SUPPRESSOR	3/31/08	413		413	5 MO S/L	290	82
53	IMPROVE NORTH WING	1/01/68	6,253		6,253	20 MO S/L	6,253	0
54	IMPROVE NORTH WING	1/01/73	1,104		1,104	20 MO S/L	1,104	0
55	IMPROVE NORTH WING	1/01/80	191,847		191,847	40 MO S/L	148,679	4,796
56	PAVE DRIVEWAY	8/01/80	9,000		9,000	15 MO S/L	9,000	0
57	ARCHITECT FEES	6/01/84	5,000		5,000	5 MO S/L	5,000	0
58	BUILDING ADDITION	6/01/85	41,384		41,384	5 MO S/L	41,384	0

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current	
59	52 GALLON WATER HEATER	8/04/86	305			305	31 MO S/L	223	9	
60	ELECTRIC WORK OLD WING	6/01/88	2,660			2,660	31 MO S/L	1,880	85	
61	REMODEL RENTAL AREA	6/01/88	2,385			2,385	31 MO S/L	1,686	75	
63	SECURITY SYSTEM	6/01/88	1,180			1,180	31 MO S/L	833	38	
64	LANDSCAPING	6/01/88	2,846			2,846	5 MO S/L	2,846	0	
	Sold/Scrapped: 1/01/12									
65	PAVING- NEW SURFACE	6/01/88	2,707			2,707	15 MO S/L	2,707	0	
66	FACADE RECONSTRUCTION	9/15/92	54,379			54,379	27 MO S/L	29,267	1,978	
67	SECURITY	10/13/97	3,655			3,655	15 MO S/L	2,209	122	
	Sold/Scrapped: 1/01/12									
68	NEW ROOF	11/12/97	15,510			15,510	15 MO S/L	14,821	689	
69	COVERING SKYLIGHTS	11/21/97	3,671			3,671	15 MO S/L	3,671	0	
70	BOILER FOR OFFICE	5/06/98	5,078			5,078	15 MO S/L	5,078	0	
71	TRACK LIGHTING FOR GALLERY	9/03/98	2,087			2,087	15 MO S/L	2,087	0	
72	PANIC BAR FOR FRONT DOOR	9/10/98	627			627	15 MO S/L	627	0	
73	TRACK LIGHTING FOR GALLERY	2/18/99	1,876			1,876	15 MO S/L	1,876	0	
74	CARPET DOWNSTAIRS	3/10/99	1,020			1,020	15 MO S/L	1,020	0	
75	CARPET	3/10/99	1,811			1,811	15 MO S/L	1,811	0	
	Sold/Scrapped: 1/01/12									
76	SINK	5/02/99	738			738	15 MO S/L	726	12	
77	PARKING LOT	7/01/02	7,987			7,987	15 MO S/L	7,321	533	
78	WINDOWS AND DOORS	6/07/03	49,349			49,349	27 MO S/L	43,742	1,794	
79	ICE MAKER	8/06/04	489			489	15 MO S/L	220	16	
	Sold/Scrapped: 1/01/12									
80	HEATING & COOLING SYSTEM	6/03/06	42,750			42,750	15 MO S/L	13,014	2,850	
81	CARPET	6/02/05	4,200			4,200	15 MO S/L	1,540	140	
	Sold/Scrapped: 1/01/12									
82	HUMIDIFICATION SYSTEM	7/31/07	4,409			4,409	15 MO S/L	1,029	294	
83	CENTRAL ROOF	5/31/08	27,600			27,600	15 MO S/L	6,440	1,840	
84	RECLASSIFY IMPROVEMENTS	6/30/08	85,440			85,440	15 MO S/L	27,053	5,696	
85	IMPROVE NORTH WING	1/01/64	1,323			1,323	20 MO S/L	1,323	0	
86	LAND	1/01/59	7,203			7,203	0 -- Land	0	0	
87	ORIGINAL BUILDING	1/01/63	102,954			102,954	31 MO S/L	102,954	0	
88	STORAGE SHED	5/01/83	785			785	15 MO S/L	785	0	
	Sold/Scrapped: 1/01/12									
89	COMMUNITY SERVICE ROOM	6/13/88	270,153			270,153	27 MO S/L	181,489	9,824	
90	IMPROVEMENT NORTH WING	6/09/89	1,175			1,175	15 MO S/L	1,175	0	
93	Computer Equipment for Ed Center	8/27/10	14,547			14,547	5 MO S/L	2,424	2,910	
94	Pottery Closet Construction	8/25/10	341			341	40 MO S/L	7	9	
95	Lecturn	9/13/10	215			215	10 MO S/L	18	21	
96	Lighting Fixtures	3/30/11	2,876			2,876	40 MO S/L	18	72	
97	Cabinets & Desktops for Ed Center	9/21/10	4,723			4,723	7 MO S/L	506	675	
98	Quartet Projection Screen	10/05/10	840			840	7 MO S/L	90	120	
99	Refridgerator	11/09/10	1,538			1,538	7 MO S/L	146	220	
100	3 Aeron Chairs	10/31/10	1,737			1,737	7 MO S/L	165	249	
101	23 Tables & 12 Chairs	11/29/10	1,299			1,299	7 MO S/L	108	186	
102	Tables	12/21/10	124			124	7 MO S/L	9	18	
103	Kitchen Cabinets	12/28/10	2,525			2,525	7 MO S/L	180	361	
104	PA Sound System	1/04/11	2,004			2,004	5 MO S/L	200	401	
105	Kiln Exhaust System	1/04/11	555			555	7 MO S/L	40	79	
106	Shelves	1/18/11	648			648	7 MO S/L	39	92	
107	Easels	1/31/11	954			954	7 MO S/L	57	136	
108	6 Tables	2/24/11	432			432	7 MO S/L	21	61	
109	Resurface Parking Lot	5/26/11	1,628			1,628	40 MO S/L	3	41	
110	Ed Center Remodel	3/31/11	2,074			2,074	40 MO S/L	13	52	
111	Clay Recycling Mill and Extruder	1/14/12	3,780			3,780	7 MO S/L	0	270	
112	Extruder and Die kits	1/14/12	1,203			1,203	7 MO S/L	0	86	
115	PHONE SYSTEM	5/09/12	4,174			4,174	10 MO S/L	0	70	
116	(10) IPADS	1/26/12	6,976			6,976	10 MO S/L	0	291	
117	REMODEL MANYA FAN	5/15/12	129,685			129,685	40 MO S/L	0	540	
118	35 STOOLS	4/24/12	1,236			1,236	10 MO S/L	0	21	
119	CABIINETS	4/30/12	3,342			3,342	10 MO S/L	0	56	
120	WI FI SYSTEM	6/15/12	3,211			3,211	10 MO S/L	0	27	
	<b>Total Other Depreciation</b>		<u>1,232,549</u>			<u>1,232,549</u>		<u>752,377</u>	<u>38,496</u>	
	<b>Total ACRS and Other Depreciation</b>		<u>1,232,549</u>			<u>1,232,549</u>		<u>752,377</u>	<u>38,496</u>	

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Grand Totals</b>		1,232,549		1,232,549		752,377	38,496
	<b>Less: Dispositions and Transfers</b>		28,428		28,428		23,431	565
	<b>Less: Start-up/Org Expense</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>1,204,121</u>		<u>1,204,121</u>		<u>728,946</u>	<u>37,931</u>

**SCHEDULE G  
(Form 990 or  
990-EZ)****Fundraising Other Events****2011**

For calendar year 2011, or tax year beginning

**07/01/11**, and ending**06/30/12**

Name

**ART MUSEUM OF GREATER  
LAFAYETTE, INC.**

Employer Identification Number

**35-0828754**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>CHAR-ITY FUNDRA</u> (event type)	<u>ART LEAGUE FUND</u> (event type)	_____	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>22,875</b>	<b>20,740</b>		<b>43,615</b>
	<b>2</b> Less: Charitable contributions	<b>22,875</b>	<b>9,410</b>		<b>32,285</b>
	<b>3</b> Gross income (line 1 minus line 2)		<b>11,330</b>		<b>11,330</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs	<b>124</b>			<b>124</b>
	<b>7</b> Food/beverages		<b>5,937</b>		<b>5,937</b>
	<b>8</b> Entertainment	<b>750</b>			<b>750</b>
	<b>9</b> Other expenses	<b>7,138</b>	<b>1,788</b>		<b>8,926</b>

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST & DIVIDENDS- ART LEA	\$ 1			14	IN	
INTEREST INCOME	365			14	IN	
INTEREST INCOME: BANK ACCT INT	63			14	IN	
INTEREST INCOME: SECURITIES IN	3			14	IN	
TOTAL	<u>\$ 432</u>					

### Federal Statements

#### Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
DUES, FEES & OTHER EXPENS	\$ 4,480	\$	\$ 4,480	\$
MEMBERSHIP AND DEVELOPMEN	4,018	4,018		
EVENT EXPENSES:EVENT - FO	3,400	3,400		
DONATIONS- ART LEAGUE	2,800		2,800	
EVENT EXPENSES:EVENT - TR	2,192	2,192		
MANYA FAN EDUCATION CENTE	1,260	1,260		
EXHIBITION EXPENSE:EXHIBI	993	993		
AWARDS- ART LEAGUE	405	405		
EVENT EXPENSES:EVENT - AD	325	325		
MISCELLANEOUS- ART LEAGUE	29	29		
<b>TOTAL</b>	<u>\$ 19,902</u>	<u>\$ 12,622</u>	<u>\$ 7,280</u>	<u>\$ 0</u>



Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP INCOME	\$ 61,870
MEMBERSHIP DUES- ART LEAGUE	1,700
IN-KIND CONTRIBUTIONS	7,369
IN-KIND CONTRIBUTIONS	21,680
TOTAL GIFT INCOME:GIFT INCOME	16,407
CENTENNIAL CAMPAIGN INCOME:UNRESTRIC	7,650
CONTRIBUTIONS- ART LEAGUE	9
EXHIBITION INCOMES:EXHIBIT - SPONSOR	25,000
PERMANENT COLLECTION INCOME	5,349
CENTENNIAL CAMPAIGN INCOME:ART SMART	200
GRANT INCOME	4,660
LAFAYETTE ART ASSOCIATION FOUNDATION	
CASH CONTRIBUTION	30,900
NCHS	
CASH CONTRIBUTION	16,299
SIA FOUNDATION	
CASH CONTRIBUTION	7,396
RANDOLPH H DEER	
CASH CONTRIBUTION	5,000
UNDER THE OAKS	
CASH CONTRIBUTION	23,427
HEART OF ART FUNDRAISER	
CASH CONTRIBUTION	14,777
ART LEAGUE FUNDRAISERS	
CASH CONTRIBUTION	9,410
CHAR-ITY FUNDRAISER	
CASH CONTRIBUTION	22,875
TOTAL	\$ <u>281,978</u>

# Federal Statements

## Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
INTEREST & DIVIDENDS- ART LEA	\$ 1
INTEREST INCOME	365
INTEREST INCOME:BANK ACCT INT	63
INTEREST INCOME:SECURITIES IN	3
TOTAL	<u>\$ 432</u>