

## Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning **07/01/12** , and ending **06/30/13**

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

**35-0828754**

**Net Asset / Fund Balance at Beginning of Year** 719,545

### Revenue

Contributions	<u>266,442</u>		
Program service revenue	<u>65,893</u>		
Investment income	<u>1,351</u>		
Capital gain / loss	<u>-24,034</u>		
Special events:			
Gross revenue	<u>88,122</u>		
Direct expenses	<u>51,854</u>		
Net income	<u>36,268</u>		
Other income	<u>51,836</u>		
<b>Total revenue</b>		<u><b>361,488</b></u>	

### Expenses

Program services	<u>271,401</u>		
Management and general	<u>129,295</u>		
Fundraising			
<b>Total expenses</b>		<u><b>400,696</b></u>	
<b>Excess / (deficit)</b>			<u><b>-39,208</b></u>
Other changes			<u><b>719,545</b></u>

**Net Asset / Fund Balance at End of Year** **680,337**

### Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u><b>361,488</b></u></u>

### Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u><b>400,696</b></u></u>

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>743,883</u>	<u>692,221</u>	
Liabilities	<u>24,338</u>	<u>11,884</u>	
Net assets	<u><u>719,545</u></u>	<u><u>680,337</u></u>	<u><u>-39,208</u></u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 02/18/14  
 Failure to file penalty \_\_\_\_\_

**HUTH THOMPSON LLP  
PO BOX 970  
LAFAYETTE, IN 47902-0970  
765-428-5000**

November 25, 2013

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

Dear MR. SMITH:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

HUTH THOMPSON LLP

## Filing Instructions

### ART MUSEUM OF GREATER LAFAYETTE INC

### Exempt Organization Tax Return

### Taxable Year Ended June 30, 2013

**Date Due:** February 18, 2014

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/13 shows no balance due.

**Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

**Signature:** The return should be signed and dated on Page 1 by an officer representing the organization.

**Other:** Initial and date the copy of the return, and retain it for your records.

# 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.

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

- B** 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, town or post office, state, and ZIP code  
**LAFAYETTE IN 47905**

**D** Employer identification number  
**35-0828754**

**E** Telephone number  
**765-742-1128**

**G** Gross receipts \$ **452,018**

**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

**1** 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.**

**2** Check this box  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>18</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>8</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>124</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>

	Revenue	
	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>281,978</b>	<b>266,442</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>72,065</b>	<b>65,893</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,402</b>	<b>-22,683</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>49,060</b>	<b>51,836</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>406,505</b>	<b>361,488</b>

	Expenses	
	Prior Year	Current Year
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>245</b>	<b>1,826</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>211,742</b>	<b>189,092</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<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>213,292</b>	<b>209,778</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>425,279</b>	<b>400,696</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-18,774</b>	<b>-39,208</b>

	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>743,883</b>	<b>692,221</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>24,338</b>	<b>11,884</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>719,545</b>	<b>680,337</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 SWICK** Preparer's signature **DEBRA A SWICK** Date **11/25/13** Check  if self-employed  PTIN **P00238604**

Firm's name ▶ **HUTH THOMPSON LLP** Firm's EIN ▶ **35-2055043**

Firm's address ▶ **PO BOX 970 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 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 \$ 271,401 including grants of \$ 1,826 ) (Revenue \$ 65,893 ) 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 271,401

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b>	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		<b>X</b>
<b>4</b>	<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		<b>X</b>
<b>5</b>	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		<b>X</b>
<b>6</b>	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		<b>X</b>
<b>7</b>	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		<b>X</b>
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>X</b>	
<b>9</b>	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		<b>X</b>
<b>10</b>	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	<b>X</b>	
<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b>	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		<b>X</b>
<b>d</b>	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		<b>X</b>
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b>	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		<b>X</b>
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</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 and XII is optional		<b>X</b>
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b>	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		<b>X</b>
<b>16</b>	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		<b>X</b>
<b>17</b>	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)		<b>X</b>
<b>18</b>	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	<b>X</b>	
<b>19</b>	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		<b>X</b>
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</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, highest 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, or IV, and Part 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>	If "Yes" to line 35a, 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>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 11b 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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.



**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **KENDALL SMITH II**      **102 S 10TH STREET**  
**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 (list any hours for related organizations below dotted line)	(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) KENDALL SMITH II	40.00									
EXECUTIVE DIRECTOR	0.00	X		X			65,749	0	0	
(2) ELIZABETH LOCKREY	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) TOM ADLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) RITA COX	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) SCOTT BANFIELD	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) LYNNE DIFABIO	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) RICHARD HAMRLIK	1.00									
SECRETARY	0.00	X		X			0	0	0	
(8) SUE HOLDER-PRICE	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) DEBRA HOPPES	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) BARBARA REED	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) JIM SONDGEROTH	1.00									
DIRECTOR	0.00	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 (list any hours for related organizations below dotted line)	(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			
(12) ADAM HENSON	1.00									
TREASURER	0.00	X		X			0	0	0	
(13) MARIANNE ROSE	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) JEFF LOVE	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(15) RENEE THOMAS	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) KATHY TROUT	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) DAVID VORBECK	1.00									
EX-OFFICIO	0.00	X					0	0	0	
(18) INGE MARESH	1.00									
EX-OFFICIO	0.00	X					0	0	0	
(19) ALBERTA BARKER	1.00									
VICE-PRESIDENT	0.00	X		X			0	0	0	
<b>1b Sub-total</b>							<b>65,749</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>65,749</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
3 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		X
4 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		X
5 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		X

**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**

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

		(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> 60,790				
	<b>c</b> Fundraising events	<b>1c</b> 55,102				
	<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> 150,550				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	27,166				
	<b>h Total.</b> Add lines 1a-1f	▶ 266,442				
<b>Program Service Revenue</b>	<b>2a</b> Education Income	Busn. Code 611600	61,938	61,938		
	<b>b</b> Exhibition Income	713990	2,175	2,175		
	<b>c</b> Event Incomes: Event Income	900099	1,780	1,780		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	▶ 65,893				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 1,351			1,351	
	<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				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.		24,034			
	<b>c</b> Gain or (loss)		-24,034			
	<b>d</b> Net gain or (loss)	▶	-24,034	-24,034		
	<b>8a</b> Gross income from fundraising events (not including \$ 55,102 of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 88,122				
	<b>b</b> Less: direct expenses	<b>b</b> 51,854				
<b>c</b> Net income or (loss) from fundraising events	▶	36,268		36,646		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	▶					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 24,360					
	<b>b</b> Less: cost of goods sold	<b>b</b> 14,642				
<b>c</b> Net income or (loss) from sales of inventory	▶	9,718	9,718			
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> Other Income- Art League	900099	4,785	4,785			
<b>b</b> Other Income: Miscellaneous In	900099	657	657			
<b>c</b> Other Income	900099	408	408			
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	▶	5,850				
<b>12 Total revenue.</b> See instructions.	▶	361,488	57,427	0	37,997	

**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).

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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	800	800		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,026	1,026		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	65,749	65,749		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	111,910	111,910		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	11,433	11,433		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	1,000		1,000	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	3,008	1,568	1,440	
<b>13</b> Office expenses	31,919	9,902	22,017	
<b>14</b> Information technology	3,515		3,515	
<b>15</b> Royalties				
<b>16</b> Occupancy	46,610		46,610	
<b>17</b> Travel	1,484		1,484	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,067		5,067	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	40,442	6,269	34,173	
<b>23</b> Insurance	6,535	2,668	3,867	
<b>24</b> 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.)				
<b>a</b> <b>Event Expenses</b>	25,360	25,360		
<b>b</b> <b>Curator of Collections Expenses</b>	6,967	6,967		
<b>c</b> <b>Grant Expenses</b>	6,202	6,202		
<b>d</b> <b>Membership and Development Expenses</b>	6,172	6,172		
<b>e</b> All other expenses	25,497	15,375	10,122	
<b>25</b> Total functional expenses. Add lines 1 through 24e	400,696	271,401	129,295	0
<b>26</b> 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**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>151,113</b>	<b>1</b>	<b>73,332</b>
	<b>2</b> Savings and temporary cash investments	<b>12,724</b>	<b>2</b>	<b>92,286</b>
	<b>3</b> Pledges and grants receivable, net	<b>34,200</b>	<b>3</b>	<b>18,700</b>
	<b>4</b> Accounts receivable, net	<b>7,765</b>	<b>4</b>	<b>22,702</b>
	<b>5</b> Loans and other 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> Loans and other 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). Complete Part II of Schedule L		<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>2,013</b>	<b>9</b>	<b>509</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,134,456</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>746,511</b>	<b>437,246</b>	<b>10c</b> <b>387,945</b>
	<b>11</b> Investments—publicly traded securities	<b>97,498</b>	<b>11</b>	<b>95,423</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 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>743,883</b>	<b>16</b>	<b>692,221</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>26,247</b>	<b>17</b>	<b>2,984</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>-1,909</b>	<b>19</b>	<b>8,900</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> Loans and other 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 Total liabilities.</b> Add lines 17 through 25	<b>24,338</b>	<b>26</b>	<b>11,884</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), 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>596,896</b>	<b>27</b>	<b>545,676</b>
	<b>28</b> Temporarily restricted net assets	<b>70,788</b>	<b>28</b>	<b>82,800</b>
	<b>29</b> Permanently restricted net assets	<b>51,861</b>	<b>29</b>	<b>51,861</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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> Total net assets or fund balances	<b>719,545</b>	<b>33</b>	<b>680,337</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>743,883</b>	<b>34</b>	<b>692,221</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>361,488</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>400,696</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-39,208</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>719,545</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>680,337</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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.
- 3a** 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** 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

	Yes	No
<b>2a</b>	<b>X</b>	
<b>2b</b>		<b>X</b>
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**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—Non-functionally integrated
- 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 monetary 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) 2012



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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**

**14** Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2011 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	392,903	244,465	516,888	281,978	266,442	1,702,676
<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	158,435	56,126	84,008	100,427	90,253	489,249
<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	88,122	375,405
<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	627,395	427,651	616,385	451,082	444,817	2,567,330
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons		4,666	28,174	19,998	15,691	68,529
<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	15,691	68,529
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,498,801

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	627,395	427,651	616,385	451,082	444,817	2,567,330
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,383	5,243	995	432	1,351	19,404
<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	11,383	5,243	995	432	1,351	19,404
<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.)	8,693	2,824	2,664	3,829	5,850	23,860
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	647,471	435,718	620,044	455,343	452,018	2,610,594

**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 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	95.72%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	95.47%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	1%

**19a 33 1/3% support tests—2012.** 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—2011.** 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** \$ **23,860**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2012**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.****Name of the organization****ART MUSEUM OF GREATER  
LAFAYETTE, INC.****Employer identification number****35-0828754****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>ART MUSEUM OF GREATER</b>	Employer identification number <b>35-0828754</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAFAYETTE ART ASSOCIATION FOUNDATION 102 SOUTH 10TH ST LAFAYETTE IN 47905	\$ 37,331	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ALFRED J MCALLISTER AND DOROTHY N MC 2310 NORTH 725 EAST LAFAYETTE IN 47905	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	COMMUNITY FOUNDATION OF GREATER LAFA 1114 STATE STREET LAFAYETTE IN 47902	\$ 13,748	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HENRIOTT GROUP 250 MAIN STREET, SUITE 650 LAFAYETTE IN 47901	\$ 5,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	TIPPECANOE ARTS FEDERATION 638 NORTH STREET LAFAYETTE IN 47901	\$ 12,235	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	TOM AND BARB REED 515 SOUTH 7TH STREET LAFAYETTE IN 47901	\$ 7,002	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2012

Open to Public Inspection

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes 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). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 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 XIII, 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 XIII, the text of the footnote to its financial statements that describes these items. 1b 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 XIII.

**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 XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<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 XIII. Check here if the explanation has been provided in Part XIII

**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	51,861	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	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>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

**4** Describe in Part XIII 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		1,111,120	746,511	364,609
<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).)				387,945

**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 XIII, 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). Check here if the text of the footnote has been provided in Part XIII



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

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

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

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

**Part XIII 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, lines 2d and 4b; and Part XII, 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 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>HEART OF ART FU</u> (event type)	<u>1964 TRIBUTE CO</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	59,593	38,176	45,455	143,224
	2	Less: Contributions	17,560	10,500	27,042	55,102
	3	Gross income (line 1 minus line 2)	42,033	27,676	18,413	88,122
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	7,802	2,087	400	10,289
	7	Food and beverages		1,153	13,082	14,235
	8	Entertainment	170	12,890	700	13,760
	9	Other direct expenses	2,073	6,668	4,829	13,570
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					36,268

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

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?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2012**

**Open To Public Inspection**

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"/>	6	3,570	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	<input checked="" type="checkbox"/>		23,596	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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		<input checked="" type="checkbox"/>
31		<input checked="" type="checkbox"/>
32a		<input checked="" type="checkbox"/>



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

**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.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

**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 (if applicable) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

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

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

**1** 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?

	Yes	No
<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 .....		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>X</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s) .....		<b>X</b>
<b>f</b> Dividends from related organization(s) .....		<b>X</b>
<b>g</b> Sale of assets to related organization(s) .....		<b>X</b>
<b>h</b> Purchase of assets from related organization(s) .....		<b>X</b>
<b>i</b> Exchange of assets with related organization(s) .....		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s) .....		<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s) .....		<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s) .....		<b>X</b>

**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-s)	(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) .....													



Form **4562**

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

OMB No. 1545-0172  
**2012**  
Attachment Sequence No. **179**

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 2011 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 2013. 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>40,442</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 2012	<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	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2012 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	

**Section C—Assets Placed in Service During 2012 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>40,442</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.**

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.





35-0828754

## Federal Asset Report

FYE: 6/30/2013

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B Bonus	Basis for Depr	PerConv Meth	Prior	Current
63	SECURITY SYSTEM Mass Sale: 1/01/13	6/01/88	1,180			1,180	31 MO S/L	871	19
65	PAVING- NEW SURFACE Mass Sale: 1/01/13	6/01/88	2,707			2,707	15 MO S/L	2,707	0
66	FACADE RECONSTRUCTION Mass Sale: 1/01/13	9/15/92	54,379			54,379	27 MO S/L	31,245	989
68	NEW ROOF	11/12/97	15,510			15,510	15 MO S/L	15,510	0
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
76	SINK	5/02/99	738			738	15 MO S/L	738	0
77	PARKING LOT Mass Sale: 1/01/13	7/01/02	7,987			7,987	15 MO S/L	7,854	133
78	WINDOWS AND DOORS	6/07/03	49,349			49,349	27 MO S/L	45,536	1,795
80	HEATING & COOLING SYSTEM	6/03/06	42,750			42,750	15 MO S/L	15,864	2,850
82	HUMIDIFICATION SYSTEM	7/31/07	4,409			4,409	15 MO S/L	1,323	294
83	CENTRAL ROOF	5/31/08	27,600			27,600	15 MO S/L	8,280	1,840
84	RECLASSIFY IMPROVEMENTS	6/30/08	85,440			85,440	15 MO S/L	32,749	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
89	COMMUNITY SERVICE ROOM	6/13/88	270,153			270,153	27 MO S/L	191,313	9,823
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	5,334	2,909
94	Pottery Closet Construction	8/25/10	341			341	40 MO S/L	16	8
95	Lecturn	9/13/10	215			215	10 MO S/L	39	22
96	Lighting Fixtures	3/30/11	2,876			2,876	40 MO S/L	90	72
97	Cabinets & Desktops for Ed Center	9/21/10	4,723			4,723	7 MO S/L	1,181	674
98	Quartet Projection Screen	10/05/10	840			840	7 MO S/L	210	120
99	Refridgerator	11/09/10	1,538			1,538	7 MO S/L	366	220
100	3 Aeron Chairs	10/31/10	1,737			1,737	7 MO S/L	414	248
101	23 Tables & 12 Chairs	11/29/10	1,299			1,299	7 MO S/L	294	186
102	Tables	12/21/10	124			124	7 MO S/L	27	17
103	Kitchen Cabinets	12/28/10	2,525			2,525	7 MO S/L	541	361
104	PA Sound System	1/04/11	2,004			2,004	5 MO S/L	601	401
105	Kiln Exhaust System	1/04/11	555			555	7 MO S/L	119	79
106	Shelves	1/18/11	648			648	7 MO S/L	131	93
107	Easels	1/31/11	954			954	7 MO S/L	193	136
108	6 Tables	2/24/11	432			432	7 MO S/L	82	62
109	Resurface Parking Lot	5/26/11	1,628			1,628	40 MO S/L	44	41
110	Ed Center Remodel	3/31/11	2,074			2,074	40 MO S/L	65	52
111	Clay Recycling Mill and Extruder	1/14/12	3,780			3,780	7 MO S/L	270	540
112	Extruder and Die kits	1/14/12	1,203			1,203	7 MO S/L	86	172
115	PHONE SYSTEM	5/09/12	4,174			4,174	10 MO S/L	70	417
116	(10) IPADS	1/26/12	6,976			6,976	10 MO S/L	291	697
117	REMODEL MANYA FAN	5/15/12	129,685			129,685	40 MO S/L	540	3,242
118	35 STOOLS	4/24/12	1,236			1,236	10 MO S/L	21	123
119	CABINETS	4/30/12	3,342			3,342	10 MO S/L	56	334
120	WI FI SYSTEM	6/15/12	3,211			3,211	10 MO S/L	27	321
121	Kiln Installation	3/08/13	4,553			4,553	10 MO S/L	0	152
122	Interior & Exterior Signs	10/17/12	4,969			4,969	40 MO S/L	0	83
123	Kiln	3/08/13	5,654			5,654	10 MO S/L	0	188
	<b>Total Other Depreciation</b>		<u>1,219,297</u>			<u>1,219,297</u>		<u>766,877</u>	<u>40,442</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,219,297</u>			<u>1,219,297</u>		<u>766,877</u>	<u>40,442</u>
	<b>Grand Totals</b>		1,219,297			1,219,297		766,877	40,442
	<b>Less: Dispositions and Transfers</b>		84,840			84,840		59,439	1,367
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,134,457</u>			<u>1,134,457</u>		<u>707,438</u>	<u>39,075</u>

## IN Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
<b>7-year GDS Property:</b>								
121	Kiln Installation	3/08/13	4,553	4,553	0	650	152	-498
123	Kiln	3/08/13	5,654	5,654	0	808	188	-620
			<u>10,207</u>	<u>10,207</u>	<u>0</u>	<u>1,458</u>	<u>340</u>	<u>-1,118</u>
<b>Non-Residential Real Property:</b>								
122	Interior & Exterior Signs	10/17/12	4,969	4,969	0	90	83	-7
			<u>4,969</u>	<u>4,969</u>	<u>0</u>	<u>90</u>	<u>83</u>	<u>-7</u>
<b>Prior MACRS:</b>								
115	PHONE SYSTEM	5/09/12	4,174	4,174	149	1,150	417	-733
116	(10) IPADS	1/26/12	6,976	6,976	1,046	2,372	697	-1,675
117	REMODEL MANYA FAN	5/15/12	129,685	129,685	416	3,325	3,242	-83
118	35 STOOLS	4/24/12	1,236	1,236	44	341	123	-218
119	CABINETS	4/30/12	3,342	3,342	119	921	334	-587
120	WI FI SYSTEM	6/15/12	3,211	3,211	161	1,220	321	-899
			<u>148,624</u>	<u>148,624</u>	<u>1,935</u>	<u>9,329</u>	<u>5,134</u>	<u>-4,195</u>
<b>Other Depreciation:</b>								
2	4 DRAWER LATER FILE	6/01/83	390	390	390	0	0	0
	Mass Sale: 1/01/13							
3	FURNITURE	11/01/86	122	122	122	0	0	0
	Mass Sale: 1/01/13							
4	6019 FOLDING CHAIRS	5/13/88	1,500	1,500	1,500	0	0	0
	Mass Sale: 1/01/13							
5	LECTURN W/ SOUND	5/31/88	820	820	820	0	0	0
6	DESK W/ CENTER DRAWER	5/31/88	1,780	1,780	1,780	0	0	0
7	CREDENZA	5/31/88	1,852	1,852	1,852	0	0	0
8	TABLE 30X30X30	5/31/88	351	351	351	0	0	0
	Mass Sale: 1/01/13							
9	BOOK CASE	5/31/88	472	472	472	0	0	0
10	CENTER UNIT DESK	5/31/88	845	845	845	0	0	0
11	LATERAL FILE 2	5/31/88	1,844	1,844	1,844	0	0	0
12	STACK CHAIRS	5/31/88	8,370	8,370	8,370	0	0	0
13	SIDE ARM CHAIRS	5/31/88	854	854	854	0	0	0
	Mass Sale: 1/01/13							
14	3 DRAWER LATERAL FILE 4	5/31/88	2,852	2,852	2,852	0	0	0
15	2 BOOKCASES	5/31/88	612	612	612	0	0	0
16	RIGHT HAND FILE CABINET	5/31/88	969	969	969	0	0	0
17	KITCHEN CABINETS	5/31/88	1,356	1,356	1,356	0	0	0
19	MAT CUTTER	3/10/94	678	678	678	0	0	0
20	DISH WASHER	10/23/96	3,557	3,557	3,557	0	0	0
22	PEOPLE COUNTERS	9/28/97	820	820	820	0	0	0
	Mass Sale: 1/01/13							
23	POTTERY WHEEL	6/19/98	733	733	733	0	0	0
24	PEDESTALS FOR GALLERIES	7/30/98	1,969	1,969	1,969	0	0	0
25	PLEXIGLASS COVERS	8/01/98	1,771	1,771	1,771	0	0	0
26	2 POTTERY WHEELS	12/06/99	1,455	1,455	1,455	0	0	0
27	POTTERY TABLE	1/05/02	1,985	1,985	1,985	0	0	0
29	RAFFLE CAGE	7/01/02	291	291	291	0	0	0
	Mass Sale: 1/01/13							
30	LIGHTING	12/31/02	6,576	6,576	6,576	0	0	0
31	TELEPHONE SYSTEM	6/23/03	4,449	4,449	4,449	0	0	0
	Mass Sale: 1/01/13							
32	KILN	6/30/03	2,089	2,089	2,089	0	0	0
33	TABLE & SKIRTING	2/03/04	2,363	2,363	2,363	0	0	0
	Mass Sale: 1/01/13							
35	PAPER CUTTER	6/09/04	236	236	236	0	0	0
	Mass Sale: 1/01/13							
38	EASELS	7/26/04	170	170	170	0	0	0
	Mass Sale: 1/01/13							
39	COUNTER GIFT SHOP	8/11/04	2,581	2,581	2,581	0	0	0
43	TOUCH SCREEN	10/21/04	2,986	2,986	2,986	0	0	0
44	SOFTWARE- QB POINT OF SALE	10/21/04	606	606	606	0	0	0

## IN Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
46	TELEPHONE	10/12/06	672	672	264	48	48	0
	Mass Sale: 1/01/13							
48	UPGRADE APPLE	10/10/07	214	214	193	21	21	0
	Mass Sale: 1/01/13							
49	TECH SUPPORT SOFTWARE	10/28/07	331	331	331	0	0	0
	Mass Sale: 1/01/13							
50	BATTERY B/U FOR SERVER	10/31/07	297	297	267	30	30	0
	Mass Sale: 1/01/13							
51	HARD DRIVE FOR COMPUTER	11/07/07	69	69	63	6	6	0
	Mass Sale: 1/01/13							
52	SURGE SUPPRESSOR	3/31/08	413	413	372	41	41	0
	Mass Sale: 1/01/13							
53	IMPROVE NORTH WING	1/01/68	6,253	6,253	6,253	0	0	0
54	IMPROVE NORTH WING	1/01/73	1,104	1,104	1,104	0	0	0
55	IMPROVE NORTH WING	1/01/80	191,847	191,847	153,475	4,797	4,797	0
56	PAVE DRIVEWAY	8/01/80	9,000	9,000	9,000	0	0	0
57	ARCHITECT FEES	6/01/84	5,000	5,000	5,000	0	0	0
58	BUILDING ADDITION	6/01/85	41,384	41,384	41,384	0	0	0
59	52 GALLON WATER HEATER	8/04/86	305	305	232	10	10	0
60	ELECTRIC WORK OLD WING	6/01/88	2,660	2,660	1,965	42	42	0
	Mass Sale: 1/01/13							
61	REMODEL RENTAL AREA	6/01/88	2,385	2,385	1,761	38	38	0
	Mass Sale: 1/01/13							
63	SECURITY SYSTEM	6/01/88	1,180	1,180	871	19	19	0
	Mass Sale: 1/01/13							
65	PAVING- NEW SURFACE	6/01/88	2,707	2,707	2,707	0	0	0
	Mass Sale: 1/01/13							
66	FACADE RECONSTRUCTION	9/15/92	54,379	54,379	31,245	989	989	0
	Mass Sale: 1/01/13							
68	NEW ROOF	11/12/97	15,510	15,510	15,510	0	0	0
69	COVERING SKYLIGHTS	11/21/97	3,671	3,671	3,671	0	0	0
70	BOILER FOR OFFICE	5/06/98	5,078	5,078	5,078	0	0	0
71	TRACK LIGHTING FOR GALLERY	9/03/98	2,087	2,087	2,087	0	0	0
72	PANIC BAR FOR FRONT DOOR	9/10/98	627	627	627	0	0	0
73	TRACK LIGHTING FOR GALLERY	2/18/99	1,876	1,876	1,876	0	0	0
74	CARPET DOWNSTAIRS	3/10/99	1,020	1,020	1,020	0	0	0
76	SINK	5/02/99	738	738	738	0	0	0
77	PARKING LOT	7/01/02	7,987	7,987	7,854	133	133	0
	Mass Sale: 1/01/13							
78	WINDOWS AND DOORS	6/07/03	49,349	49,349	45,536	1,795	1,795	0
80	HEATING & COOLING SYSTEM	6/03/06	42,750	42,750	15,864	2,850	2,850	0
82	HUMIDIFICATION SYSTEM	7/31/07	4,409	4,409	1,323	294	294	0
83	CENTRAL ROOF	5/31/08	27,600	27,600	8,280	1,840	1,840	0
84	RECLASSIFY IMPROVEMENTS	6/30/08	85,440	85,440	32,749	5,696	5,696	0
85	IMPROVE NORTH WING	1/01/64	1,323	1,323	1,323	0	0	0
86	LAND	1/01/59	7,203	7,203	0	0	0	0
87	ORIGINAL BUILDING	1/01/63	102,954	102,954	102,954	0	0	0
89	COMMUNITY SERVICE ROOM	6/13/88	270,153	270,153	191,313	9,823	9,823	0
90	IMPROVEMENT NORTH WING	6/09/89	1,175	1,175	1,175	0	0	0
93	Computer Equipment for Ed Center	8/27/10	14,547	14,547	5,334	2,909	2,909	0
94	Pottery Closet Construction	8/25/10	341	341	16	8	8	0
95	Lecturn	9/13/10	215	215	39	22	22	0
96	Lighting Fixtures	3/30/11	2,876	2,876	90	72	72	0
97	Cabinets & Desktops for Ed Center	9/21/10	4,723	4,723	1,181	674	674	0
98	Quartet Projection Screen	10/05/10	840	840	210	120	120	0
99	Refridgerator	11/09/10	1,538	1,538	366	220	220	0
100	3 Aeron Chairs	10/31/10	1,737	1,737	414	248	248	0
101	23 Tables & 12 Chairs	11/29/10	1,299	1,299	294	186	186	0
102	Tables	12/21/10	124	124	27	17	17	0
103	Kitchen Cabinets	12/28/10	2,525	2,525	541	361	361	0
104	PA Sound System	1/04/11	2,004	2,004	601	401	401	0
105	Kiln Exhaust System	1/04/11	555	555	119	79	79	0
106	Shelves	1/18/11	648	648	131	93	93	0
107	Easels	1/31/11	954	954	193	136	136	0
108	6 Tables	2/24/11	432	432	82	62	62	0
109	Resurface Parking Lot	5/26/11	1,628	1,628	44	41	41	0
110	Ed Center Remodel	3/31/11	2,074	2,074	65	52	52	0
111	Clay Recycling Mill and Extruder	1/14/12	3,780	3,780	270	540	540	0
112	Extruder and Die kits	1/14/12	1,203	1,203	86	172	172	0

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

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
	<b>Total Other Depreciation</b>		<u>1,055,497</u>	<u>1,055,497</u>	<u>765,872</u>	<u>34,885</u>	<u>34,885</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,055,497</u>	<u>1,055,497</u>	<u>765,872</u>	<u>34,885</u>	<u>34,885</u>	<u>0</u>
	<b>Grand Totals</b>		1,219,297	1,219,297	767,807	45,762	40,442	-5,320
	<b>Less: Dispositions</b>		84,840	84,840	59,439	1,367	1,367	0
	<b>Less: Start-up/Org Expense</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>1,134,457</u>	<u>1,134,457</u>	<u>708,368</u>	<u>44,395</u>	<u>39,075</u>	<u>-5,320</u>

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>									
123	Kiln	3/08/13	5,654			5,654	7 HY 150DB	0	606
			<u>5,654</u>			<u>5,654</u>		<u>0</u>	<u>606</u>
<b>Non-Residential Real Property:</b>									
122	Interior & Exterior Signs	10/17/12	4,969			4,969	39 MMS/L	0	90
			<u>4,969</u>			<u>4,969</u>		<u>0</u>	<u>90</u>
<b>Prior MACRS:</b>									
115	PHONE SYSTEM	5/09/12	4,174			4,174	7 MQ200DB	149	1,150
116	(10) IPADS	1/26/12	6,976			6,976	5 MQ150DB	785	1,857
117	REMODEL MANYA FAN	5/15/12	129,685			129,685	39 MMS/L	416	3,325
118	35 STOOLS	4/24/12	1,236			1,236	7 MQ150DB	33	258
119	CABINETS	4/30/12	3,342			3,342	7 MQ150DB	90	696
120	WI FI SYSTEM	6/15/12	3,211			3,211	5 MQ150DB	120	928
			<u>148,624</u>			<u>148,624</u>		<u>1,593</u>	<u>8,214</u>
<b>Other Depreciation:</b>									
2	4 DRAWER LATER FILE	6/01/83	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
3	FURNITURE	11/01/86	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
4	6019 FOLDING CHAIRS	5/13/88	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
5	LECTURN W/ SOUND	5/31/88	0			0	0 HY	0	0
6	DESK W/ CENTER DRAWER	5/31/88	0			0	0 HY	0	0
7	CREDENZA	5/31/88	0			0	0 HY	0	0
8	TABLE 30X30X30	5/31/88	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
9	BOOK CASE	5/31/88	0			0	0 HY	0	0
10	CENTER UNIT DESK	5/31/88	0			0	0 HY	0	0
11	LATERAL FILE 2	5/31/88	0			0	0 HY	0	0
12	STACK CHAIRS	5/31/88	0			0	0 HY	0	0
13	SIDE ARM CHAIRS	5/31/88	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
14	3 DRAWER LATERAL FILE 4	5/31/88	0			0	0 HY	0	0
15	2 BOOKCASES	5/31/88	0			0	0 HY	0	0
16	RIGHT HAND FILE CABINET	5/31/88	0			0	0 HY	0	0
17	KITCHEN CABINETS	5/31/88	0			0	0 HY	0	0
19	MAT CUTTER	3/10/94	0			0	0 HY	0	0
20	DISH WASHER	10/23/96	0			0	0 HY	0	0
22	PEOPLE COUNTERS	9/28/97	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
23	POTTERY WHEEL	6/19/98	0			0	0 HY	0	0
24	PEDESTALS FOR GALLERIES	7/30/98	0			0	0 HY	0	0
25	PLEXIGLASS COVERS	8/01/98	0			0	0 HY	0	0
26	2 POTTERY WHEELS	12/06/99	0			0	0 HY	0	0
27	POTTERY TABLE	1/05/02	0			0	0 HY	0	0
29	RAFFLE CAGE	7/01/02	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
30	LIGHTING	12/31/02	0			0	0 HY	0	0
31	TELEPHONE SYSTEM	6/23/03	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
32	KILN	6/30/03	0			0	0 HY	0	0
33	TABLE & SKIRTING	2/03/04	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
35	PAPER CUTTER	6/09/04	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
38	EASELS	7/26/04	0			0	0 HY	0	0
	Mass Sale: 1/01/13								
39	COUNTER GIFT SHOP	8/11/04	0			0	0 HY	0	0
43	TOUCH SCREEN	10/21/04	0			0	0 HY	0	0
44	SOFTWARE- QB POINT OF SALE	10/21/04	0			0	0 HY	0	0
46	TELEPHONE	10/12/06	0			0	0 HY	0	0

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
48	UPGRADE APPLE Mass Sale: 1/01/13	10/10/07	0				0 0	HY		0	0
49	TECH SUPPORT SOFTWARE Mass Sale: 1/01/13	10/28/07	0				0 0	HY		0	0
50	BATTERY B/U FOR SERVER Mass Sale: 1/01/13	10/31/07	0				0 0	HY		0	0
51	HARD DRIVE FOR COMPUTER Mass Sale: 1/01/13	11/07/07	0				0 0	HY		0	0
52	SURGE SUPPRESSOR Mass Sale: 1/01/13	3/31/08	0				0 0	HY		0	0
53	IMPROVE NORTH WING	1/01/68	0				0 0	HY		0	0
54	IMPROVE NORTH WING	1/01/73	0				0 0	HY		0	0
55	IMPROVE NORTH WING	1/01/80	0				0 0	HY		0	0
56	PAVE DRIVEWAY	8/01/80	0				0 0	HY		0	0
57	ARCHITECT FEES	6/01/84	0				0 0	HY		0	0
58	BUILDING ADDITION	6/01/85	0				0 0	HY		0	0
59	52 GALLON WATER HEATER	8/04/86	0				0 0	HY		0	0
60	ELECTRIC WORK OLD WING	6/01/88	0				0 0	HY		0	0
61	REMODEL RENTAL AREA Mass Sale: 1/01/13	6/01/88	0				0 0	HY		0	0
63	SECURITY SYSTEM Mass Sale: 1/01/13	6/01/88	0				0 0	HY		0	0
65	PAVING- NEW SURFACE Mass Sale: 1/01/13	6/01/88	0				0 0	HY		0	0
66	FACADE RECONSTRUCTION Mass Sale: 1/01/13	9/15/92	0				0 0	HY		0	0
68	NEW ROOF	11/12/97	0				0 0	HY		0	0
69	COVERING SKYLIGHTS	11/21/97	0				0 0	HY		0	0
70	BOILER FOR OFFICE	5/06/98	0				0 0	HY		0	0
71	TRACK LIGHTING FOR GALLERY	9/03/98	0				0 0	HY		0	0
72	PANIC BAR FOR FRONT DOOR	9/10/98	0				0 0	HY		0	0
73	TRACK LIGHTING FOR GALLERY	2/18/99	0				0 0	HY		0	0
74	CARPET DOWNSTAIRS	3/10/99	0				0 0	HY		0	0
76	SINK	5/02/99	0				0 0	HY		0	0
77	PARKING LOT	7/01/02	0				0 0	HY		0	0
78	WINDOWS AND DOORS Mass Sale: 1/01/13	6/07/03	0				0 0	HY		0	0
80	HEATING & COOLING SYSTEM	6/03/06	0				0 0	HY		0	0
82	HUMIDIFICATION SYSTEM	7/31/07	0				0 0	HY		0	0
83	CENTRAL ROOF	5/31/08	0				0 0	HY		0	0
84	RECLASSIFY IMPROVEMENTS	6/30/08	0				0 0	HY		0	0
85	IMPROVE NORTH WING	1/01/64	0				0 0	HY		0	0
86	LAND	1/01/59	0				0 0	HY		0	0
87	ORIGINAL BUILDING	1/01/63	0				0 0	HY		0	0
89	COMMUNITY SERVICE ROOM	6/13/88	0				0 0	HY		0	0
90	IMPROVEMENT NORTH WING	6/09/89	0				0 0	HY		0	0
93	Computer Equipment for Ed Center	8/27/10	14,547				14,547	5 MO S/L		5,334	2,909
94	Pottery Closet Construction	8/25/10	341				341	40 MO S/L		16	8
95	Lecturn	9/13/10	215				215	10 MO S/L		39	22
96	Lighting Fixtures	3/30/11	2,876				2,876	40 MO S/L		90	72
97	Cabinets & Desktops for Ed Center	9/21/10	4,723				4,723	7 MO S/L		1,181	674
98	Quartet Projection Screen	10/05/10	840				840	7 MO S/L		210	120
99	Refridgerator	11/09/10	1,538				1,538	7 MO S/L		366	220
100	3 Aeron Chairs	10/31/10	1,737				1,737	7 MO S/L		414	248
101	23 Tables & 12 Chairs	11/29/10	1,299				1,299	7 MO S/L		294	186
102	Tables	12/21/10	124				124	7 MO S/L		27	17
103	Kitchen Cabinets	12/28/10	2,525				2,525	7 MO S/L		541	361
104	PA Sound System	1/04/11	2,004				2,004	5 MO S/L		601	401
105	Kiln Exhaust System	1/04/11	555				555	7 MO S/L		119	79
106	Shelves	1/18/11	648				648	7 MO S/L		131	93
107	Easels	1/31/11	954				954	7 MO S/L		193	136
108	6 Tables	2/24/11	432				432	7 MO S/L		82	62
109	Resurface Parking Lot	5/26/11	1,628				1,628	40 MO S/L		44	41
110	Ed Center Remodel	3/31/11	2,074				2,074	40 MO S/L		65	52
111	Clay Recycling Mill and Extruder	1/14/12	3,780				3,780	7 MO S/L		270	540
112	Extruder and Die kits	1/14/12	1,203				1,203	7 MO S/L		86	172
121	Kiln Installation	3/08/13	0				0	0 HY		0	0

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>44,043</u>			<u>44,043</u>		<u>10,103</u>	<u>6,413</u>
	<b>Total ACRS and Other Depreciation</b>		<u>44,043</u>			<u>44,043</u>		<u>10,103</u>	<u>6,413</u>
	<b>Grand Totals</b>		203,290			203,290		11,696	15,323
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>203,290</u>			<u>203,290</u>		<u>11,696</u>	<u>15,323</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>There are no assets that meet the criteria of this report</b>						



Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
5	LECTURN W/ SOUND	5/31/88	820	0	0
6	DESK W/ CENTER DRAWER	5/31/88	1,780	0	0
7	CREDENZA	5/31/88	1,852	0	0
9	BOOK CASE	5/31/88	472	0	0
10	CENTER UNIT DESK	5/31/88	845	0	0
11	LATERAL FILE 2	5/31/88	1,844	0	0
12	STACK CHAIRS	5/31/88	8,370	0	0
14	3 DRAWER LATERAL FILE 4	5/31/88	2,852	0	0
15	2 BOOKCASES	5/31/88	612	0	0
16	RIGHT HAND FILE CABINET	5/31/88	969	0	0
17	KITCHEN CABINETS	5/31/88	1,356	0	0
19	MAT CUTTER	3/10/94	678	0	0
20	DISH WASHER	10/23/96	3,557	0	0
23	POTTERY WHEEL	6/19/98	733	0	0
24	PEDESTALS FOR GALLERIES	7/30/98	1,969	0	0
25	PLEXIGLASS COVERS	8/01/98	1,771	0	0
26	2 POTTERY WHEELS	12/06/99	1,455	0	0
27	POTTERY TABLE	1/05/02	1,985	0	0
30	LIGHTING	12/31/02	6,576	0	0
32	KILN	6/30/03	2,089	0	0
39	COUNTER GIFT SHOP	8/11/04	2,581	0	0
43	TOUCH SCREEN	10/21/04	2,986	0	0
44	SOFTWARE- QB POINT OF SALE	10/21/04	606	0	0
53	IMPROVE NORTH WING	1/01/68	6,253	0	0
54	IMPROVE NORTH WING	1/01/73	1,104	0	0
55	IMPROVE NORTH WING	1/01/80	191,847	4,796	0
56	PAVE DRIVEWAY	8/01/80	9,000	0	0
57	ARCHITECT FEES	6/01/84	5,000	0	0
58	BUILDING ADDITION	6/01/85	41,384	0	0
59	52 GALLON WATER HEATER	8/04/86	305	10	0
68	NEW ROOF	11/12/97	15,510	0	0
69	COVERING SKYLIGHTS	11/21/97	3,671	0	0
70	BOILER FOR OFFICE	5/06/98	5,078	0	0
71	TRACK LIGHTING FOR GALLERY	9/03/98	2,087	0	0
72	PANIC BAR FOR FRONT DOOR	9/10/98	627	0	0
73	TRACK LIGHTING FOR GALLERY	2/18/99	1,876	0	0
74	CARPET DOWNSTAIRS	3/10/99	1,020	0	0
76	SINK	5/02/99	738	0	0
78	WINDOWS AND DOORS	6/07/03	49,349	1,794	0
80	HEATING & COOLING SYSTEM	6/03/06	42,750	2,850	0
82	HUMIDIFICATION SYSTEM	7/31/07	4,409	294	0
83	CENTRAL ROOF	5/31/08	27,600	1,840	0
84	RECLASSIFY IMPROVEMENTS	6/30/08	85,440	5,696	0
85	IMPROVE NORTH WING	1/01/64	1,323	0	0
86	LAND	1/01/59	7,203	0	0
87	ORIGINAL BUILDING	1/01/63	102,954	0	0
89	COMMUNITY SERVICE ROOM	6/13/88	270,153	9,824	0
90	IMPROVEMENT NORTH WING	6/09/89	1,175	0	0
93	Computer Equipment for Ed Center	8/27/10	14,547	2,910	2,910
94	Pottery Closet Construction	8/25/10	341	9	9
95	Lecturn	9/13/10	215	21	21
96	Lighting Fixtures	3/30/11	2,876	72	72
97	Cabinets & Desktops for Ed Center	9/21/10	4,723	675	675
98	Quartet Projection Screen	10/05/10	840	120	120
99	Refridgerator	11/09/10	1,538	219	219
100	3 Aeron Chairs	10/31/10	1,737	248	248
101	23 Tables & 12 Chairs	11/29/10	1,299	185	185
102	Tables	12/21/10	124	18	18
103	Kitchen Cabinets	12/28/10	2,525	360	360
104	PA Sound System	1/04/11	2,004	401	401
105	Kiln Exhaust System	1/04/11	555	80	80
106	Shelves	1/18/11	648	92	92
107	Easels	1/31/11	954	137	137
108	6 Tables	2/24/11	432	62	62
109	Resurface Parking Lot	5/26/11	1,628	40	40
110	Ed Center Remodel	3/31/11	2,074	52	52
111	Clay Recycling Mill and Extruder	1/14/12	3,780	540	540

Asset	Description	Date In Service	Cost	Tax	AMT
112	Extruder and Die kits	1/14/12	1,203	172	172
115	PHONE SYSTEM	5/09/12	4,174	417	821
116	(10) IPADS	1/26/12	6,976	698	1,300
117	REMODEL MANYA FAN	5/15/12	129,685	3,243	3,325
118	35 STOOLS	4/24/12	1,236	124	203
119	CABINETS	4/30/12	3,342	334	548
120	WI FI SYSTEM	6/15/12	3,211	321	649
121	Kiln Installation	3/08/13	4,553	455	0
122	Interior & Exterior Signs	10/17/12	4,969	124	128
123	Kiln	3/08/13	5,654	566	1,082
	<b>Total Other Depreciation</b>		<u>1,134,457</u>	<u>39,799</u>	<u>14,469</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,134,457</u>	<u>39,799</u>	<u>14,469</u>
	<b>Grand Totals</b>		<u>1,134,457</u>	<u>39,799</u>	<u>14,469</u>

Asset	Description	Date In Service	Cost	IN
<b>Other Depreciation:</b>				
5	LECTURN W/ SOUND	5/31/88	820	0
6	DESK W/ CENTER DRAWER	5/31/88	1,780	0
7	CREDENZA	5/31/88	1,852	0
9	BOOK CASE	5/31/88	472	0
10	CENTER UNIT DESK	5/31/88	845	0
11	LATERAL FILE 2	5/31/88	1,844	0
12	STACK CHAIRS	5/31/88	8,370	0
14	3 DRAWER LATERAL FILE 4	5/31/88	2,852	0
15	2 BOOKCASES	5/31/88	612	0
16	RIGHT HAND FILE CABINET	5/31/88	969	0
17	KITCHEN CABINETS	5/31/88	1,356	0
19	MAT CUTTER	3/10/94	678	0
20	DISH WASHER	10/23/96	3,557	0
23	POTTERY WHEEL	6/19/98	733	0
24	PEDESTALS FOR GALLERIES	7/30/98	1,969	0
25	PLEXIGLASS COVERS	8/01/98	1,771	0
26	2 POTTERY WHEELS	12/06/99	1,455	0
27	POTTERY TABLE	1/05/02	1,985	0
30	LIGHTING	12/31/02	6,576	0
32	KILN	6/30/03	2,089	0
39	COUNTER GIFT SHOP	8/11/04	2,581	0
43	TOUCH SCREEN	10/21/04	2,986	0
44	SOFTWARE- QB POINT OF SALE	10/21/04	606	0
53	IMPROVE NORTH WING	1/01/68	6,253	0
54	IMPROVE NORTH WING	1/01/73	1,104	0
55	IMPROVE NORTH WING	1/01/80	191,847	4,796
56	PAVE DRIVEWAY	8/01/80	9,000	0
57	ARCHITECT FEES	6/01/84	5,000	0
58	BUILDING ADDITION	6/01/85	41,384	0
59	52 GALLON WATER HEATER	8/04/86	305	10
68	NEW ROOF	11/12/97	15,510	0
69	COVERING SKYLIGHTS	11/21/97	3,671	0
70	BOILER FOR OFFICE	5/06/98	5,078	0
71	TRACK LIGHTING FOR GALLERY	9/03/98	2,087	0
72	PANIC BAR FOR FRONT DOOR	9/10/98	627	0
73	TRACK LIGHTING FOR GALLERY	2/18/99	1,876	0
74	CARPET DOWNSTAIRS	3/10/99	1,020	0
76	SINK	5/02/99	738	0
78	WINDOWS AND DOORS	6/07/03	49,349	1,794
80	HEATING & COOLING SYSTEM	6/03/06	42,750	2,850
82	HUMIDIFICATION SYSTEM	7/31/07	4,409	294
83	CENTRAL ROOF	5/31/08	27,600	1,840
84	RECLASSIFY IMPROVEMENTS	6/30/08	85,440	5,696
85	IMPROVE NORTH WING	1/01/64	1,323	0
86	LAND	1/01/59	7,203	0
87	ORIGINAL BUILDING	1/01/63	102,954	0
89	COMMUNITY SERVICE ROOM	6/13/88	270,153	9,824
90	IMPROVEMENT NORTH WING	6/09/89	1,175	0
93	Computer Equipment for Ed Center	8/27/10	14,547	2,910
94	Pottery Closet Construction	8/25/10	341	9
95	Lecturn	9/13/10	215	21
96	Lighting Fixtures	3/30/11	2,876	72
97	Cabinets & Desktops for Ed Center	9/21/10	4,723	675
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100	3 Aeron Chairs	10/31/10	1,737	248
101	23 Tables & 12 Chairs	11/29/10	1,299	185
102	Tables	12/21/10	124	18
103	Kitchen Cabinets	12/28/10	2,525	360
104	PA Sound System	1/04/11	2,004	401
105	Kiln Exhaust System	1/04/11	555	80
106	Shelves	1/18/11	648	92
107	Easels	1/31/11	954	137
108	6 Tables	2/24/11	432	62
109	Resurface Parking Lot	5/26/11	1,628	40
110	Ed Center Remodel	3/31/11	2,074	52
111	Clay Recycling Mill and Extruder	1/14/12	3,780	540

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IN</u>
112	Extruder and Die kits	1/14/12	1,203	172
115	PHONE SYSTEM	5/09/12	4,174	821
116	(10) IPADS	1/26/12	6,976	1,423
117	REMODEL MANYA FAN	5/15/12	129,685	3,325
118	35 STOOLS	4/24/12	1,236	243
119	CABINETS	4/30/12	3,342	658
120	WI FI SYSTEM	6/15/12	3,211	732
121	Kiln Installation	3/08/13	4,553	1,115
122	Interior & Exterior Signs	10/17/12	4,969	128
123	Kiln	3/08/13	5,654	1,384
	<b>Total Other Depreciation</b>		<u>1,134,457</u>	<u>43,346</u>
	<b>Total ACRS and Other Depreciation</b>		<u><u>1,134,457</u></u>	<u><u>43,346</u></u>
	<b>Grand Totals</b>		<u><u>1,134,457</u></u>	<u><u>43,346</u></u>

**SCHEDULE G  
(Form 990 or  
990-EZ)****Fundraising Other Events****2012**For calendar year 2012, or tax year beginning **07/01/12**, and ending **06/30/13**

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>ART LEAGUE FASH</u> (event type)	<u>CHAR-ITY FUNDRA</u> (event type)	<u>VISIONS OF COMM</u> (event type)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>17,689</b>	<b>14,674</b>	<b>13,092</b>	<b>45,455</b>
	<b>2</b> Less: Charitable contributions	<b>10,420</b>	<b>3,530</b>	<b>13,092</b>	<b>27,042</b>
	<b>3</b> Gross income (line 1 minus line 2)	<b>7,269</b>	<b>11,144</b>		<b>18,413</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs		<b>400</b>		<b>400</b>
	<b>7</b> Food/beverages	<b>5,910</b>	<b>4,144</b>	<b>3,028</b>	<b>13,082</b>
	<b>8</b> Entertainment		<b>100</b>	<b>600</b>	<b>700</b>
	<b>9</b> Other expenses	<b>1,579</b>	<b>1,646</b>	<b>1,604</b>	<b>4,829</b>

## **Filing Instructions**

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

#### **Indiana Nonprofit Organization's Annual Report**

#### **Taxable Year Ended June 30, 2013**

**Date Due:** February 18, 2014

**Remittance:** None is required.

**Mail To:** Indiana Department of Revenue  
Tax Administration  
P.O. Box 7147  
Indianapolis, IN 46207-7147

**Signature:** The return should be signed and dated by an officer representing the organization.

**Other:** Initial and date the copy of the return, and retain it for your records.

**NP-20**State Form 51062  
(R6 / 8-12)

**Indiana Department of Revenue**  
**Indiana Nonprofit Organization's Annual Report**  
**For the Calendar Year or Fiscal Year**  
**Beginning 07 01 2012 and Ending 06 30 2013**  
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address  
Amended Report  
Final Report: Indicate  
Date Closed

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

Name of Organization

**ART MUSEUM OF GREATER**

Telephone Number

**765 742 1128**

Address

**102 SOUTH 10TH ST**

County

**TIPPECANOE**

Indiana Taxpayer Identification Number

**00071797174 001**

City

**LAFAYETTE**

State

**IN**

Zip Code

**47905**

Federal Identification Number

**35 0828754**

Printed Name of Person to Contact

**KENDALL SMITH II**

Contact's Telephone Number

**765 742 1128**

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. **61**
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

**#4 - SEE ATTACHED FORM 990**

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee

**KENDALL SMITH II**

Title

**765 742 1128**

Date

Name of Person(s) to Contact

Daytime Telephone Number

**Important:** Please submit this completed form and/or extension to:

Indiana Department of Revenue, Tax Administration

P.O. Box 7147

Indianapolis, IN 46207-7147

Telephone: (317) 232-0129

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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**Statement 1 - IN Form NP-20 - Current Officers**

<u>Officer Name</u>	<u>Title</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Address</u>				
ELIZABETH LOCKREY	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
TOM ADLER	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
RITA COX	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
SCOTT BANFIELD	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
LYNNE DIFABIO	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
RICHARD HAMRLIK	SECRETARY	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
SUE HOLDER-PRICE	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
DEBRA HOPPES	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
BARBARA REED	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
JIM SONDGEROTH	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
ADAM HENSON	TREASURER	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
MARIANNE ROSE	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
JEFF LOVE	PRESIDENT	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
RENEE THOMAS	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
KATHY TROUT	DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
KENDALL SMITH II	EXECUTIVE DIRECTOR	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
DAVID VORBECK	EX-OFFICIO	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
INGE MARESH	EX-OFFICIO	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				
ALBERTA BARKER	VICE-PRESIDENT	LAFAYETTE	IN	47905
102 SOUTH 10TH ST				