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## 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)

OMB No 1545-1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

## A For the 2009 calendar year, or tax year beginning

7/1/2009

, and ending

6/30/2010

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

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

## C Name of organization

ARTS ILLIANA, INC.

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

23 NORTH 6TH STREET

Room/suite

City, town, or country State ZIP + 4

TERRE HAUTE

IN

47807-3123

## D Employer identification number

35-1483725

## E Telephone number

(812) 235-5007

## F Group Exemption Number

►

G Accounting Method  Cash  Accrual  
Other (specify) ►

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

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

I Website: ► [www.artilliana.org](http://www.artilliana.org)J Tax-exempt status (check only one) —  501(c) ( 3 ) □ (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 194,421

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	123,371
2	Program service revenue including government fees and contracts . . . . .	2	
3	Membership dues and assessments . . . . .	3	18,435
4	Investment income . . . . .	4	0
5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
b	Less: cost or other basis and sales expenses . . . . .	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	50,569
a	Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	6b	22,667
b	Less: direct expenses other than fundraising expenses . . . . .	6c	27,902
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	7a	2,046
7a	Gross sales of inventory, less returns and allowances . . . . .	7b	1,970
b	Less: cost of goods sold . . . . .	7c	76
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	8	0
8	Other revenue (describe ► ) . . . . .	9	169,784
9	Total revenue. Add lines 1, 2, 3, 4/5c, 6c, 7c, and 8 . . . . .	RECEIVED	
10	Grants and similar amounts paid (attach schedule) . . . . .	10	52,595
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	73,344
13	Professional fees and other payments to independent contractors . . . . .	13	3,369
14	Occupancy, rent, utilities, and maintenance . . . . .	14	3,250
15	Printing, publications, postage, and shipping . . . . .	15	893
16	Other expenses (describe ► See Attached Statement) . . . . .	16	19,932
17	Total expenses. Add lines 10 through 16 . . . . .	17	153,383
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	16,401
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	802
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	17,203

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

22 Cash, savings, and investments . . . . .

23 Land and buildings . . . . .

24 Other assets (describe ► ) . . . . .

25 Total assets . . . . .

26 Total liabilities (describe ► See Attached Statement) . . . . .

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .

(A) Beginning of year	(B) End of year
12,451	22 28,218
	23 2,030
0	24 0
12,451	25 30,248
11,649	26 13,045
802	27 17,203

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2009)



**Part V Other Information (Note the statement requirements in the instructions for Part V.)**

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.

	Yes	No
33	X	
34	X	

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

b Did the organization file Form 1120-POL for this year?

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved.

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9.

b Gross receipts, included on line 9, for public use of club facilities.

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0 ; section 4912 ► 0 , section 4955 ► 0

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

41 List the states with which a copy of this return is filed ► IN

42 a The organization's books are in care of ► JON ROBESON Telephone no. ► (812) 235-5007

Located at ► 23 NORTH 6TH STREET City TERRE HAUTE ST IN ZIP + 4 ► 47807

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

	Yes	No
42b	X	
42c	X	

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.

	Yes	No
44	X	
45	X	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46 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. 46 Yes X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47 Yes X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Yes X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes X

b If "Yes," was the related organization a section 527 organization? 49b Yes X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 50

(a) Name and address of each employee paid more than \$100,000			(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None	Str		Title	0	0	0
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title	0	0	0
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title	0	0	0
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title	0	0	0
City	ST	ZIP	Hr/WK	.00	0	0
f Total number of other employees paid over \$100,000				0		

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 51

(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of service	(c) Compensation
Name None	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
d Total number of other independent contractors each receiving over \$100,000				0

<b>Sign Here</b>	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			
	1/15/11			
	Date			
<p>► Signature of officer</p> <p>► <u>JON ROBESON</u></p> <p>► Type or print name and title</p>				
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instructions)
	► <u>MICHAEL MAURIELLO</u>		<input type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		
► MAURIELLO ACCOUNTING, INC.				
50 SOUTH 11TH STREET, TERRE HAUTE, IN 47807-3826		Phone no	► (812) 235-4959	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ARTS ILLIANA, INC.

Employer identification number

35-1483725

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

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

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	177,818	152,302	155,687	135,462	119,633	740,902
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	177,818	152,302	155,687	135,462	119,633	740,902
5 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						740,902

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	177,818	152,302	155,687	135,462	119,633	740,902
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6	1	1	1	0	9
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>11 Total support.</b> Add lines 7 through 10						740,911
12 Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <b>stop here</b>						► <input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a <b>33 1/3% support test-2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b <b>33 1/3% support test-2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test-2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b <b>10%-facts-and-circumstances test-2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

**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.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<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						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9.</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
<b>14 First five years.</b> 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 ► <input type="checkbox"/>						

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

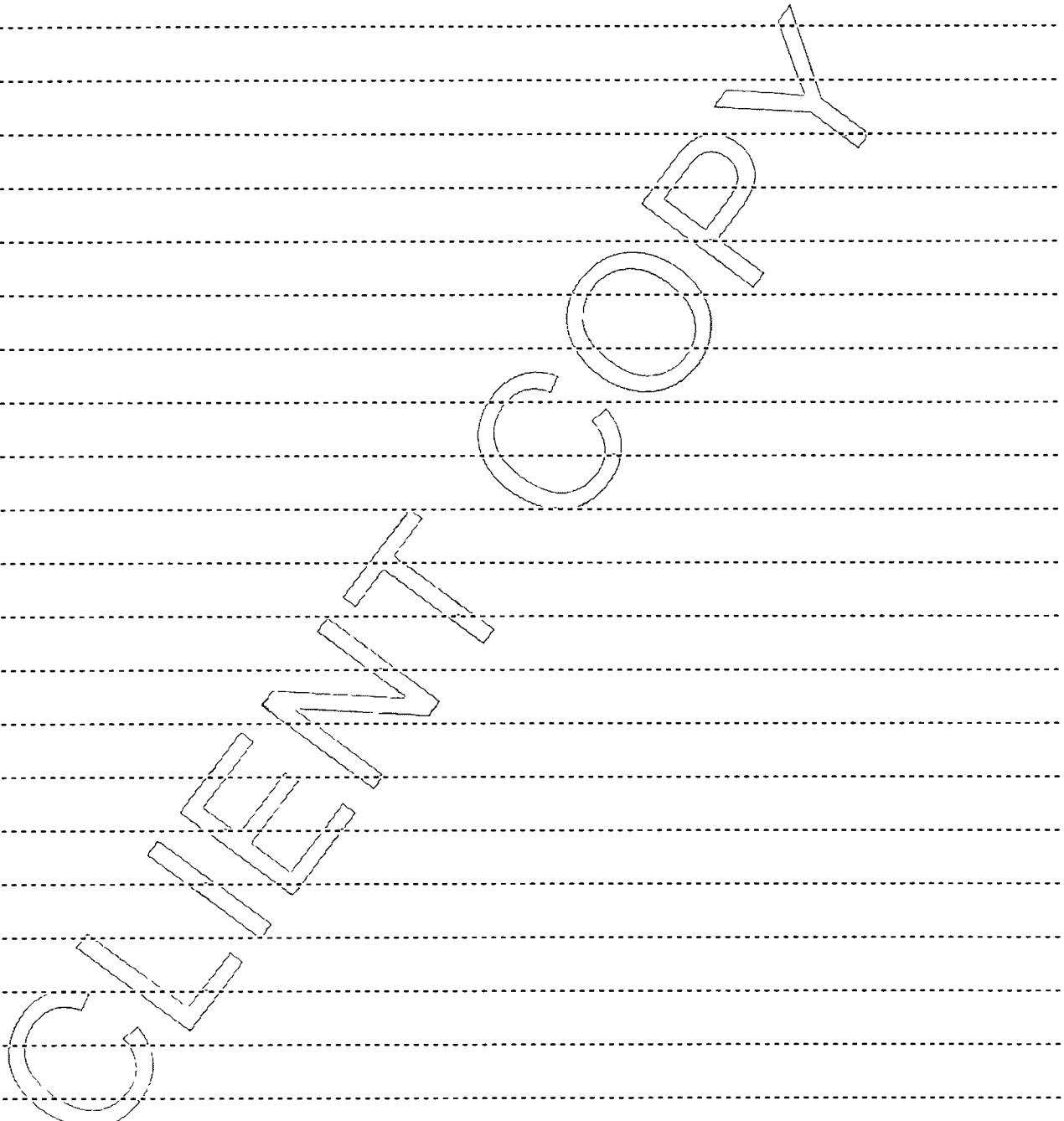
<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%
<b>19a</b> <b>33 1/3% support tests—2009.</b> 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 ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support tests—2008.</b> 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 ► <input type="checkbox"/>		
<b>20</b> <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**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. Provide any other additional information. See instructions.



## **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

2009

**Open To Public  
Inspection**

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**Name of the organization**

**Employer identification number**

## ARTS ILLIANA, INC.

35-1483725

**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. 

## 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.

**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.

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 TABLESCAPES (event type)	(b) Event #2 WORLD FEST (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	22,149	9,000	19,420 50,569
	2 Less: Charitable contributions . . .	0	0	0
	3 Gross income (line 1 minus line 2) . . .	22,149	9,000	19,420 50,569
Direct Expenses	4 Cash prizes . . .	0	0	0
	5 Noncash prizes . . .	0	0	0
	6 Rent/facility costs . . .	0	0	0
	7 Food and beverages . . .	0	0	0
	8 Entertainment . . .	0	0	0
	9 Other direct expenses . . .	4,485	4,151	14,031 22,667
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			► ( 22,667)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .			► 27,902

**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 . . .			0
Direct Expenses	2 Cash prizes . . .			0
	3 Noncash prizes . . .			0
	4 Rent/facility costs . . .			0
	5 Other direct expenses . . .			0
	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) . . . . .			► ( 0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .			► 0

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain:

.....

	Yes	No
9a		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

.....

	Yes	No
10a		
11		
12		

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No	
13 Indicate the percentage of gaming activity operated in:	13a	%	
a The organization's facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	Name ► _____		
	Address ► _____		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Name ► _____		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____	Address ► _____		
c If "Yes," enter name and address of the third party:	Name ► _____		
	Address ► _____		
16 Gaming manager information:	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions:	0		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Description of services provided ► _____		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	0		

**Part II, Line 10 (990-EZ) - Grants and Similar Amounts Paid**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Class of activity	Grantee's name																			
1	COMMUNITY THEATRE OF TE PUTNAM COUNTY PLAYHOUS	X																		
2	T.H. COMMUNITY BAND	X																		
3	CROSSROADS REPERTORY	X																		
4	SHELDON SWOPE ART MUSE	X																		
5	T.H. SYMPHONY ASSOCIATI	X																		
6	ART SPACES, INC	X																		
7	ISU ART GALLERY	X																		
8	ISU MUSIC	X																		
9	RHIT PERFORMING ARTS	X																		
10	BRIDGETON COVERED BRIDGE	X																		
11	SMWC PERFORMING & VISUA	X																		
12	BANKS OF THE WABASH	X																		
13	GREENCASTLE PARKS	X																		
14	SULLIVAN FIRST PRESBY CH	X																		
15	OTHER MISCELLANEOUS GR	X																		
16																				
17																				
18																				
19																				
20																				
21																				

Check (X) if  
grantee is  
a business

Address

Foreign Country

State

City

Zip code



**Part I, Line 16 (990-EZ) - Other Expenses**

19,932

1	Travel	1	_____
2	Meals and entertainment	2	_____
3	Fundraising	3	_____
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	157
6	Depreciation	6	61
7	Depletion	7	_____
8	Equipment rental and maintenance	8	1,808
9	Interest	9	738
10	Supplies	10	1,463
11	Telephone	11	1,293
12	Unrelated business income taxes	12	0
13	POSTAGE	13	2,257
14	MEMBERSHIPS	14	636
15	MISCELLANEOUS	15	75
16	INSURANCE	16	867
17	INTERNET FEES	17	727
18	WEB PAGE MAINTENANCE	18	1,240
19	PAYROLL TAXES	19	4,863
20	ARTS EDUCATION	20	3,280
21	BANK CHARGES	21	467
22		22	_____
23		23	_____
24		24	_____
25		25	_____
26		26	_____
27		27	_____
28		28	_____

## Part II, Line 26 (990-EZ) - Liabilities

	Description	Beginning	End
1	ACCOUNTS PAYABLE	6,144	4,096
2	GRANTS PAYABLE	5,357	7,106
3	PAYROLL TAXES WITHHELD	148	1,807
4	SALES TAXES WITHHELD		36
5			
6			
7			
8			
9			
10			

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ►
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization ARTS ILLIANA, INC.	Employer identification number 35-1483725
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 23 NORTH 6TH STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions TERRE HAUTE IN 47807-3123	

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of ► JON ROBERSON 23 N. 6TH STREET TERRE HAUTE IN 47807 Telephone No. ► (812) 235-5007 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box. ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box. ►  If it is for part of the group, check this box. ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 5/15/2011  
 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/1/2009, and ending 6/30/2010  
 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period  
 7 State in detail why you need the extension. More time is requested to acquire all information needed to complete and file an accurate return.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$ 0

**Signature and Verification**

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

Signature ►

Title ► EX. DIR.

Date ► 8/12/2010

Form 8868 (Rev. 4-2009)