

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **07/01/21**, and ending **06/30/22**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CIVIC THEATRE OF GREATER LAFAYETTE INC		D Employer identification number 31-0914144
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 313 NORTH 5TH STREET		E Telephone number 765-423-7529
	City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE IN 47901		G Gross receipts \$ 572,104
	F Name and address of principal officer: RAQUEL LOPEZ 313 N 5TH ST LAFAYETTE IN 47901		

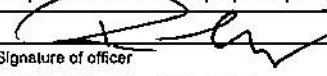
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.LAFAYETTECIVIC.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1966	M State of legal domicile: IN

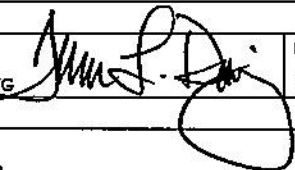
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE THE ARTISTIC AND CULTURAL ENVIRONMENT OF THE GREATER LAFAYETTE COMMUNITY THROUGH THEATRICAL PRODUCTIONS AND EDUCATIONAL OPPORTUNITIES			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	11	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	13	
	6	Total number of volunteers (estimate if necessary)	400	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 198,435	Current Year: 361,407
	9	Program service revenue (Part VIII, line 2g)	81,387	174,378
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,559	4,449
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,406	20,606
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,787	560,840
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	105,185	192,846
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,200		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	118,858	256,715
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	224,043	449,561	
19	Revenue less expenses. Subtract line 18 from line 12	68,744	111,279	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 591,977	End of Year: 704,955
	21	Total liabilities (Part X, line 26)	57,630	71,219
	22	Net assets or fund balances. Subtract line 21 from line 20	534,347	633,736

Part III 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: 5/15/23
	Type or print name and title: RAQUEL LOPEZ PROD ARTISTIC DIR	

Paid Preparer Use Only	Print/Type preparer's name: TERESA L. DOWNING	Preparer's signature: 	Date: 05/15/23	Check <input type="checkbox"/> if self-employed	PTIN: P00017586
	Firm's name: REED & COMPANY, P.C.			Firm's EIN: 35-1583146	
	Firm's address: P.O. BOX 1128 LAFAYETTE, IN 47902-1128			Phone no.: 765-742-4141	

May the IRS discuss this return with the preparer shown above? See instructions Yes No